Mrs Singh and Dr Hossain

Autumn House Nursing Home

Inspection report

2 Station Road
Worsbrough
Barnsley
S70 4SY
Tel: 01226 243057
Website: www.autumnhousebarnsley.co.uk

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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

Overall summary

Autumn House provides personal and nursing care for up to 41 older people. There is a separate unit to care for people living with dementia.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Autumn House took place on 2 September 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 5 October 2015 and was unannounced. This meant the people who lived at Autumn House and the staff who worked there did not know we were coming. On the day of our inspection there were 37 people living at Autumn House.

People and their relatives told us they were safe in the home. Staff had undertaken training in how to respond to safeguarding issues and concerns and were able to describe to us the correct process to follow. We saw where concerns had been raised these had been shared promptly with the local authority safeguarding team.

Risks had been assessed and where possible action had been taken to reduce the likelihood of the risk occurring. Accidents and incidents were monitored to ensure staff responses had been appropriate.

People, their relatives and staff told us there were enough staff to meet people's needs. We saw staff were able to respond to people's requests quickly. One relative did raise some concerns about staffing levels at a specific time of the day. The manager said they were addressing this issue and intended to raise staff numbers.

Recruitment processes were in place to ensure checks on candidates' character were undertaken before staff began working in the home. Checks were in place to check nurses' qualifications and registration were up to date.

Medicines were managed appropriately.

Staff training was up to date. The registered manager monitored essential training to ensure any refresher courses were booked before training expired. Staff had received a range of training in care and welfare subjects in addition to training specific to the needs of people they supported, such as dementia, end of life and mental capacity training.

Care staff and nurses received regular supervision sessions and a yearly appraisal.

The principles of Mental Capacity Act 2005 (MCA) were followed. People had capacity assessments completed which involved families and care professionals. Independent Mental Capacity Advocates (IMCAS) visited and supported people who did not have families or representatives. These visits were to support and promote people's best interests. Where decisions had been made on people's behalf, documentation had been completed to evidence that their capacity had been assessed and that the decision had been made in their 'best interests'.

Where restrictions were in place to keep people safe, applications had been made to the local authority to grant Deprivation of Liberty Safeguards.

Since our last inspection improvements had been made to the environment for people living with dementia. Other areas of the home had also been refurbished. The home was brighter and better signage and lighting had been provided whilst a homely feel to Autumn House had been maintained.

All of the people we talked with, and their relatives spoke highly of the staff and how well they cared for them. Staff had good relationships with people, they responded with a gentle and kind manner when communicating with people and providing any care or support.

There were mixed views from people regarding the quality of food served in the home. Some people were very positive; others said they were not too "keen" particularly about the vegetables served. A choice of food was available at mealtimes.

During mealtimes staff were attentive and considered people's individual needs. People were encouraged to be independent by staff. Where people did need help from staff with their meals, this was provided in a dignified way.

People had access to some social activities although some people said the activities were a little repetitive.

We observed people's needs were met by staff that understood how care should be delivered. We found care records were detailed and reflected the care delivered.

People and relatives' feedback was encouraged through regular meetings and a yearly survey. Complaints had been investigated and responded to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People and their relatives told us they were safe in the home. All staff had undertaken safeguarding training. Staff we spoke with knew the correct process to follow if they had any concerns.

There were enough staff to meet people's needs and recruitment checks were in place.

Procedures for managing medicines were safe.

Good

Is the service effective?
The service was effective.

Staff understood their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good

Is the service caring?
The service was caring.

People told us staff were kind and treated them well.

We observed good staff interactions where people were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

People had access to some activities which met their individual needs.

Good

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

Staff we spoke with told us they felt valued and supported by the registered manager.

There were quality assurance and audit processes in place.

The service had a range of policies and procedures available to staff. Some of the policies were in need of updating.

Good

Autumn House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 October 2015 and was unannounced. This meant the people who lived at Autumn House and the staff who worked there did not know we were coming. The inspection team consisted of two adult social care inspectors and an expert -by -experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service. The expert had experience of older people and people living with dementia.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete 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. The PIR was returned as requested.

We contacted Barnsley local authority and Barnsley 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 received feedback from Healthwatch, Barnsley local authority commissioners and the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

During the inspection we spoke with 11 people who used the service and six people's relatives.

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. Throughout the inspection we also spent time in the communal areas of the home observing how staff interacted with people and supported them.

We spoke with nine members of staff, which included the registered manager, Registered General Nurse, five care staff, administrator, and ancillary staff such as catering and domestic staff. We also spoke briefly with the registered provider who visited the home during our inspection.

