

MACC Care (Austin Rose) Limited

# Austin Rose Care Home

## Inspection report

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18 July 2019

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Austin Rose Care Home is a residential care home providing personal and nursing care to 80 people aged 65 and over at the time of the inspection.

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

People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded and action taken to minimise risk for the future.

Staff had the skills and knowledge to meet people's needs. People's nutritional needs were met. People accessed health care when needed. The environment where people lived was well maintained and was clean and fresh.

People were supported by staff who were kind and caring and knew them well. Staff were compassionate and empathetic and had built good relationships with people. People's privacy, dignity and independence were respected by staff. People's equality and diversity needs were respected.

People's support needs were assessed regularly and planned to ensure they received the support they needed. People's support was individualised. People were supported to take part in social activities. The provider had a complaints process which people were aware of to share any concerns.

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.

The service was not always well managed. Some records for medicines required improvement to give clear guidance to staff on how to administer them safely. Some risk assessments required more detail in order to give clear guidance to staff. The registered manager was known to people and made themselves available. The registered manager understood their duty of candour and was open and honest about the improvements they had needed to make since their last inspection. Spot checks and audits were carried out to ensure the quality of the service was maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 24 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Risk assessments in relation to the health and safety of service users were mostly completed satisfactorily and steps had been taken to reduce risks to people. We identified some risk assessments which could be more detailed in order to clear guidance to staff, however these were in the minority and staff knowledge was good. The provider had greatly improved the quality of their risk assessments since their last inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ The auditing of the service was more effective and was continuously improving the quality of the service.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Requires Improvement ●

The service was not always 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by three inspectors, one assistant inspector and a specialist adviser with experience of nursing.

#### Service and service type

Austin Rose is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 July 2019 and ended on 18 July 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We checked Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 19 people who used the service and six relatives about their experience of the care provided. We spoke with 18 members of staff including the provider, registered manager, deputy care manager, senior care workers, care workers and the chef. We used the 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 with us.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were recruitment processes in place and we saw evidence of recruitment checks taking place before care staff were appointed. This ensured suitable staff were appointed to support people.
- People's views on whether there were enough staff to support people varied. One person said, "There is enough staff." One relative we spoke with said, "The staff don't stop, they are always rushing about, they do everything, they work so hard." One staff member said, "We don't have time to sit and talk with people which would be nice if we could."
- The provider had recognised more staff were needed at busy times so was currently recruiting to address this.
- We observed that whilst staff were busy when people did need assistance, for example when they pressed their call bell, they did not have to wait long for staff to respond. One person we spoke with said, "I don't have to wait long for assistance."

### Using medicines safely

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicines administration records indicated people received their medicines as prescribed.
- All medicines were stored securely in clean and tidy clinic rooms. Appropriate checks and storage of controlled medicines was in place.
- Refrigerator temperatures were being correctly measured and ensured the refrigerator was being maintained within the correct temperature range of between two and eight degrees Celsius.
- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis was in place. Some of the information reviewed needed to be more person centred and in greater detail so that the service could show these medicines had been administered consistently. However, speaking with staff, we found there was a good knowledge base for when to administer these medicines.
- There were occasions where people's time specific medicines were not always being administered at the correct times, for example if care calls were running late. This was discussed during the inspection to ensure there was no impact on the person's health condition.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Austin Rose. One relative confirmed this by telling us how they were able to have their first holiday in a long time as they felt that the person receiving care was safe and well looked after.

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Accidents and incidents were recorded and investigated to prevent them from happening again in the future.

#### Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were updated regularly and reflected people's current needs. Some risk assessments required more detailed information to guide staff, for example, specific detail on how to move people safely. Staff we spoke with had been trained and were knowledgeable about how to move people safely.

#### Preventing and controlling infection

- The home was clean and tidy. Staff used personal protective equipment and this was readily available to them.
- Staff supported people following good standards to ensure they could protect against the spread of infection.

#### Learning lessons when things go wrong

- Following our previous inspection where care staff had been observed moving a person using the service without protecting their dignity, the provider had introduced privacy screens to ensure people's privacy and dignity were respected.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decisions were recorded on people's files. However, we did observe two assessments that did not clearly identify that the person lacked capacity.
- We found where people lacked capacity and were being deprived of their human rights that the appropriate authorisations were applied for and were being reviewed by the local authority. People were cared for in the least restrictive way.
- Staff received training in the Mental Capacity Act and had a good knowledge of the Act.
- We observed people being asked for their consent before support was given.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment so they could be sure they could support people how they wanted. People using the service and their family members were involved in the initial assessment.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support. One person told us, "I am involved in care planning." A family member we spoke with told us, "I am always invited to reviews of care."

