Care Quality Commission

Autumn Care Homes Ltd

Little Oaks

Inspection report

Braxted Road
Little Braxted
Witham
Essex
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Date of inspection visit: 12 March 2015
Date of publication: 24/08/2015

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

We inspected this home on the 12 March 2015. Since our last inspection in June 2014 this home has been sold and is now under new ownership. This is the first inspection since the change of registration.

The service was registered for twelve people but has since increased to accommodate fourteen older people with or without dementia. On the day of our inspection there were twelve people at the service. There was a registered manager in post who was also the new owner. However, he had two full time members of staff in day to day control of the home.

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.

Summary of findings

There were enough staff to meet people's needs and keep them safe. However, staffing numbers were reduced in the evening and we could not see how the provider assessed people's needs to ensure they had enough staff.

There were safe systems in place to ensure people received their medicines safety. Staff were trained and observed by senior staff to ensure they were able to administer medicines competently.

Risks to people's safely were identified and as far as possible reduced. People's needs were kept under regular review and staff responded appropriately to changes in people's needs.

Staff were aware of how to protect people as far as possible from abuse or harm. Staff received training to help them identify abuse and had access to policies and procedures which told them what to do.

Staff received training and support to help them fulfil their role and staff demonstrated that they had sufficient knowledge and skills.

People were supported with decision making by staff that knew and understood the Mental Capacity Act, so could act lawfully.

People were supported to eat and drink, but we found a number of people usually independent with their meal did not receive support and ate very little. We felt the meal time experience could be improved upon to ensure everyone received the support and encouragement they needed.

People's care plans were written in a very detailed, insightful way and were individualised. They clearly described people's needs and preferred routines. We observed staff meeting people's individual needs. People were supported to have their health care needs met and there were records in place to support this.

There was good communication in the home and people and their families were aware of how to raise concerns should they need to. They also told us they were asked to comment on the service provided to them. This enabled improvements to be made. Both staff and people using the service told us the acting managers and the registered manager was available and approachable.

This was a run well service which put people first. Staff were well supported and the manager and acting managers were clear about how they wanted to improve the service and had consulted with people about how best to achieve this.

There were systems in place to monitor people's safety and well- being and to enable staff to take the most appropriate actions to promote people's health.

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 is safe.

There were enough staff to meet people's needs and to keep them safe.

Staff knew how to recognise abuse and what action to take to protect people as far as possible.

People received their medicines by staff that were trained and assessed as competent to give medicines safely.

Risks to people's safety were assessed and as far as possible reduced.

Good

Is the service effective?
The service is effective.

Staff had the necessary skills and experience for their job role and were adequately supported to fulfil their role.

Staff acted lawfully when supporting people with decisions and giving consent for their care and welfare.

People were supported to eat and drink. There were systems in place to assess people who might be at nutritional risk which would mean staff would know how to act to promote people's nutrition and hydration.

Staff monitored people's health and supported people in accessing appropriate health care.

Good

Is the service caring?
The service is caring.

Staff provided respectful care that met people's individual needs and enhanced their well-being.

People's independence was promoted by staff and their dignity upheld.

People were asked for their views and this was taken into account in the way the service was managed.

Good

Is the service responsive?
The service is responsive.

People received care and support around their individualised needs.

The home had an established complaints procedure and had robust processes for dealing with concerns.

Good

Is the service well-led?
The service is well-led.

The home was well led with effective leadership and an open and honest culture.

Good

Summary of findings

The managers had systems in place to identify where improvements were required and audited the quality, safety and effectiveness of the care they provided.	

Little Oaks

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.

The inspection took place on the 12 March 2015 and was unannounced. The inspection was undertaken by an inspector 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.' Our expert had experience of caring for an older person.

Before the inspection we looked at information we already hold about the service. For example previous reports and notifications. A notification is information about important events which the service is required to send to us by law.

As part of this inspection we spoke with eight residents, five visitors and seven staff, including care staff, senior staff, domestic, catering and maintenance staff. We also spoke to the acting manager. We looked at four care plans and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People using the service told us there were enough staff and they were supported to go out if they wanted to. One person told us, "They have got enough staff, I have got a buzzer and I only have to buzz and they come in a couple of minutes – I only use it if I really need it."

We asked staff about the staffing levels and they told us things had definitely improved. They said the number of agency staff had been reduced and they only ever really needed them if someone rang in sick, and then staff said the hours were covered so they were not left short.

We spoke with the two senior staff who were acting managers as the registered manager was not involved in the day to day management of the service. They told us there were enough staff and showed us the staffing rotas which demonstrated they had the number of staff on duty they said they needed. They said additional staff were available to assist people as required. For example when trips were planned staff would help out so people could participate if they wanted to. The seniors said they often worked along- side staff to help out.