We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

We spoke with people who used the service and they all told us they felt safe living at the home. People said, "You could get a better place, but not much better. We are 100% safe all round," and "There are no problems in here at all, they're good lasses [staff]."

Relatives we spoke with told us ,in relation to their relatives safety, "Yes ,definitely ,she is safe, she would not be here otherwise," "We knew about this place before he came in here, it's got a good reputation and that is why we chose it" and "Definitely she is ok, we have never, ever had any concerns."

We looked at the number of staff that were on duty and checked the staff rosters to confirm the numbers were correct. The registered manager told us they used dependency assessment tools to assist with the calculation of staff needed to deliver care safely to people. We asked staff about the levels working during the day. All the staff spoken with said enough staff were provided to meet and support people with their needs.

From our observations during the inspection we found staff were able to spend time with individuals and people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation.

One relative did raise concerns over the numbers of staff working on the unit for people living with dementia. They told us staff numbers had been reduced from three to two during the afternoon and added, "Just lately staffing levels are such that risk is not able to be managed appropriately. We had understood that there should be a member of staff in the conservatory at all times, but when there are only two staff on duty this is not always possible. I have handed a letter to the manager on my way in today telling him of our concerns." The relative did add, "This is no reflection on the fantastic job the staff do on this unit. We sometimes feel so sorry for them because they are really, really good.'

We did observe that during this period a member of staff was particularly busy trying to assist three restless people whilst still talking to some other people in the conservatory area.

The registered manager said they constantly reviewed the levels of staff working throughout the home. They said that due to the recent reduction of people on the unit for people living with dementia they had reduced staffing levels. However the registered manager said they had themselves noted the need to increase staffing levels again due to the dependency needs of one or two people increasing and had taken action to recruit another member of care staff. They were waiting for relevant recruitment checks to be returned for the new member of staff and then would raise staffing numbers during the afternoon period once the recruitment checks had been returned. They said this should be within a few days of this inspection visit.

People in other areas of the home said they felt that there were generally enough staff. People said, "If they [care staff] are busy with someone else you might have to wait a bit."

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the nurse or registered manager. A safeguarding adult's policy was available for all staff in the staff office.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

The service had a policy and procedure on safeguarding people's finances. The administrator explained that each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for three people and found the records and receipts tallied.

Risks to people's safety and welfare had been assessed. Care records showed assessments had been undertaken, to determine any risks people may be subject to when living in the home and receiving care. For example,

Good

Is the service safe?

assessments monitored risks associated with moving and handling people and the likelihood of them falling. Where a risk was identified, information was provided to staff about how to reduce the risk.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken. Documentation prompted the manager to record whether the incident should be reported to various external organisations such as the local authority or CQC.

Robust recruitment processes were in place to determine that staff were of good character before they started working within the home. We viewed personnel files for three care staff and a nurse. We saw all staff had been subject to two references, at least one of which was from a previous employer, and a Disclosure and Barring (DBS) check had been carried out before new staff started in their roles. A DBS check provides information about any criminal convictions a person may have. Nursing staff files showed their registration had been checked with the Nursing and Midwifery Council (NMC) to ensure their registration was up to date and that nurses were fit to practice.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medicines were securely stored. We found the treatment room medicine trolleys were very clean and tidy. Drug refrigerator temperatures were checked and recorded to ensure that medicines were being stored at the required temperatures. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for stock checking medicines, and for keeping records of medicines which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

The medication administration record (MAR) sheets used by the home included a photo of the person and any allergies the person may have had. This helped to make sure that the nurse was able to administer medications safely.

The registered manager showed us training records to confirm staff had the necessary skills to administer medicines safely. Observational competency checks were also undertaken. We saw records which confirmed these arrangements.

Good

Is the service effective?

Our findings

We asked people if they thought staff were well trained and experienced enough to meet their needs. People we spoke with said, “The staff know what they are doing, you wouldn’t find better anywhere,” “The staff are very good, I like them” and “They take it serious, their job, but they are nice with it.” One relative spoken with said, “She came out of hospital with a pressure sore, and they have got it better here. She has asked if she can share a room and after talking with the manager he agreed so she has company more or less all the time,” and another relative said, “The care in this place is second to none.”

People living at the home said their health was looked after and they were provided with the support they needed. Relatives we spoke with confirmed this. Relatives said, “The doctor does a surgery at the home every Monday and is available for call out at other times.” One relative said, “When a doctor is needed, or an ambulance, one is sent for and we are telephoned to let us know what is happening.” We saw written comments from people in recent surveys which included,” My mum was very ill at and was admitted to hospital who just kept her over a few hours they sent her back to Autumn House and if it wasn't for the hard working staff with their nursing and caring she wouldn't be here today.”

