

Salveo Care Ltd

Austenwood Nursing Home

Inspection report

29 North Park
Chalfont St Peter
Gerrards Cross
Buckinghamshire
SL9 8JA

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Austenwood nursing home is based in Chalfont St Peter in Buckinghamshire. The service is registered to provide nursing care to older people. Austenwood is registered to provide care to for up to 35 people. At the time of our inspection 34 people were living at Austenwood. The service is an independent service with the management team consisting of a deputy manager, the proprietors and the registered manager.

This inspection was undertaken on the 1 & 8 December 2015 and was unannounced.

Austenwood had a registered manager in place. 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.

Austenwood had undergone extensive refurbishment and building works since its last inspection. We found the home to be light, airy clean and had a homely feel. Renovations meant the service was able to tailor the service to meet the needs of people who require nursing care. For example, access from people's rooms to communal gardens and specialised bath equipment.

At the time of our inspection the service was preparing for Christmas. We found the home to have a relaxed and calm atmosphere. Christmas songs were playing and people were being supported to decorate the home's communal Christmas tree. The service had ensured where people were cared for in bed, they had their own room decorated as they wished.

The service had a longstanding staff team including the registered manager who had been at Austenwood for 13 years. Some staff we spoke with had been in post for 10, 13 and 15 years and some staff have been at Austenwood for over 20 years. Relatives we spoke with told us this was very important and there was good consistency of staff.

Relatives and people who lived at the service were complimentary about Austenwood. They told us that they felt staff were kind, caring and respectful. We carried out observations over both days of the inspection and found staff treated people with kindness, compassion and respect.

People's safety was upheld at Austenwood by staff who were appropriately supported, trained and checked to undertake their roles. The service had a stable nursing team in place who were responsible for the oversight of people's medical well-being.

People were supported by staff who knew their needs well. Staff were aware of their responsibilities under the Mental Capacity Act (2005) and were able to demonstrate how they protected people against potential

abuse.

People and relatives told us they felt involved in the care that was provided. Management had an open door policy and relatives told us they could visit whenever they liked. We found the service had a clear complaints policy in place and took pride in their achievements.

We have made a recommendation around the accessibility of detail and information in care plans.

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.

There were sufficient staffing levels in place to ensure people were safe.

Medicines were managed well within the service.

People and relatives told us they felt the service was safe and people were protected.

Is the service effective?

Good 

The service was effective.

The service worked in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff received effective training to undertake their roles.

People were supported to maintain a good diet and their well-being was promoted.

Is the service caring?

Good 

The service was caring.

Relatives and people who used the service were complimentary about the service they received.

Staff demonstrated caring, respectful and kind practices.

People were supported to access advocacy services if needed.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Although care plans reflected people's needs, detailed information on the management of nursing specific needs was not always available.

The service had a good range of activities.

Complaints were managed effectively.

Is the service well-led?

Good ●

The service was well-led.

There was clear management oversight of the service.

Processes were in place to ensure the quality of the service provision.

Relatives, people and staff were complimentary about the management of the service.

Austenwood 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 checked 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 was carried out by an inspector. This inspection took place on the 1 & 8 December 2015 and was unannounced. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service in the form of a notification. The provider was asked to complete a Provider Information Return (PIR) which was received by the Commission. 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.

During our inspection we spoke with the manager; the owner of Austenwood, two nurses, five people who used the service, four members of staff and five relatives of people who used the service. We looked at copies of care plans, medicine records, quality assurance documents, health and safety records and made observations of staff interaction throughout both days. We also reviewed a copy of the service's recent contract monitoring report.

Is the service safe?

Our findings

People and relatives told us they felt the service provided by Austenwood was safe. Comments included "I think X is safe here. There is always people and staff checking on her", "They have all the facilities they need to keep X safe", "I feel very safe here. I press my bell and staff come straight away", "I have absolute faith in the staff", "I feel safe living here and can always speak to people if I have any problems" and "I am definitely looked after."

Austenwood had a long standing staff team which relatives and people living at the service recognised. Some of the staff we spoke with had been in post for over 10 years and knew people's needs well. Staff were constantly visible throughout the days of our inspection and call bell times were responded to quickly. The service had a stable nursing team which people felt impacted upon the quality of care in a positive way. We were provided with four weeks of rotas which demonstrated staffing levels had been met. Management was currently in the process of reviewing staffing levels and shift times to see if improvements could be made. We did speak with management in regards to the level of staff presence within the communal lounge. On two occasions the inspector needed to press a call bell to obtain staff assistance, however staff responded promptly and people's needs were met in a timely manner. Staff, relatives and people told us they felt there were sufficient staffing levels at Austenwood.