The provider did not have a method to determine how many staff they needed based on people's needs. This meant we could not see if staffing levels were always sufficient. For example staff told us that one person required two staff to assist them with their manual handling needs. At times there were only two staff on duty which meant there was no one to support the other people at the home during this time. The home had also increased its occupancy from twelve to fourteen people, and they had not increased the staffing levels accordingly. However at the time of the inspection the home was not fully occupied and we saw that people's needs were being met within the current staffing levels.

We asked the acting managers to review people's needs and have a system in place to assess the number of staff hours required at all times of the day including additional staff at peak times of the day and they agreed to do this.

People received their medicines safely. We spoke with staff who were knowledgeable about medicine administration. They told us about the training they had received and how their competence had been assessed. We observed staff administering medicines and this was done safely. Staff needed to be reminded to keep the keys on their person at all times, although staff did ensure the medicine trolley was always locked.

We spoke with the acting managers who said staff had medicines training and then were observed by more experienced staff until they felt confident to give medicines and then only with supervision. Medicine competency forms were on staff files.

Medicine audits were completed and there was an established, effective process for checking medicines in and making sure there was sufficient stock for people's needs. The staff completed a medication incident sheet if any discrepancies or missed medicines had occurred. This enabled senior staff to take immediate action and investigate any discrepancies to reduce the risk of future errors. We looked at people's records which told us what medicines people were on but not what they were. There was no guidance for staff about when to administer medicines when required such as to relieve agitation or for pain relief. This was brought to the acting manager's attention for them to address. We saw that staff knew people's needs well so there was no adverse effect to people's welfare.

People were protected from unnecessary risks to their health and safety. People told us they felt safe and referred to their alarm bells stating that staff were quick to respond.

One visitor told us "Yes, very safe and never had any problems, [their relative] is happy here and anything we ask the [the staff] it is done."

We spoke with the acting managers who showed us how they assessed the risks to people and what actions they had taken to reduce the risk. For example, building works were going on and were being done gradually to minimise the level of disruption. Risk assessments were in place for people and their environment to take into account the work going on. Staff were aware of the risk and had signed to say they had read the assessment and knew what actions they should take to keep people safe.

People's care plans gave a detailed analysis of the person's needs and any risks to their safety. Where risks had been identified there was a risk assessment in place to show how risks should be reduced. This was kept under review and took into account changes in people's need or risk level. Examples included: assessments for the risk of falls, skin

Good

Is the service safe?

integrity, nutrition, and hydration. The home also had a hospital passport for people that gave details of people's healthcare needs and any risk factors. This would enable other healthcare professionals to deliver care to people effectively.

Staff were able to recognise abuse and were aware of the actions they should take if they suspected abuse had occurred. Staff had received training and there were policies and procedures in place to tell staff what actions they should take. Staff were aware of external agencies they should report to. There was information on display for anyone at the service to see, telling them how to report abuse. When we asked for the whistleblowing policy this was on the computer but had not been made accessible to staff. There had been no incidents of reported abuse and staff, visitors and people using the service believed people using the service were safe. We saw there were systems in place to monitor people's well-being and record anything of concern such as bruising. Documents showed us how people's health care and safety were monitored.

Good

Is the service effective?

Our findings

The home had good systems in place to recruit staff and support them through an effective induction programme. Staff received on-going training and support for their role which meant they were competent to deliver care.

We spoke with staff who told us that they had all the training they needed. Most was through E-Learning, computer based systems of training, but not all. Staff said it gave them the knowledge they needed. Staff said they also had training around the individual needs of people and gave the example of dementia care and meeting people's needs with physical disabilities. Staff confirmed that they knew how to use any equipment specific to people's care and had received training in using hoists and always lifted in pairs. Some staff told us they had the opportunity to undertake further study and were doing vocational courses in care. We noted that there were chairs on the first floor especially designed to be used on the stairs to evacuate people in the event of a fire. Staff had not been instructed how to use these. We spoke with the acting managers about this who said they would ensure training was provided.

We spoke with the acting managers who told us how they supported staff through direct observations and formal supervisions. This was further demonstrated by supervision and training matrixes. We saw the induction process for new staff and this was adequate.

Staff records showed that the home had sufficiently robust recruitment processes in place for new staff which helped protect people from unsuitable staff.

People's records showed they had given their written consent for staff to support them with their health and welfare needs. Everyone was deemed to have mental capacity but staff were aware of how to act lawfully should a person be unable to make their own decisions. Staff had received training in the MCA and DoLS.

People were supported to eat and drink enough for their needs but we felt this was an area where staff could be more aware of people's individual's needs.

One person told us, "The food is very nice and you get a choice and I can ask for tomato soup and toast if I want or cheese on toast – you get plenty of food and you can ask for more if you want it – I was weighed last week – you sit in the chair and they record it." Another said they raised concerns about the food and this had been addressed.

