

Monarch Consultants Limited

Autumn Grange Nursing Home

Inspection report

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Tel: 01909724098

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Autumn Grange Nursing Home is a care home providing personal and nursing care to older and younger adults and people living with dementia. The service is provided in one adapted building, over two floors. There were 53 people using the service at the time of the inspection; this included two people who were staying at the service for respite care. The service can accommodate up to 54 people.

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

The meal time experience for some people, did not ensure their individual needs were met in a timely way, to ensure they had a positive meal time experience. This related to the numbers of staff available to support people at meal times, adaptive cutlery being available to support people to remain independent when eating, and the amount of time people had to wait for their meal.

The previous management of the home had not been effective in identifying where improvements were needed. The provider's governance and oversight of the service identified over a two-month period that improvements were needed. The provider implemented an action plan to address this and has implemented a greater oversight of their governance systems to monitor the management of the home more closely. At the time of the inspection a new manager was in post, who was working to address many of the areas that required improvement.

Accidents and incidents were analysed by senior management to look for any patterns or trends. However, the manager advised us that this information was not fed back to them. This meant the manager did not have this information to support them in minimising the risk of future incidents. Identified risks were assessed, but there was insufficient evidence that they were managed well, to promote people's safety. We made a recommendation to the provider about the management of falls.

Overall the environment met the needs of the people using the service, but some bathrooms were used for storage; making them inaccessible to people that may wish to use them. We also identified that people living with dementia on the first floor; were not able to freely access the secure garden area. They also did not get a choice of where to eat; as everyone was supported into the dining room for their lunch time meal. This meant that some people were not fully supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People were safeguarded as staff received training and understood their role in reporting any concerns to protect people from harm. People were supported to take their medicines as prescribed. Recruitment checks looked at the suitability of staff to protect people that used the service. Staff received training and support to enable them to undertake their job and support people safely. Infection control procedures were followed to minimise the risk of people acquiring an infection.

People told us, and we saw that meal choices were available to them and people's preferences and dietary requirements were met. Drinks were available to people throughout the day and where needed people were prompted to drink, to ensure they remained hydrated.

When people were unable to make specific decisions about their care; assessments were completed with the relevant people, to ensure decisions were made in their best interests. People and their representatives were involved in their care to enable them to receive support in their preferred way; this included support with decisions regarding end of life care. Healthcare services were available to people and they received coordinated support, to ensure their preferences and needs were met regarding their healthcare needs.

People were provided with opportunities to take part in social activities, to enhance their well-being. Information was available in an accessible format to enhance people's understanding. People were treated with consideration and respect by the staff team and their dignity and privacy was respected. People's faith needs were considered, and people were supported to maintain relationships with those that were important to them, such as family and friends. People and their representatives were encouraged to give their views about the service. This included raising any concerns they had.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Good (report published 5 July 2018).

Why we inspected

The inspection was brought forward due to concerns received about people's safety at the service. This was from information received by a whistleblower and a complaint. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Autumn Grange Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two 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.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager was in the process of registering with the Care Quality Commission at the time of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details

about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service and nine people's visitors to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine. We spoke with 11 members of staff including the manager, the provider's senior manager, the cook, a member of the housekeeping team, six care staff and one member of the activities team. We reviewed a range of records. This included accident and incident records, care records, medicine records, staff recruitment records and training records.

We also continued to seek clarification from the manager to support and validate the evidence we found during our inspection. The manager provided us with some additional audit and quality assurance information as part of this process.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place, but these were not always effective in the management of falls. For example, some people had acquired injuries as a result of falling. One person had a management plan in place regarding the support they needed to manage falls. However, despite this they had fallen the day before the inspection. Staff told us that due to this person living with dementia, it was difficult to support them in accordance with their management plan. This means their management plan required review and amendment, to reduce the risk of injury.
- The manager completed a monthly overview report following each health and safety incident and accident which they sent to the provider. However, they told us they did not receive any analysis of this information. This meant they did not have a full oversight to look for any patterns or trends and act as needed to minimise risk.

We recommend the provider consider current guidance regarding falls management and take action to update their practice accordingly.

- Equipment used to support people, such as with their mobility or skin care was maintained and serviced as required to ensure it was safe to use.
- Assessments, guidance, equipment and training for staff was in place to support people in the event of an emergency. For example, people had assessments in place that detailed the level of support and equipment they would need to evacuate the home safely.
- The provider's action plan showed that recommendations left by Derbyshire Fire and Rescue service had and were being addressed.
- Staff understood their responsibilities to raise concerns in relation to health and safety incidents.