Staff we spoke with were knowledgeable on how to protect people from potential abuse. Staff were able to explain what constituted abuse and how they would appropriately raise their concerns. Staff were aware of how to contact the local authority if required, and throughout the service, visible safeguarding posters were available on who to contact if staff, visitors or relatives had concerns.

Risks assessments within the service had been undertaken to highlight potential risks, and how to minimise the risk of harm. For example, where people required a high level of assistance with moving and handling, clear risk assessments were in place to demonstrate how to protect people and how equipment must be used. Where people were at risk of weight loss, weight management plans were in place and were assessed regularly. Bed rail assessments were also undertaken to ensure the associated risks were minimised. Where people were at risk of falls, risk assessments identified the least restrictive way of ensuring peoples safety. People's vital observations were regularly checked and recorded to ensure their safety and well-being. This also included blood pressure checks, blood sugar monitoring checks and mattress checks. Staff were provided with the necessary personal protective equipment to ensure cross infection was minimised.

We looked at how medicines were managed within the service. Nurses were responsible for the administration, recording and ordering of medicines. We found there to be good processes in place around the management of medicines. Stock control levels were undertaken regularly and we cross referenced stock levels with the amount of medicines available and found them to match what was recorded. People had a clear medicine care plan which was located with their medicine administration record (MAR). This clearly outlined how the person was to take their medicines, any allergies or difficulties they may have in taking their medicines and guidance on the use of 'as required' (PRN) medicines. We found the management

of controlled medicines was good and correct procedures and protocols were followed to ensure were people required controlled medicines, that this was done in a safe manner.

We found there to be robust recruitment procedures in place. We looked at three recruitment files and found required checks were in place including evidence of conduct in previous employment, gaps in employment history explained and a satisfactory Disclosure and Barring Check (DBS) to ensure staffs suitability to work adults.

We saw evidence of regular health and safety checks undertaken within the service. This included maintenance logs and checks of water temperatures, legionella checks and wheelchair checks. Equipment was well maintained and the service had high levels of equipment to ensure people were protected when they were being used, for example, standing hoists and tilting baths. The service employed a maintenance manager who was responsible for ensuring all environmental aspects of the service were safe.

All people living at the service had their own personal evacuation plan which outlined what action should be taken in the event of a fire. These were visible for staff and people who used the service. We saw fire risk assessments had been undertaken by the service, and an external fire risk assessment had been undertaken to ensure compliance with fire regulations. We saw evidence that regular fire drills had taken place and fire exits were kept clear and clutter free.

Is the service effective?

Our findings

We found the service to be effective. The provider had begun to use the new 'care certificate' induction for all new staff members commencing employment at Austenwood. The care certificate outlines set standards which new staff were required to meet and to be signed off as competent. At the time of our inspection, new staff members were being supported to complete the care certificate in line with their probation period. Staff told us they felt they had received an effective induction period which prepared them to undertake their roles. New starters were supernumerary until they had been signed off as competent to undertake their roles.

Staff received effective training to undertake their roles. Training included health and safety, moving and handling, food hygiene and first aid. The manager informed us training was undertaken both in house and externally. We spoke with a nurse who had recently commenced employment at Austenwood. They told us "They have given me a lot of training. Anything I have asked for they have given it to me. In my opinion this is the best home I have worked in." Other staff we spoke with told us they felt the training was good and they felt training had helped them improve their skills and knowledge.

Staff received both formal supervision and competency checks to ensure they were adequately supported to undertake their roles. Staff members were allocated a supervisor who was responsible for undertaking supervisions. We found supervisions to be recorded and more recent supervisions undertaken demonstrated a two way discussion. Staff we spoke with told us they felt happy and supported in their roles and would speak with their supervisor if they had concerns. All staff we spoke with told us they felt the staff team was 'good'. Comments included "It's like a big family. We all work well together."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working in line with both the MCA and DoLS. Where the provider felt people were being deprived of their liberty, appropriate applications had been made to the local authority. The provider was currently waiting on applications to be assessed but had ensured they had made applications as required by the Act. We looked at how people's capacity was assessed and how assessments demonstrated decisions were made in people's best interests. We were provided with evidence of mental capacity assessments and best interest meetings where it was assessed the person lacked capacity to make a specific decision. All people had their own 'mental cognition' care plan which outlined people's mental cognition and how this may affect their ability to make specific decisions. The manager had begun to create more specific care plans relating to people's mental capacity which outlined how people could be supported to make decisions, for example, at certain times of the day people may be more lucid and able to understand.