All of the people and relatives we spoke with told us that the care provided was very good.

Staff told us a District Nurse was attending to a person to dress a wound they had but told us that the healing was slow. Staff said, “The health professionals were very good and no matter how often we ask, they are always willing to come along and help.”

We spoke with a nurse and care staff and they were knowledgeable about how to meet people’s needs. They spoke fondly of the people they supported and most staff had worked at the home for a number of years.

Local commissioners of services contacted us prior to this inspection, in response to our request for information. They said they had no concerns relating to the care provided by staff at Autumn House.

The majority of people told us the food was good and they enjoyed the meals. Although some people said they particularly didn’t like the vegetables. One person said,” The veg are all frozen and the sprouts are horrible.”

Some people said there was no choice for the cooked meal, and others said, “You get a choice all the time,” “Sometimes the food is better than others depending upon who is on duty” and “We know when we have fish it must be Friday.”

All people and relatives we spoke with agreed that breakfast was the best meal of the day. Staff said, “The cook comes in at 5.45am and from then onwards, until say 10am she just cooks what anybody wants.” Mid-morning we saw one person sat in the lounge eating a bacon sandwich which they said they enjoyed most mornings.

We spoke with the cook who was aware of people’s food preferences and special diets so that these could be respected. There was a two week menu plan and people got to choose what they liked. Two of the relatives we spoke with said their family member had diabetes and that was catered for in the food at the home. Another visitor said, “They often have bowls of fruit out in the lounge and they don’t know I am coming, so it’s not for show.”

We did observe that some improvements could be made to enhance the mealtime experience for people. We observed the service of the midday meal in the dining room. It was rather cramped with a number of wheelchairs remaining in there. The tables had cloths on them, but very little else. Four people were seated in a line facing a blank wall due to the small space. This meant that interaction with others was limited for those people. There was salt available, but only on request, and drinks were served in plastic beakers. Four people had chosen to stay in the lounge and have their meal on a small table by their chair.

There was one main course, and one dessert displayed on the whiteboard by the lounges and when we observed in the dining room, everyone was served the same meal.

The meal, when it arrived was already plated and served by care staff who wore aprons and gloves. The meal served was mashed potatoes, cauliflower, white cabbage and sausage. We noted that the meal was all the same colour so appeared less appetising than it could have. Before we left the area we noticed that there was a significant amount of wastage of the main course.

Good

Is the service effective?

During mealtimes staff were attentive and considered people's individual needs. People were encouraged to be independent by staff. Where people did need help from staff with their meals, this was provided in a dignified way.

Overall the home was clean with no unpleasant odours noticeable. We saw the day to day maintenance in communal areas and people's bedrooms was well maintained.

Since our last inspection improvement had been made to the environment for people living with dementia. Other areas of the home had also been refurbished. The home was brighter and better signage and lighting had been provided whilst a homely feel to Autumn House had been maintained.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control, safeguarding, end of life care and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job.

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to the nurse in charge or the registered manager at any time.

All the staff spoken with told us that they felt supported by the registered manager. Staff said, "I feel supported, the manager is brilliant. I can go to him with any problems" and "The manager is really good."

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. We saw records and the registered manager confirmed that two people were visited by an IMCA on a monthly basis. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS had been referred to the Local authority in line with guidance. We saw evidence of these referrals.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw some involvement from relatives in the care plans we checked. Whilst relatives told us they were kept informed and involved in their loved ones care, the care plans seen had not been signed by them to evidence this.

Good

Is the service caring?

Our findings

We observed people had received good support with personal care and grooming. People were smartly dressed.

People we spoke with said they were happy living at Autumn House and thought staff were kind and caring. People said, “Caring can mean a different thing to different people, staff are interested in what you do, I exercise choice and control over my life, within reason. I can go to bed when and I want and get up when I want.”

Relatives told us, “They [staff] always make me welcome,” and “The staff are brilliant. They talk to the residents like adults not naughty children,” “The staff are very caring, ‘If my [relative] was not happy here, she wouldn’t be here. I think the home is just the right size and not big enough for them to get lost,” “I have found all the staff at Autumn House extremely kind considerate and very caring” and “The staff are wonderful, very supportive and receptive to ideas.”

All relatives we spoke with made positive comments such as, “A lovely home” and “Everybody is very caring.”

We saw there was a designated dignity champion. The champion’s role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy.