Staff support: induction, training, skills and experience

- People were supported by care staff who had the skills and knowledge to do so effectively.
- People and relatives we spoke with, told us staff had the skills to do their job. Two health professionals we spoke with told us that staff knew people and were trained well. One care staff told us, "The training is good, I've completed the Care Certificate and now I'm doing my NVQ2".
- People were generally supported by a regular team of care staff, ensuring people were supported by care staff that they knew. If agency staff were needed, care staff told us that they worked alongside regular staff and were given a handover sheet with information needed in order to carry out their job role. One person told us, "The staff do a great job looking after me."
- Care staff were given opportunities to review their individual work and development needs.
- Care staff received regular on-going training.
- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- We saw that people's nutritional needs were catered for and they ate a healthy balanced diet. One person told us, "There is plenty of food and drink."
- Where people had specific dietary requirements, staff knew these and could support people accordingly.
- Meals for people on pureed diets were presented nicely in moulds to make them more appealing to the eye.
- People on soft or fork mashed diets received the correct texture of food. Drinks were thickened were appropriate.
- People had access to hot and cold drinks throughout the day.
- There was fresh fruit available in the kitchen areas if people wanted.
- The catering staff made sure the cupboards on each floor were stocked up with snacks for when catering staff had left for the night so care staff could access it if they needed to.
- People's weights were monitored and weighed when required. We observed some gaps on monitoring charts but these were infrequent and not enough to give any concern. Data was analysed to identify any patterns or trends.
- Advice was sought from health professionals when needed and we saw evidence of this in people's care plans.
- The chef explained how she made milkshakes and puddings for those at risk of weight loss using full cream and full fat milk and we observed this during the inspection.
- Halal meat was provided for one person and there was always a vegetarian choice at meal time.

#### Staff working with other agencies to provide consistent, effective, timely care

- One health professional we spoke with told us how Austin Rose had improved since their last inspection and that any issues were dealt with quickly. They told us how staff were quick to respond to changes in people's needs and would carry out any instructions given to them.
- The home was taking part in a new pilot scheme in conjunction with local health professionals to minimise hospital admissions from the home.
- During the inspection we observed staff seek immediate medical advice from health professionals when needed.
- Records we observed confirmed that staff worked well with other agencies and followed their advice as required.

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

- The home was purpose built. It was clean and fresh and nicely decorated.

- There were memory boxes outside permanent resident's bedrooms. One person was happy to share their memories of their working life with us, using prompts from their memory box.
- The home was spacious for people to walk around and there were separate areas for them to relax in.
- There was plenty of access to outside space including patio areas and attractive, well laid out gardens. The outside space was well maintained.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans and corroborated by health professionals we spoke with.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff. One person told us, "I wouldn't want to be anywhere else, I feel cared for." Another person said, "Staff are fabulous".
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity. The chef prepared food specifically to meet people's religious beliefs when required.
- Our observations showed that staff knew people well. People interacted easily with staff and were comfortable around them.
- We observed an activity in the lounge and there were some kind and thoughtful interactions between staff and people and no-one was left out.
- There was a compliments folder in the reception area where thank you cards were on display. One compliment read, "Thank you so much for your kindness and care. You are patient and kind in the treatment of residents. You are a wonderful team."

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

- People and their families were involved in care planning and their views and wishes respected.
- Regular meetings were held for people using the service in order to gain their views and notices were displayed on the communal notice board.
- Regular care staff meetings were held in order for care staff to share their views.
- Surveys were carried out with people and staff to gain their views of the service and action plans were formulated as a result. For example, results from one staff survey indicated that staff felt the induction process could be improved. A meeting was held with staff and changes have been implemented to improve the induction process.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. One person told us, "Staff definitely treat me with respect."
- The registered manager recently held a dignity meeting where they encouraged staff to sign up to become dignity champions.
- People were encouraged to maintain their independence and do as much as they could for themselves. The registered manager and care staff discussed in a recent meeting how to enable people to maintain the

maximum possible level of independence, choice and control.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- The service supported people to take part in various activities in the home to prevent social isolation.
- All rooms had a large screen tv for people to watch which they told us they enjoyed.
- People who were cared for in bed had the opportunity to receive 1:1 social support in their rooms.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of AIS. In the main reception area there was information on the wall informing people that they could receive information about the home in another format, for example Braille or different language.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. One person said, "I have no complaints."
- We looked at three complaints that had been handled through the provider's complaints procedures. They had all been investigated and outcomes recorded. Data was analysed to look for any patterns and trends.
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management. One staff member said, "The registered manager is amazing, very supportive."

End of life care and support

- People had end of life care plans in place to ensure their wishes and beliefs were respected at the end of their life.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, "requires improvement."

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst staff demonstrated to us that they knew how to administer medicines safely, some records for recording safe administration required further improvement which the provider's audits and oversight had not identified. For example, some records for recording where pain patches were applied to the skin were not always clear.
- The provider's oversight and audits of risk assessments were not always effective. For example, some risk assessments required more detail in order to guide staff on how to move people safely.
- Spot checks and competency checks were carried out regularly on care staff in order to ensure they were providing good quality care for people.
- Care staff received regular supervisions and appraisals. Care staff confirmed this and we saw evidence of this in records we checked.
- Regular checks and reviews on the service took place to improve the quality of the service.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

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

- People spoke highly of the service. One person said, "I wouldn't want to be anywhere else. No improvements to be made."
- Staff spoke positively about the management team. They consistently told us how the service had improved since the last inspection. One health professional we spoke with told us they were very happy with how things were progressing within the home and said, "They have greatly improved."

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

- The provider understood the duty of candour and was very open and honest about where improvements had needed to be made. When incidents had been reported they were investigated thoroughly and outcomes recorded for learning. We saw evidence of reflective practice meetings being held.

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

#### characteristics

- The registered manager held regular meetings for residents and relatives which were used to gather information about people's views.
- The registered manager completed regular audits as a way of improving the service by the monitoring of trends and using the information gathered to benefit how people were supported.

#### Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there.
- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

#### Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was corroborated by people and health professionals we spoke with.