Throughout both days of the inspection, we saw staff constantly obtaining people's consent to undertake tasks. Staff had a good understanding of the MCA and how this applied to the people they worked with. Staff were able to explain how they offered choice to people who may not be able to verbalise what they wanted. Comments included "We need to ensure we support people to make choices in a way that they understand, like showing them." Other comments included "We have to make sure decisions are made in people's best interests, even little things like choosing a top for someone if they can't decide and making sure they are dressed nicely and appropriately." All staff employed had received training or had training booked on the MCA.

People were supported with their hydration and nutrition needs. We saw people were provided regularly with drinks and food. Where it was assessed that people's fluid and food intake needed to be recorded, this was done appropriately. People told us they were aware of the choices of food available. Austenwood had a hostess who was responsible for speaking to people the day before to ask people what they would like for lunch the next day. We spoke with the Chef who confirmed if there was something on the menu people did not like an alternative would be provided, for example on the second day of our inspection, a person requested a cheese omelette which was provided. Where people had specific nutritional needs such as the need for thickened fluids, pureed food or a diabetic diet, this was managed and understood well by both kitchen staff and care staff. Food was presented well and people were supported appropriately with eating where required. Menus were on display within the dining room and when we spoke with people; they were able to tell us what food was provided for the day and what they were having. Comments included "The food is nice" and "It's a good choice."

Since Austenwoods last inspection in 2013, the home had undergone an extensive renovation which included an extension to the rear of the building. We found the service to be light, airy and clean. The renovation had taken into account the mobility needs of people and many of the new rooms had direct access onto the courtyard and garden. People and relatives continued to tell us that they felt the service was 'homely'.

People were supported to access health care professionals where required. Doctors regularly visited to ensure people's health needs were met and support and guidance was sourced from professionals such as speech and language therapists were needed. Outcomes of appointments were recorded to include outcomes and actions which arose from appointments. Relatives told us when their loved ones had been unwell, the staff responded quickly to ensure people's well-being was maintained. One relative commented "They know X's needs very well and they fact they are prone to chest infections and urine infections. They always get the doctor out straight away." Another relative commented "They seem to be managing X's pain well."

Is the service caring?

Our findings

People and relatives we spoke with were complimentary about the care provided at Austenwood. A common theme from relatives was that the service felt homely. Comments from relatives included "The moment I walked through the door it felt like home. From my first phone call and visit until now. I still feel the same and I don't think I could have picked anywhere better for X." Other comment from relatives included "I think the fact that it's small really helps. We are so thankful that X is in a good place." One person who lived at the service commented "It's very pleasant here."

One relative commented "It doesn't feel clinical. There are always staff around and the nurses are always checking on X to see if X is ok. The carer's talk X through every task and involve her. I think the staff are extremely caring. Its little things like remembering what sweets X likes. I like the fact it's not too big. I'm very happy with the care X receives." Another relative commented "I come every day to give X his lunch. They [the service] have been my saviour. I cannot make any complaints about the way staff care for people. It's heartening to know I can come and talk to people. I sing their praises." One relative told us how their relative living at the service had created a bond with a member of staff. "The staff are fantastic from the receptionist to the carers. The love, care and attention is wonderful. They let me know when X had a fall. When X was in hospital he kept asking for Y [staff member]. Y went to visit X in the hospital to check he was ok and it was truly lovely. I couldn't wish for anything better."

People who lived at the service told us they felt well cared for. Comments included "I originally came in for respite and decided to stay. It's a nice place and I can speak to anyone if I have problems. The staff are quite good. I don't have any complaints. Other comments included "It's the best there is. I like the staff very much and they do look after us very well. If you have to be in a home you may as well be in here." Another person told us "I couldn't get anywhere better. I have all my own pictures in my room and that means a lot to me. They [staff] are kind and respectful and always do what I ask of them. It's a home from home."

We observed staff practices throughout both days of the inspection including the lunch period. Staff were respectful and kind towards people living at the service. When staff spoke with people, they got down to their level and spoke in a respectful and kind manner. Where people made requests, these were met promptly by staff. Staff ensured people's privacy and dignity was protected by knocking on people's doors before entering, explaining to people what was happening when undertaking moving and handling tasks. During the lunch period, staff sat next to people and took their time when assisting people to eat. Staff frequently asked people "Are you enjoying your lunch?" and "Is that nice? Would you like some more?"

We did speak with the registered manager in regards to the length of time that lunch took. For example, some people were waiting around the dining table and were waiting for 15 minutes whilst others had already received and were eating their lunch. The manager explained they would look at other ways of ensuring lunch was served more efficiently and people did not have to wait for a period of time.

