Popular Care Ltd

Astune Rise Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 30 May 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. A second day of inspection took place on 7 June 2017 and was announced.

Astune Rise Nursing Home is located in purpose built premises and can accommodate up to 38 people. The home is situated in Eston, and accommodation for people using the service is provided over two floors. At the time of the inspection 24 people were using the service, some of whom were living with a dementia.

The service was last inspected in April 2016. During that visit we identified three breaches of our regulations. A pre-admission assessment for one person contained limited information and did not mention some specific health and support needs they had. Care plans and daily care checks were not always consistently recorded. Medicines were not always managed safely, and staffing levels were not effectively reviewed and staff did not have time to engage in meaningful activities with people. We took action by requiring the provider to send us action plans setting out how they would make improvements. When we returned for out latest inspection we found this action had been taken and improvements had been made.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us the service kept people safe. Medicines were managed safely. The registered manager assessed people's dependency levels on a monthly basis to ensure enough staff were deployed to support them safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Emergency plans were in place to keep people safe and provide a continuity of care in emergency situations. Policies and procedures were in place to safeguard people from abuse.

People and their relatives said staff were effective at meeting people's needs. Staff received mandatory training in a number of areas to support people effectively. Staff were supported through regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 (MCA) were protected. People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

People spoke positively about the support they received from staff, describing it as kind and caring. Relatives we spoke with also described staff as kind and caring. Staff treated people with dignity and respect. People also told us staff encouraged and supported them to maintain their independence. We saw numerous examples of kind and caring support during our inspection. People were supported to access advocacy services and end of life care where required.

People and their relatives told us they received personalised care based on their needs and preferences. Care plans were regularly reviewed to ensure they reflected people's current needs and preferences. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service. People and their relatives described the service as well run and spoke positively about the registered manager and deputy manager. The registered manager and deputy manager carried out a number of quality assurance audits to monitor and improve standards at the service. Staff meetings took place regularly, which staff said were useful opportunities for them to raise any issues they had. Feedback was sought from people who used the service and their relatives. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Medicines were managed safely.

Staffing levels regularly reviewed to ensure sufficient staff were deployed.

Risks to people were assessed, and steps taken to minimise them.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

Is the service effective?

Good

The service was effective.

Staff were supported by regular training, supervisions and appraisals.

People's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were protected.

People were supported to maintain a healthy diet and to access external professionals.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the care they received.

People were treated with dignity and respect.

We saw examples of positive, kind care throughout the inspection.

The service supported people to access advocacy services and end of life care.

Is the service responsive?

Good

The service was responsive.

People received personalised care based on their needs and preferences.

People were supported to access activities they enjoyed.

Procedures were in place to investigate and respond to complaints.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the culture and values of the service.

Quality assurances processes were in place to monitor and improve standards.

Feedback was sought from people and staff.

Astune Rise 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 30 May 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. A second day of inspection took place on 7 June 2017 and was announced. The inspection team consisted of one adult social care 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Astune Rise Nursing Home.

During the inspection we spoke with five people who used the service. We spoke with seven relatives of people using the service.

We looked at three care plans, medicine administration records (MARs) and handover sheets. We spoke with 10 members of staff, including the registered manager, trainee manager, care staff and other staff who worked at the service. We looked at two staff files, which included recruitment records. We also looked at records involved in the day to day running of the service.

Good

Is the service safe?

Our findings

At our previous inspection in April 2016 we identified breaches of regulation in relation to medicine management and staffing levels. Consistent records were not kept on how people should be supported with 'as and when required' medicines, the storage temperature of medicines was not effectively monitored, controlled drug stocks were not regularly checked, medicine records for the same person did not always match and some supplements lacked prescription labels. Staffing levels had not been effectively reviewed since January 2016, and during the inspection there were periods when there was little or no staff presence in communal areas as they were busy helping people in their rooms. We took action by requiring the provider to send us action plans setting out how they would make improvements. When we returned for out latest inspection we found this action had been taken and improvements had been made.

Medicines were managed safely. Staff administering medicines received regular training and competence checks. Staff also had access to the provider's medicines policy, which provided guidance on areas such as 'as and when required' (PRN) medicines, medicine storage and disposal and reporting medicine errors. Staff administering medicines told us they received a full handover from staff when they came onto shift on any matters that might affect people's medicine support.

People had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. This included their photograph, GP details and information on any allergies. This reduced the risk of medicine errors occurring. MAR folders also contained a staff signature sheet for staff administering medicines. This helped in monitoring who was responsible for medicine administration. MARs we reviewed had been fully completed with no gaps and using appropriate recording where medicines had not been given. People using PRN medicines had protocols in place providing guidance to staff on when they might be needed. Topical MARs (TMARs) were used to manage topical medicines such as creams.