Systems and processes to safeguard people from the risk of abuse

- Allegations had been made prior to the inspection regarding unsafe moving and handling techniques being used. The provider had provided further moving and handling training to staff and had investigated these concerns in consultation with the local safeguarding authority; to ensure people's safety at the service.
- People confirmed they felt safe with the staff and told us the home offered a safe environment for them. Visitors also confirmed this. One said, "I can see in my relatives face that they are safe and happy here." Another person's visitor said, "I've never heard any raised voices at any time of day, certainly not to my relative or anyone else."
- Staff understood their responsibilities to report concerns and confirmed they were provided with training

which included the safeguarding procedure to follow. All staff, regardless of their job role were provided with safeguarding training. Information regarding safeguarding procedures and reporting concerns were available within the home.

- The manager understood their responsibilities and reported concerns to the local authority safeguarding team to protect people from the risk of abuse.

Staffing and recruitment

- People and their relatives told us staff were available to support them as needed. One person said, "We've been really surprised at the levels of staff, there is a lot." A person's visitor told us, "There's usually ample staff around and the buzzer is always attended in a timely manner."
- We saw sufficient staff were available to keep people safe and meet their personal care needs. However, we identified that improvements were needed at meal times regarding staff support. This is covered under the Effective key question.
- When staff were recruited, the appropriate references and checks were completed in line with current guidance. We saw, and staff confirmed that all checks were undertaken before they started work.

Using medicines safely

- Medicines were safely managed, stored securely and given when people needed them.
- Staff spent time with people when administering their medicine, to ensure they were taken before signing their medicine record.
- We saw that recognised standards were followed by staff when administering people's medicines.
- Staff who administered medicines received medicine training and had their knowledge and practice assessed to ensure people received their medicine safely.
- Medicines audits were undertaken, to enable the manager to identify and address any errors promptly.
- No one was managing their own medicines, but policies and procedures were in place for staff to follow should someone wish to manage their medicines and be safe to do so.

Preventing and controlling infection

- The home was clean and maintained to a good standard. One person told us, "The cleaner comes in my room everyday, my toilet is always clean". A visitor said, "It's very clean here, it's part of what attracted me here in the first place."
- Housekeeping staff followed a cleaning schedule and infection control audits were undertaken. The manager was aware of their responsibilities to report any outbreaks to the relevant authorities.
- Staff followed good infection control practices and used personal protective equipment, such as disposable gloves and aprons to prevent the spread of healthcare related infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The meal time experience for some people, did not ensure their individual needs were met in a timely way, to ensure they had a positive meal time experience. People that needed prompts or encouragement to eat did not always get that support in a timely or consistent way. This meant their meal had started to go cold before they ate it and some people did not finish their meal.
- We saw some people struggled to eat their meal with standard cutlery. For example, one person had difficulty loading their fork and ate one baked bean at a time. We saw staff were busy with other people and did not notice this. The manager and cook told us adaptive cutlery was available; however, this was not offered to people. This meant, for some people their ability to eat independently was reduced.
- On the first floor, where people living with dementia were supported, we saw people did not get a choice of where to eat; as everyone was supported into the dining room for their lunch time meal. We saw that people that required help to eat were supported first. Other people had to sit and wait until these people had finished their meal before they were served. One member of staff told us, " There isn't enough staff available to have two sittings, so everyone goes in the dining room together."
- There was a gap of 30 minutes between the last people finishing their main course and desert being served; so, for some people this gap was longer. We saw from the residents meeting held the day before this inspection, they had requested a shorter waiting time between courses.

We recommend the provider reviews the meal time experience, to ensure sufficient staff and equipment is available to provide individualised support to people.

- The cook and staff team were aware of any specialist diets that people needed and ensured people were supported to follow their required diet. We saw that choices were available to people and alternatives to these choices were provided when people wanted them. People confirmed they liked the food.