Staff we spoke with were able to demonstrate what they felt constituted caring practice. Staff told us "Caring is about compassion. We try and encourage people to be as independent as possible." Other comments

from staff included "The most important thing to me is to make sure people feel at home because this is their home. We must protect their human rights. We all have a duty of care to people to ensure they are protected and looked after." And "We are like a big family. One person is in hospital and we miss them very much! I am always thinking about the residents and how they are."

People were supported to access advocacy services if needed. We were provided with an example where management had sought the support of an advocate for a person who had no immediate family. The service worked well to ensure people's rights were promoted and utilised relatives and people's input to improve the service.

Where applicable, people had end of life care plans in place. People's wishes and requests were sought and recorded to ensure their needs were met in the event of receiving end of life care.

Is the service responsive?

Our findings

People's care plans were regularly reviewed and relatives told us they felt involved in the care planning process. Relatives commented "They [staff] always keep in contact with me and tell me when there are any changes to X's care", "They [staff] always let me know what's going on. I feel very involved" and "There is a care plan and I have been involved in it."

We found care plans reflected people's needs however we did have to speak with the manager to find information that appeared to be missing. The manager was able to locate information that was missing and this was provided to us however, information relating to care plans would be better kept in the same place for example, if staff members needed to access information quickly. Each person had their own individual care plan which outlined people's needs and how they were to be managed, for example, skin integrity, nutrition and communication. We did speak with the manager about the lack of nursing specific care plans relating to conditions such as management of pressure sores, warfarin and diabetes. We also found some care plans had not been signed to say they had been agreed to by either the person or relatives who had POA (power of attorney) however, we did see evidence that copies of POA's were requested.

The service had a complaints procedure in place. Information was readily accessible to people on the process to follow if they wished to make a complaint or raise a concern. The service's complaints policy was visible and located within communal areas. People told us who they would speak to if they had a concern. We looked at records of complaints that had been received since April 2015. Each complaint was clearly recorded and the provider linked the nature of the complaint to the Commissions five key questions. Investigations were clearly recorded including learning and actions arising from complaints. Complaints also evidenced that they were closed and the complainant was satisfied.

Austenwood had a good programme of activities available for people living at the service. On the first day of our inspection, people were being supported to decorate the communal Christmas tree. One person told us "I always get my newspaper. They know it's important to me." The service provided a good range of group activities and also one to one activities. We spoke with the activities organiser who told us they had begun to undertake more one to one activities as people engaged better and had a choice of what they would like to do. People were supported to access the outside community and people were currently being supported to visit local pubs and restaurants at their request for a Christmas lunch. Relatives told us they felt activities were good and the home also recruited volunteers to assist in activities with people under the guidance of the activities co-ordinator

Relatives told us they were free to visit the home as they pleased and always felt involved in what was happening at Austenwood. Relatives were sent a copy of Austenwoods monthly newsletter which explained what was happening within the service and to inform relatives of upcoming events.

We saw evidence of regular residents, relatives and staff meetings. These were clearly detailed and demonstrated the involvement of people within the running of the service.

We recommend that information in care plans should be readily accessible and provide clear information and guidance on the management of people's needs

Is the service well-led?

Our findings

The service was well-led. People and relatives were complimentary about the management of the service which included the registered manager and the owners. Comments included "The director was very nice and showed me around and explained everything", "I think the owners and the manager are lovely, they have always responded very well when I have had to raise anything", "I can come and talk to management and they always let me know what's going on", "I have absolute faith in the manager" and "The manager is good and is very approachable. You always see her walking around."

Staff also told us they felt supported by management. Comments included "I feel very happy and supported", "It's a lovely environment to work in and management are extremely supportive" and "I really love working here, it's a great management team."

We found management had good oversight of the service. The registered manager had been in post for 13 years and on discussions, knew people's needs well. The registered manager and owners were familiar with the Commissions five key questions and were able to demonstrate how they felt they were meeting the fundamental standards. We saw management had an open door policy and visitors, staff and relatives were frequently in and out of the manager's office. We also observed both the registered manager and owner to be regularly walking around the service. The service had recently been awarded best family owned nursing home (Buckinghamshire) at the Healthcare and Pharmaceutical Awards 2015.

There were clear and well recorded quality assurances in place. Regular auditing was undertaken within the service and included areas such as medicines, care plans and health and safety. External audits were also undertaken to identify where improvements could be made within the service. Management informed us they constantly strived to make improvements to the way the service was run.

Providers are required to notify us of significant events which occur within the service. We had received appropriate notifications since Austenwoods last inspection in April 2013. The service also promptly returned a detailed provider information return form prior to the inspection taking place.