Monarch Consultants Limited

Autumn Grange 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

Overall summary

This inspection took place on 8 and 9 October 2015. The first day was unannounced.

We had previously inspected the service on 10 April 2014, where we found breaches in the regulations relating to the management of people's medicines. We asked the provider to send us an action plan to demonstrate how they would meet the legal requirements of the regulation. At this inspection we found that the breach in regulations had been addressed.

Autumn Grange Nursing Home provides accommodation, nursing and personal care for up to 54 older people. At the time of our inspection there were 47 people staying there. The building has two floors, with the ground floor being a mix of people needing nursing and personal care. The upper floor supports people with dementia who need either nursing or personal care.

The service had a registered manager at the time of our inspection. 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on both days of our inspection.

People told us they felt safely cared for. Staff were trained in in how to protect people from the risk of abuse. They knew how to report concerns. Assessments were done in relation to people's care needs and activities they wished to undertake to ensure that the risk of harm was minimised.

There were safe recruitment procedures in place. The provider carried out checks to ensure that suitable people were recruited. All staff were subject to a probationary period and disciplinary proceedings if they did not meet the standards required of them.

The provider employed enough staff to ensure that people's needs were met. Staff were able to support people in a way that was person-centred and focussed on their needs and preferences.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept accurate records.

People lived in a clean, welcoming and well maintained environment. Their rooms were personalised to reflect their individual tastes.

Staff knew people well and understood how to meet their support needs. People had their needs assessed before moving to the service and people's needs were regularly reviewed. People were involved in discussions about their own care needs, and where appropriate, relatives were also involved in this.

People were supported by staff who received training and supervision to ensure that they had the skills the provider felt necessary for their role. The interaction we saw between people and staff demonstrated that people's independence was promoted and their dignity and rights upheld.

Staff obtained consent from people before providing support. Where they were not able to do this, they understood the principles of the Mental Capacity Act, but did not always document decisions adequately.

People were supported to have a well-balanced diet that was nutritious and plentiful. They had regular drinks and snacks, and diets to meet their health needs. Staff provided alternative meal choices and people were involved in discussions about the menu.

Staff communicated well with people, responded to their needs in a timely manner and provided care in a kind and compassionate manner.

A wide range of activities was on offer, and families were welcome in the home. This meant that people could continue with their hobbies and interests, remain active and maintain relationships that were important to them.

The provider sought feedback about the service from people, their relatives, visitors and staff. There were a variety of ways people could make their views known, and we saw that the provider listened to people and responded to improve the service.

Staff told us that they felt valued and supported in their work. The registered manager also felt supported by the provider to encourage the staff team to continually improve the care they provided.

There were comprehensive systems in place to monitor and review all aspects of the service. This enabled the provider to identify areas of good practice and areas for improvement.

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's needs were assessed and support given to keep them safe and well.

Staff understood how to recognise and report suspected abuse.

Safe recruitment procedures were followed.

Improvements had been made to the management of people's medicines and they were administered safely.

Good

Is the service effective?
The service was effective.

Staff received appropriate training and supervision to meet the needs of individual people.

The registered manager had sought appropriate authorisations from the local authority in relation to Deprivation of Liberty Safeguards.

People were offered food that was well-balanced and nutritious and were supported to eat and drink well.

Good

Is the service caring?
The service was caring.

Staff communicated effectively with people and treated them with compassion and respect.

People were supported to participate in activities that were relevant to their interests and to maintain their relationships.

People's privacy and dignity was respected by staff.

Good

Is the service responsive?
The service was responsive

People's personal preferences were respected. They were involved in planning and reviewing their care.

The provider listened to people's views and acted on them.

Good

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

There was an open and positive culture in the service.

People, relatives and staff felt able to contribute to the development of the service.

The provider had a comprehensive system to monitor and improve the quality of the service.

Good

Autumn Grange 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 8 and 9 October 2015 and the first day was unannounced.

The inspection was carried out by 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. Our expert-by-experience for this inspection had experience of caring for older people with physical health needs and dementia. They also had experience of supporting people to access community health services, and residential and nursing care homes.

We spoke with eight people living at the service, five people's relatives and twelve staff, including the registered manager. We also spoke with three health and social care professionals for their views of the service. Not all of the people living at the service were able to express their views about their care. We used the Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

We observed how staff supported people living at the service, and reviewed five people's care records. We also looked at records relating to the recruitment and training of staff, staffing levels, medicine administration, policies and procedures and quality assurance in the service.