Ensuring consent to care and treatment in line with law and guidance; Adapting service, design, decoration to meet people's needs

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and support plans guided staff on how the person's care needs should be met.
- Although staff understood about how to support people with decisions, the principles of least restrictive practice were not always met.
- People living on the first floor were unable to freely access the secure garden area. Although the weather was good we did not see any opportunities offered, to support people on the first floor to access the garden. On the first-floor people were unable to choose where to eat. This meant that some people were not fully supported to have maximum choice and control of their lives as staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.
- No one that used the service was under the local authority restriction of a DoLS. The manager confirmed that applications had been made for the majority of people that lived at the home.
- Some bathrooms were used for storage. For example, a large walk in shower had three rows of equipment, such as chairs, wheelchairs and bath chairs. This meant there was no access for anyone wishing to use the shower. A member of staff told us that no one at the present time preferred a shower; however, all usable bathroom facilities should be accessible to people.
- Equipment such as hoists were available for people to move safely when needed.

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

- An assessment of people's needs was undertaken with them or their representatives, before they moved into the home to ensure they could be met. The assessments provided sufficient detail to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- Care plans contained information to support people's specific health needs and appropriate referrals were made to external professionals to ensure people's needs were met.
- Staff supported people in line with best practice, which led to good outcomes for people and promoted a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by trained staff to keep safe and maintain their wellbeing. One visitor told us, "I've been very pleased and impressed, I think the staff level of training is very high."
- Staff received an induction that provided training in the areas that were relevant to their roles and the support they provided.
- Staff's competency was assessed, following training and they confirmed they were supported on a regular basis by the manager. Staff told us the training and support they received enabled them to support people effectively. For example, one member of staff recently employed told us, "I have been very impressed since I've been here. I have had all the training and the support from the staff team and manager is brilliant."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People confirmed they were supported to access health care professionals as and when needed. One visitor told us, "My relative has seen the optician this morning which is good."

- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw, and people confirmed they were treated with kindness and consideration by the staff team. One person said, "All the staff are good." A visitor told us, "Every member of staff has been brilliant, they never complain. I can't rate the staff highly enough." Another visitor said, "We're getting on grand, staff are very nice and pleasant."
- Staff had a good understanding of people's needs and preferences. This enabled them to support people in their preferred way. One visitor told us, "My relative can be really stubborn but the staff get the best out of them."
- Staff understood people's communication methods and were able to communicate effectively with people. Information regarding people's method of communication was recorded in their care plans. This included details about people's vision, hearing and any aids they used.
- People had been supported to maintain their spiritual and faith needs. At the time of the inspection the manager was enquiring about the new parish vicar visiting the home.

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

- People were enabled to make choices about the care they received. One visitor told us, "I feel the home have listened to me. I wanted my relative out of bed and into a chair. The manager really pushed for this to happen, now my relative in it twice a week for a up to 2 hours""
- Some people that were living with dementia were less able to express their choices and we observed staff supporting them with decisions. They spent time explaining options or showed people objects of reference to assist them.
- At the time of the inspection, no one was using an independent lay advocate. The registered manager confirmed they would support people to use one if this was required. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. One person told us, "I can get up and go to bed when I like. Staff will help me get dressed and washed if I need help, but I usually manage."
- Staff respected people's privacy and dignity. One visitor told us, "Staff show great respect and dignity, when [Name] needs their bed sheets changing they close the door and respect [Name's] dignity" We saw people's dignity was promoted when they were supported to use the bathroom or required support to move. This was done with consideration to the person and at their preferred pace.

- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well. They could tell us about people's preferences and how they presented themselves. For example, one person living with dementia displayed certain behaviours. The staff were able to explain why they behaved this way, which related to the person's past employment which they believed they were still involved with. This knowledge enabled staff to understand and support people to enhance their well-being.
- Care plans were in place that were personalised, detailed and regularly updated.
- Visitors confirmed they were involved in reviews of care for their relative and consulted when there were any changes in their relatives care needs.

Meeting people's communication needs

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

- We saw that information was available in accessible formats to support people's understanding. For example, picture books were available to support people's understanding.
- Signage and pictures were available throughout the home to support people in finding their way around and sensory items were available for people to use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in social and recreational activities and three activities coordinators were employed. We spoke with one of the activities coordinator's on duty who had a good understanding of people's preferences and interests. People confirmed they enjoyed the activities provided. One person told us, "There's bingo and art and crafts, I've been doing some painting, I use my imagination. I do the chair exercises and we have quite a few quizzes as well."
- The activities coordinator told us they based activities on people's interests. For example, they told us that some Shetland ponies had visited recently, and people had enjoyed petting them. This had led to the idea of a 'bring your dog to work' day, so that people could spend time with animals. One person also had their own dog who lived with them. They were also looking to have a lot more outings in the future as these had been requested.
- People were busy preparing for the National Care Homes Open Day when we visited. We saw several

people working with the activities coordinators making stone paintings and salt dough decorations.