Medicines were safely and securely stored. The temperatures of storage areas were monitored to ensure medicines were stored appropriately. Regular checks were made of stock to ensure people had access to the medicines they needed. At the time of the inspection four people were using prescribed controlled drugs. Controlled drugs are medicines that are liable to misuse. These were appropriately stored, recorded and managed.

The registered manager assessed people's dependency levels on a monthly basis to ensure enough staff were deployed to support them safely. Day staffing levels were one nurse and between four and five care assistants. Night staffing levels were one nurse and two care assistants. The registered manager and deputy manager were also qualified and trained to provide care should this be needed. Rotas we looked at showed that staff absence through illness and holiday was covered either by staff working additional hours or by the use of agency staff. The provider was currently recruiting for a nurse, and until the position was filled agency staff were used. The registered manager had reached an agreement with the agency that the same agency nurses would be sent to the service to minimise disruption to people using the service.

People told us there were enough staff at the service. One person we spoke with said, "Yes, always someone kicking about." Another person told us, "They are very, very good indeed. They come as fast as they can." Staff we spoke with said the service had enough staff. One member of staff told us, "I think there are enough staff. They get agency in to cover (absences). There are always enough staff on the floor." Another member of staff told us, "Overall, staffing covers what we need. You're always going to have busy times but it flows generally." During our observations we saw that call alarms were answered quickly and that staff had time to stop and chat with people and check on communal areas.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their care experience and were asked questions about this at interview. Proof of identify was checked, references sought and Disclosure and Barring Service (DBS) checks carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. Applicants for nursing position had their registration with the Nursing and Midwifery Council (NMC) carried before they were employed. The NMC is the professional regulatory body for nurses and maintains a register of nurses and midwives allowed to practise in the UK, including any restrictions that have been placed on the individual's practice.

People and their relatives told us the service kept people safe. One person told us, "I used to fall when I was in my bungalow and now I don't fall." A relative we spoke with said, "Oh she is very safe in every way. It's clean, tidy, she is well fed, her health is looked after. The room and she are immaculate. The best thing that ever happened was when she came in. She always gets her medicines on time."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Recognised tools such as the Braden scale were used to assess risks to people. The Braden scale is used to assess people's risk of developing pressure sores. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Equipment and the premises were regularly checked to ensure they were safe for people to use. Required test and maintenance certificates were in place in areas such as electrical and gas safety, fire alarm testing and scales and hoists. Accidents and incidents were monitored to see if lessons could be learned to improve people's safety.

Firefighting plans and equipment were regularly reviewed to ensure risks to people in emergency situations were reduced. Emergency plans were in place to keep people safe and provide a continuity of care in emergency situations, including personal emergency evacuation plans (PEEPs). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Policies and procedures were in place to safeguard people from abuse. Staff had access to a safeguarding policy containing guidance on the types of abuse that can occur in care settings and the procedure to follow to report it. Staff said they would not hesitate to report any concerns they had and records confirmed that where issues had been raised they had been investigated and reported to external agencies where appropriate.

Good

Is the service effective?

Our findings

People and their relatives said staff were effective at meeting people's needs. One person we spoke with said, "They do everything very well, they are very good with the hoist and very good at washing me." Another person told us, "They are helpful getting me out of my chair. They are well trained. If they weren't I wouldn't be here." A relative we spoke with said, "I've never had any reason to question the staff training."

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is training and updates the provider thinks is necessary to support people safely and effectively. Mandatory training included fire safety, food hygiene, moving and handling and health and safety. The registered manager used a chart to monitor and plan staff training. This showed that training was either up to date or planned. Nursing staff were supported to complete the training and updates needed to retain their professional registrations.

Staff spoke positively about the training they received and said they would be confident to raise any additional training they felt they needed. One member of staff we spoke with joked, "If anything there is too much training! We get lots. My last training was in safeguarding, and I'm doing first aid on Friday." Another member of staff told us, "We get loads of training. We do it here, at Teesside University, at the council. It's not just landed on us, it's planned around our rota."

Newly recruited staff were required to complete the provider's induction programme. This included learning the provider's policies and procedures, meeting people living at the service and working under the supervision of more experienced members of staff.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed that training was discussed and staff were encouraged to raise any issues they had. Staff told us they found supervision and appraisal meetings useful. One member of staff said, "They're a good thing. I've just filled in my appraisal form. We fill them in before. They are good if we have any problems or suggestions." Another member of staff told us, "Supervisions are good as we can have opinions."