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. Staff were sat chatting to people whilst involving them in activities such as knitting, reading newspapers or encouraging conversation with staff and other people in the room. People appeared content and we consistently saw staff were patient with people and repeated reassurance. Staff talked to people at their pace and did not rush them in the conversation or activities they were participating in.

People and their visitors told us there was no restriction on people visiting the home, and we observed there were large numbers of visitors on the day of the unannounced inspection.

All of the staff spoken with said they would be happy for their loved one to live at Autumn House. One member of staff said, “I have had a relative in here; I would certainly recommend this home.”

We did not see or hear staff discussing any personal information openly or compromising privacy.

The three care plans we looked at contained information in relation to the individual person’s life history, needs, likes, dislikes and preferences.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. The registered manager told us that some staff had attended end of life care training. The service had identified an end of life champion who was taking the lead on promoting positive care for people nearing the end of their life. The registered manager told us that they had undertaken specific link meetings, with other home managers and specialist health care professionals so they could share knowledge and expertise, to ensure they had been able to support people appropriately as they approached this stage in their life.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. Leaflets on advocacy services were on display in the reception area. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf. An advocate was visiting two people at the home on a monthly basis.

Good

Is the service responsive?

Our findings

We asked people and relatives if they felt the service was responsive to people's needs. Relatives said, "People here are treated as individuals, there is a positive culture."

We saw that before people came to live at the home, an assessment of their needs had been completed. This helped ensure the service would be able to meet the needs of the individual.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at copies of three people's assessments and care plans.

The standard of care plans was good and they were written in a clear and concise manner.

They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up.

There was an activities coordinator at the home but they were away from the home on the day of the inspection. There was an activities board displayed in the home with a schedule on it which included activities such as bingo/ board games. One person said that although the activity coordinator 'does do activities' she was also a member of care staff and sometimes had to 'muck in'.

We observed diversionary activity equipment in the conservatory of the unit for people living with dementia. People were sweeping the floor, reading papers and undertaking other occupational activities. People were supported by staff to undertake these activities and staff were aware that some of the activities people were undertaking they had carried out in their previous occupations.

During the afternoon we saw a member of staff spending time with people in one lounge doing some armchair exercise with the people sitting in there. A visiting relative said of their relative, "She can come out with us any time we want to take her, and during the nice weather they (other people) are all sitting outside getting a bit of fresh air."

We were told by people that the hairdresser visited the home twice a week and sometimes there were singers who came to the home to entertain them.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink or where they would like to sit.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

There was a complaints procedure in place and we saw a copy of the written complaints procedure in the entrance area of the home. A 'suggestions box' and feedback forms were also placed in the entrance area so that people had the opportunity to use this if they wished. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was maintained and we saw this included information on the details of the complaint, the action taken and the outcome of the complaint.

Good

Is the service well-led?

Our findings

The manager was registered with CQC.

People and relatives we spoke with told us they knew who the registered manager was and said they were approachable and would deal with any concerns they might have. They said they saw the registered manager and registered provider around the home on a regular basis.

People and relatives felt the registered manager of the home would listen and act on any concerns they had.

The registered manager was enthusiastic to talk with us about his personal philosophy regarding the management of the home, and we could see that from visiting the home over the last few years he had effected many positive changes. The registered manager's name was known to every person or relative we spoke with in the home.

There was variable knowledge regarding surveys and feedback. One relative said that there was a meeting on Tuesday afternoon for relatives to attend and discuss the home, whilst another said, "I have no knowledge of any meetings" although they said that they had never asked.

One relative said, "We have completed a survey," whilst another said, "I have put something on line for them, I was so satisfied."

We saw checks and audits had been made by the registered manager and senior staff at the home. These included monthly care plan, medication, health and safety and infection control audits.

We found that surveys had been recently sent to people living at the home, their relatives and professional visitors. We saw results of the 2015 survey had been audited and where needed the registered manager had developed an action plan to identify plans to improve the service. We saw evidence the results of the surveys had been shared with people, relatives, health professionals and staff.

When we asked people what could be improved, most people told us they could not think of anything.

Staff spoken with said regular staff meetings took place so that important information could be shared. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. They told us they enjoyed their jobs and the management was approachable and supportive. Comments included, "The manager is very approachable. I could go to him with any problems," "I love my job" and "I am proud of what we have achieved here."

The registered manager told us that they had appointed champions in dementia care, end of life and dignity. The role of the champions was to share views and develop new ideas and expertise within the service.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed, although some were out of date and had not been reviewed since 2014.The registered manager said they would address this issue immediately and review all the policies relating to the home.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager was aware of the home's obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.