- People were supported to maintain relationships that were important to them. We saw, and visitors told us they were welcomed by the staff team. One visitor said, "We are always made welcome and kept informed. All the staff are very approachable and supportive." Another visitor said, "I bring our dog in to visit my relative."

Improving care quality in response to complaints or concerns

- People were confident that they would be listened to if they raised any concerns. One person said, "They respond to your queries quickly." A relative said, "There were a few niggles when [Name] first arrived but they got sorted. I know who to talk to."
- There was information on display in the home to explain to people how to raise concerns.
- The service had a procedure in place to manage complaints and we saw these were addressed and actions taken, in line with the providers complaints procedure.

End of life care and support

- The provider followed nationally recognised care principles and guidance for people's end of life care. This helped to ensure timely, consistent and co-ordinated end of life care and people's related dignity, choice, comfort and support at the end stage of life.
- Staff we spoke with understood best practice care principles concerned with people's dignity, comfort and choice at their end of life care. This included ensuring people's access to relevant lead external health professionals, spiritual support and any equipment needed for their care and treatment.
- We looked at one person's care plan, who was living with a life limiting health condition. This showed their involvement in deciding and agreeing their end of life care. This included advance decisions for their care and treatment at the end stage of their life, their preferred place of death, who would be involved and care of their body after death. Relatives we spoke were satisfied with the person's care, comfort and also their own support and involvement from staff.
- Anticipatory medicines were in place for use if needed out of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to help them avoid any unnecessary hospital admission.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- There was no registered manager in post at the time of this inspection. Since the last inspection the management of the home has changed twice. The new manager was in the process of registering with the Care Quality Commission.
- Concerns had been made to the local authority and Care Quality Commission. These concerns were being addressed through the provider's monitoring systems.
- A new manager was in post and with the provider they were working to address areas that required improvement. Comments from staff, visitors and people that used the service reflected that positive changes were being made by the manager.
- The provider sent us evidence to demonstrate the changes they have and were putting in place to ensure a greater oversight of the home was achieved; to proactively and consistently identify where improvements were needed and address them in a timely way. At the time of the inspection these changes were being embedded.
- There had been a period under the previous management when we had not always received notifications about important events when they happened at the service, so that we could check that appropriate action had been taken to ensure people's safety. Since their appointment, the new manager had sent notifications to us as required by law.
- We saw the rating from our previous inspection was displayed in the office in line with legal requirements.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis. The manager ensured staff were provided with feedback on their performance.
- There had been a period under the previous management when we had not always received notifications about important events when they happened at the service, so that we could check that appropriate action had been taken to ensure people's safety. Since their appointment, the new manager had had sent notifications to us as required by law.
- We saw the rating from our previous inspection was displayed in the office in line with legal requirements.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis. The manager ensured staff were provided with feedback on their performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Satisfaction surveys were provided to people and an analysis of the results produced. However, no action plan was in place to demonstrate what actions were being taken and by whom and by when.
- People and their visitors knew who the manager was and confirmed they were friendly and approachable.
- People were confident in the abilities of the manager. One visitor said that since the manager had been in post, "There had been lots of positive changes."
- Meetings were held with people that lived at the home One person told us, "I've been to a couple of the resident's meetings, they always let you know when one is." The meetings were attended by the registered manager and a full record of the discussion was kept. However, action points were not included to show who would be responsible for the required action, or the timeframe for these actions.
- People were provided with opportunities to develop links with the local community through accessing local services and by spending time within their local community. We saw that people were asked where they would like to go, and this was organised with staff support. This enhanced people's sense of belonging.
- There were good relationships with local health and social care professionals who were involved in the care of people that used the service.

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

- Staff confirmed the culture of the home was open and that they felt able to voice their opinion and raise concerns. For example, the staff had fed back to the manager that an additional staff member was needed on Thursday's; as people living in the community also accessed the service for day care. The manager had organised for this to commence in July.
- Staff told us the manager was approachable and listened to them. One said, " You can speak to the manager about anything. She is fair, but firm."
- Staff also confirmed that the manager worked on the floor with staff. One member of staff said about the manager, " She will help us out when it's needed. We all work together as a team."