We observed the lunch period and saw that people were offered a choice of menu and their choices were met. Staff provided people assistance cutting up their food where required and offering people butter with their jacket potatoes. People were offered a choice of drinks. We noted that some people ate their food, but where they did not want to or were unable to, alternatives were offered. However, we noted another person did not eat their meal and this was not acknowledged by staff and they were not offered anything else. We looked at their care plans and saw that they usually had a good appetite so it would have been good to establish why they did not eat on this occasion. We asked the person and they told us the food had not looked appetising so they hadn't wanted to eat it, but did not like to complain. They ate only their desert. Two other people ate very little and this was not followed up either. We shared this with the acting managers and said with a bit more encouragement people might have eaten more or be able to tell staff they did not like what was on offer.

The cook was not able to tell us about people's dietary needs. We spoke with the acting managers and they told us the chef was new to their post and was still getting to know people's dietary needs. These were recorded in people's care plans. We suggested a list of people's likes and dislikes could be kept in the kitchen to assist them. We also noted the menu on the board did not reflect the food actually served. This was because new menus were being put into place and the menus on the board had not yet been replaced with the new ones. The cook had developed the new menus after discussion with residents, For example, one person told us they had requested a cooked breakfast option and would like wine with their Sunday meal. This was being addressed.

We looked at people's records and saw that people were regularly weighed and there was an assessment of people's nutritional risk which was kept under review and actions taken where people's weight decreased. This was robust, but staff had not received training in using the specific, universal form used to assess people's risk of malnutrition.

Good

Is the service effective?

We discussed this with the acting managers who told us they would look into this. We saw that staff kept records which told us how much people were eating and drinking so any concerns could quickly be identified.

People were supported to maintain good health. People told us their health care needs were met and people's care plans and daily notes reflected this.

We asked staff and they were able to tell us what people's needs were and anything specific they did to support people. One person needed regular exercises to encourage their mobility and staff had been trained to do this. Another had diabetics and staff had received training in this. Staff told us they were well supported by the GP, district nurses and social workers.

The acting managers told us that that the GPS were in the village twice a week and responded quickly to any request made by the home to come and visit people.

Records and risk assessments told us how people's health and safety in relation to their welfare was met and, where there were concerns, appropriate referrals had been made. Body maps were used to show any injury or change in skin condition and we could see what actions had resulted from this.

Good

Is the service caring?

Our findings

We observed positive, kind; caring relationships between people and staff throughout the day, which helped people feel safe and promoted their well-being.

One person told us, "I like it very much and the staff are very friendly and I am happy here" Another said, "It is wonderful here and they make you feel better and the staff are lovely – I get on with everyone – you could not have better help."

We spoke with visitors, one told us," Our friend has always been immaculate at home and here she always looks tidy and clean." Another said "There appears to be enough staff and we are always offered tea or coffee."

One staff told us, "It is a nice quiet home and it is always calm." Another said, "I like it here and you can sit and talk to the residents."

We spoke with the acting managers who told us they often provided care to people so were aware of people's needs and could observe staff practices and said they were not afraid to challenge poor practice.

We observed the care and support provided to people and it was very positive. One person was upset by our visit. Staff sat with them, reassuring them and explaining to them what we were doing. Another staff was talking to a person about Mother's day. They discussed the ladies mother and she was upset that she had died. Staff were very supportive and skilful in how they discussed this with them.

We saw that staff communicated effectively with people by maintaining eye contact and coming down to eye level to speak with people and giving them time to respond. At lunch time we saw people were sat at tables in small numbers and the television was put on silence with only background music playing. This encouraged people to speak amongst themselves.

People were offered choices and their preferences were known. We spoke with people and one person told us, "We had a residents meeting a few days ago and were asked If we wanted anything changed, nothing needed to be changed." Another told us what actions had been taken as a result of concerns they had raised. This showed their individual choices and preferences were being upheld.

A relative told us, "[Their relative] is happy here and anything we ask [the staff] it is done."

We looked at people's care plans and saw their wishes and needs were known. People had signed their consent for the care they received.

We saw that people's privacy, independence and dignity were upheld. We spoke with people, one person told us, "They help me wash, dress and undress – I have help in the bathroom and they wash my back. I wash the front and they give me a bowl of hot soapy water and I soak my feet – I feel unsteady in the shower – everything is done to preserve privacy."

Good

Is the service responsive?

Our findings

People received care and support appropriate to their individual needs and their safety, welfare and emotional wellbeing was promoted.

We spoke with people using the service. They told us they were happy and the home was comfortable. One person told us "We had a residents meeting a few days ago and were asked If we wanted anything changed – nothing needs to be changed as it is the nearest thing to your own private home."

Staff told us they promoted people's choice and that people were encouraged to do what they could for themselves.