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 and hospitals are 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 were being met. At the time of our inspection six people were subject to DoLS authorisations. Details of these were recorded in people's care records and the

registered manager monitored DoLS authorisations to ensure any necessary reauthorisation applications were made in good time.

Where necessary people's capacity had been assessed to see if they needed support in making decisions or whether decisions needed to be made in people's best interests. Consent to care and treatment records were signed by people where they had capacity and by relatives or representatives where if they did not. Staff had a good working knowledge of the principles of the MCA and were able to describe how they supported people who could not always make decisions for themselves.

People were supported to maintain a healthy diet. People's dietary needs and preferences were assessed before they started using the service and recorded in their care records. People were regularly weighed and recognised tools such as the Malnutrition Universal Screening Tool (MUST) were used to ensure people received the nutritional support they needed. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. The cook had good knowledge of people's dietary needs and preferences, including details of any specialist diets they required such as diabetic or softened foods. The cook also said they received all of the supplies they needed and that people were free to choose any foods not on the menu and they would be made.

Most people chose to eat in the communal dining room, which was clean and tidy. Tables were laid with tablecloths, napkins, cutlery and condiments and the four weekly menu was on display. During lunchtime we saw that people were supported with eating at their own pace, and that where they asked for alternatives from the menu these were given. One person we spoke with said, "I like breakfast best. It's beautifully prepared and there are plenty of drinks; water, tea and juice." Another person told us, "I have no problem with eating. If I want anything, they do it. I like Sunday dinner the best." Another person said, "I like fish and chips and there is enough choice and if I don't like anything they will do me an omelette or toast. Today I didn't like the liver so they did me sausages instead." A relative told us, "She is a good eater here and they even had a party with sausage rolls and sandwiches on Sunday for her birthday. It made her day."

People were supported to access external professionals to maintain and promote their health. Care records contained evidence of the involvement of professionals such as GPs, district nurses, best interest assessors and occupational therapists. For example, staff had noticed that one person was developing soreness in their foot. Advice was sought from the local diabetes clinic as a result. This meant people had access to the healthcare they needed whenever it was needed.

Good

Is the service caring?

Our findings

People spoke positively about the support they received from staff, describing it as kind and caring. One person we spoke with said, "The staff are kind." Another person told us, "It's the best place I've ever been." Another person said, "I wouldn't like to be anywhere else. I'm happy here. This is my home." A fourth person told us, "I'm well cared for. I don't have that panic feeling that I had before, now I feel content. I ring for them and they know their duties and jobs. They are very good, they chat away and listen." Another person said, "It feels like a home here. 100% better than the last home I was in. This is good. It's where I want to live."

Relatives we spoke with also described staff as kind and caring. One relative said, "From top to bottom, it's perfect. The staff even go out and buy Christmas presents out of their own money for the residents that don't have any family so that they have something to open on the day. That's dedication."

Staff treated people with dignity and respect. Throughout the inspection we saw staff referring to people by their preferred names, knocking on their doors and waiting for permission before entering and moving to quieter areas of the building before discussing their support needs. People told us their privacy was respected by staff. One person told us, "I have a lock on my door, though I never lock it."

People also told us staff encouraged and supported them to maintain their independence. One person we spoke with said, "If they can help they will help, but always trying to keep you mobile and independent." During the inspection we saw staff encouraging people to carry out task for themselves, whilst always being available to offer support where needed. For example, we saw staff helping one person who had difficulty walking to mobilise around the building by offering their arm in support whenever the person wanted to stop and rest.

We saw numerous examples of kind and caring support during our inspection. For example, we saw one person speaking with a member of staff and telling them they had not slept well as they were worried. The member of staff sat down next to the person, held their hand and spoke with them to reassure them that they had nothing to worry about. The person looked relaxed and happy at the end of the conversation. Staff were relaxed and friendly but always professional when talking with people. Throughout our visit we saw people and staff sharing jokes and clearly enjoying each other's company.

At the time of our inspection one person was using an advocate and this was recorded in their care records. Advocates help to ensure that people's views and preferences are heard. Advocacy services were also promoted in communal areas of the building.

Procedures and staff training was in place to support people with end of life care. We spoke with the relative of a person who had recently had end of life care at the service. The relative spoke very positively about the care and support provided by staff and described how a member of staff sat holding hands with the person in their final hours. The relative said, "She didn't have to do that. They were all there until 4.30am in the morning, crying together. That is above and beyond the call of duty." Staff spoke passionately and fondly about people who had received end of life care at the service, saying it had been their privilege to look after

them.

Good

Is the service responsive?