People had an assessment of their needs before moving into the home which helped staff adequately plan their care and be assured that they could meet people's needs. We looked at people's records and saw these were very detailed and gave a really good description of the person, their likes and dislikes, how they liked to spend their day. They included their circle of support, detailing family, friends and anyone involved in their care and support. People's routines were described and this mirrored what people told us. For example, a person said they liked a cup of tea before they got up and staff brought them one. This was written in their care plan. Care plans included some background information about the person's life, previous occupation and family history. This helped staff understand the person's experiences and what was important to them. Care plans were kept under review and people were asked and involved in their plan of care.

We asked staff how they met people's emotional needs and if people were sufficiently occupied throughout the day.

One staff member told us, "We have a big open day, tomorrow it is Red Nose Day and I have knitted daffodils for Mother's Day and it makes money for the garden. I knit hedgehogs and we are doing Easter bonnets. I take people out for a walk."

We saw in people's records that there was information about what hobbies and interests people had and how staff should promote positive mental health through support and stimulation. Care plans recognised people's individual needs and how staff's approach should be according to each person's needs. For example where a person had dementia, staff were observed reassuring the person and not contradicting what they were saying, but providing support, which minimised their distress.

We carried out observations of care throughout the day and at lunch time. We saw that staff were familiar with people's needs and spent time sitting with people and chatting to them and their family members. The atmosphere was relaxed and people were free to move around safely. One person went out into the garden and another into the conservatory. We observed meaningful and positive relationships with residents with respect and consideration shown throughout the day by the care staff. People were seen engaged in activity either talking to staff or each other, reading, or watching television. There was evidence that activities were offered to people and included trips out to the local pub and further afield. The home was getting ready for a summer bazaar and said they held barbeques and people spent a lot of time in the garden. There were plans to further improve the garden and get some chickens. We saw that people were involved in arts and crafts, and cooking. The home had a person specifically employed to provide activities, but only for a few hours a day. However, we saw that all staff helped provide stimulation to people.

The home routinely listened to people. We spoke with people who confirmed that they were able to complain and did raise concerns that were responded to. One person had complained about potatoes being hard. The home had then issued surveys to people for their feedback about the quality of food. A number of comments were made about the food and the home had responded to these by changing the menus. The home had a complaints procedure and met with people regularly to ask if they had any concerns. We saw one recorded complaint which showed us how the home had responded and included a detailed investigation and conclusion which meant the home could learn from any mistakes.

Is the service well-led?

Our findings

There were systems in place to ensure the service was safe and promoted people's health, welfare and safety. We received many favourable comments about the service and how it was managed. People told us things were much improved since a change of ownership. People told us they had been consulted about the changes and had been asked what they wanted to be improved.

A staff member told us, "The new owner has been fantastic we have more staff now." Another said, "The managers are lovely but not afraid to tell you if you step out of line and they are very supportive."

The acting managers told us they were well supported and felt that things were moving in the right direction. They showed us their action plan which highlighted what they had already done and what still needed to be achieved. They told us they had started with people's care plans, which had been updated and were written in a much more personalised way. They said these would be kept updated and people had been consulted in writing them.

The environment was being revamped. One staff member told us people were asked about the redecoration and had an input into how they would like their home to look. We spoke with the maintenance person who told us the whole house was being redecorated and extensions would improve the current facilities. The office had been re-sited and the laundry and kitchen were going to be upgraded. A wet room had been added. The garden had also been made over and staff said this encouraged people to use it more. There were further plans to improve an additional outside area to extend the amount of outside space for people to use.

One visitor told us, "It was very tired and we have met the new owner and it is much fresher now and much lighter. So much is being done and the garden has been done and they sit out there. Quite considerable improvements."

Another said, "It is a very nice run care home and I have no troubles with it."

The acting managers said they were visible in the home and worked alongside staff. The new owner was in regular contact with the home and was supporting the acting managers to gain professional management qualifications and to support and develop them in their roles. The acting managers told us they in turn were supporting staff to develop their skills and were identifying additional roles for staff.

We asked them how they worked with other agencies and involved themselves in the community. They told us that families regularly participated and on-going fund raising was increasing people's opportunities to participate more in the community. They were having an open day to promote the home and enable people in the community to visit and support the home. Regular religious services were held and the home took people out into the immediate community and further afield.

There were systems in place to assess the quality of care provided to people and ensure people had their say. We saw there was close monitoring of people's needs and systems in place to regularly audit the service and the standard of care provided to people.

The home had a quality monitoring system in which they asked people and staff their views about the service that enabled them to assess the quality of the service provision and identify any improvements required. In addition to the circulated surveys staff, resident and relative meetings were also held.

One relative told us, "We have had questionnaires every now and then to ask our views – we have not had any complaints."