Our findings

At our previous inspection in April 2016 we identified breaches of regulation in relation to the consistency of care planning and review and staff did not have time to engage in meaningful activities with people. We took action by requiring the provider to send us action plans setting out how they would make improvements. When we returned for out latest inspection we found this action had been taken and improvements had been made.

People and their relatives told us they received personalised care based on their needs and preferences. One person told us, "My care plan is in the office. I've seen it. I can see it at any time. I go to bed early but get up early for a cup of tea early and it's no bother." Another person said, "I can get up and go to bed whenever I want." A relative we spoke with said, "It's exceptional care and bespoke to each individual here."

Before people started using the service an assessment was carried out. This began with a discussion about the person's family life and history that was used to draw up a 'personal plan' describing 'my life before you knew me'. This helped staff to understand what was important to the person. Where a support need was identified during the assessment a care plan was drawn up based on the person's needs and preferences. For example, one person's mental health care plan set out the phrases the person might use to indicate they were anxious and guidance to staff on how to respond. Some care plans we looked at had lots of information on the people's support needs but little on what they could and would like to do for themselves. The registered manager said care plans were all being reviewed and updated to ensure they emphasised people's abilities and not just their support needs.

Care plans were regularly reviewed to ensure they reflected people's current needs and preferences. Reviews included an 'internal placement review' that asked the person whether their care plan still reflected their preferences and feedback from any other professionals involved in their care. Handovers and daily notes were used to ensure staff coming onto shift had the latest information on people's support needs. People we spoke with were happy that the staff knew the support they needed and did not feel they needed to be involved in their care planning or reviews.

People were supported to access activities they enjoyed. One person we spoke with said, "I like bingo and colouring." Another person told us, "I like the singers, bingo, watching TV. I like this lounge as it's nice and aired, not really hot like some places."

Since our last inspection in April 2016 an activities co-ordinator had been appointed. They worked for three hours a day, seven days a week. A weekly activities planner was on display in communal areas, and activities on offer included quizzes, card games, arts and crafts, singers and an Afternoon Tea. Photographs of past activities were on display in communal areas, including of various parties and events.

The activities co-ordinator said they spoke with people regularly about what they enjoyed doing in order to plan future activities and to ensure there was always something available to everyone. A 'You said, we did' board was also used for people to make suggestions on future activities. We saw this had been used to

request a pantomime, trips to the pub and days in the garden and these had all been planned. During the inspection we saw the activities co-ordinator playing beanbag games with people, which they were clearly enjoying.

Procedures were in place to investigate and respond to complaints. The provider's complaints policy was promoted in communal areas, and people and their relatives told us they knew how to raise issues. One person told us, "I have no complaints but if I did the manager would sort it out." There had been one complaint since our last inspection, and records confirmed this had been investigated and an outcome sent to those involved.

Good

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service. One member of staff said, "I love my job. I love the residents. I love being able to care for them. I love the banter and get on with everyone." Another member of staff told us, "It runs really smoothly here. A lovely, comfortable home. I've worked in a number of homes but it's really fantastic here."

People and their relatives described the service as well run and spoke positively about the registered manager and deputy manager. One person told us, "Everyone gets on with everyone else. We don't want for nothing. We get well fed. I wouldn't change anything and the manager is very approachable." Another person said, "It's well run. It's great here." A relative we spoke with said, "I spend a lot of time in France and the deputy manager brings in her own iPad so that we can 'face time' (face to face contact using a computer) together. I have nothing but praise for them, it's a brilliant place and well managed." Another relative said, "I'd make no changes as I can't fault them."

The registered manager and deputy manager carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were carried out of infection control practice, care plans, medicines, health and safety and catering. Where issues were identified records showed that action was taken to resolve them. For example, a May 2017 medicine audit identified that storage temperature records were missing for one day. This led to the member of staff being spoken with about the issue. A health and safety audit from the same month identified a cracked pavement near the kitchen, which the registered manager said was in the process of being repaired.

Staff meetings took place regularly, which staff said were useful opportunities for them to raise any issues they had. Additional meetings took place involving kitchen staff and the service's health and safety committee. These were used to discuss best practice and any additional support needs people had. For example, the May 2017 health and safety meeting discussed improvements that could be made to the safety of the service's hoists.

Feedback was sought from people who used the service and their relatives. Regular 'resident meetings' took place, at which topics such as the menu and activities were discussed. A questionnaire was sent to people and their relatives every three months, and this had most recently been done in March 2017. 12 people and 12 relatives had responded to the survey, and an analysis of the results carried out by the deputy manager showed that feedback was positive. For example, one person had responded, 'The staff are very friendly and professional and I would recommend Astune Rise to anyone.' Another person responded, 'The food is very good, the assistance excellent. No complaints.'

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that

appropriate action had been taken.