We looked at records we held about the service, including information about significant changes and events. We reviewed our previous inspection records. We spoke with the local authority and the NHS clinical commissioning group who commission care with the provider. We also sought feedback from Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services.

Good

Is the service safe?

Our findings

On our previous inspection on 10 April 2014, we found breaches in the regulations relating to the management of people's medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following that inspection the provider sent us an action plan detailing the changes they would make to address the identified shortfalls. During this inspection we saw that improvements had been made and found this regulation had now been met.

The provider had recently installed a computer system for storing and recording information about people's medicines. By speaking with staff and looking at the system, we could see that it was designed to minimise the risk of people getting incorrect medication. The system provided a clear audit trail of staff administering medicines and supported them to ensure that medicines were ordered when needed. The provider was able to demonstrate how medicines would be managed safely in the event of a system error. We saw evidence to confirm that medicines were being stored, administered, monitored and disposed of in accordance with professional guidance and regulations. Staff had access to up to date guidance on medicines. Staff told us that they used this to familiarise themselves with new medicines and to check for side-effects. Medicines were managed and administered safely.

People told us they felt safe living at the service. Relatives said that they felt their family members were safe at the service. Staff were trained in recognising and reporting suspected abuse. They understood the provider's policies and guidance on keeping people safe from the risk of abuse and felt confident to report anything of concern. They knew that they could also report concerns to the local authority and to the Care Quality Commission. Staff were able to describe what steps they took to keep people safe.

People's care plans showed that risks to their safety and well-being were regularly assessed. The registered manager had a system to review risks. For example, a relative told us that when their family member had fallen, staff had sought medical attention promptly, and had also investigated the circumstances of the fall. We spoke with staff and looked at records that confirmed that accidents and incidents were monitored and analysed to see if action could be taken to prevent people from further harm. The evidence we looked at showed us that the provider was taking ongoing action to assess, monitor and reduce risks to people.

People received prompt attention when they requested or needed it. People told us they felt there were enough staff at the home to meet their needs. Relatives' views were mixed on whether there were enough staff available. One relative said, "No, sometimes that's the problem, there's not enough pairs of hands. It's not their fault but I feel sorry for them, you can hear buzzers going" and another commented, "They are sometimes a bit stretched". However, other relatives felt that there were enough staff, with one stating, "There's always plenty of staff around when I come in and I come in at a lot of different times of day – I pop in, you can come in anytime you want". A relative observed that they did not think people needed to wait long for staff to come when they used the call system, "I wouldn't have left her (mother) here if I didn't think there was enough people to look after her. Call bells are usually answered within minutes, they don't seem to be bleeping very long". The call bells we heard during our inspection were responded to promptly.

Staff felt that there were enough of them to be able to meet people's needs safely. They acknowledged that there were times of the day when they were under more pressure, for example, in the mornings when people were being supported with personal care, medicines and breakfast. The registered manager used a dependency tool to assess how many staff were needed to meet the needs of the people, and we saw that this was reassessed regularly. We looked at a sample of staff rotas and saw that the numbers of staff on each shift matched the dependency assessment. This meant that there were sufficient staff to meet the needs to the people in the service and observations during our inspection confirmed this.

Recruitment procedures included checking references and carrying out disclosure and barring checks to ensure that prospective employees were suitable to work with people living at the home. All staff had a probationary period before being employed permanently and undertook an induction period of training the provider felt essential. We saw evidence that the provider clearly set out what they

Good

Is the service safe?

expected from staff if there were issues with their caring skills. This meant that people and their relatives could be reassured that staff were of good character and remained fit to carry out their work.

People and their relatives felt that the service was kept clean and tidy. The home appeared clean and free of unpleasant odours. Staff had an understanding of infection control practices and described measures taken to ensure that the service was clean and free from the risk of infection. Staff used protective personal equipment, such as gloves and aprons, which was readily available throughout the building. These precautions meant that people's risk of acquiring infection was minimised.

Good

Is the service effective?

Our findings

People and their relatives felt that staff had the training and skills to be able to keep people safe from avoidable harm. A relative described to us how staff supported their family member when they were distressed and agitated. They felt that staff had the skills and knowledge to be able to calm the person down and reduce their distress.

Staff said that they regularly reviewed the care plans for people they were supporting to make sure they were up to date in their knowledge about people's care needs. They spoke with us about the training they received, including person centred care, end of life care, fire safety and dementia training. The evidence we saw showed us that the provider had a clear system for ensuring that staff received the training the provider felt essential for their role and this training was updated as required.

Staff received regular supervision and annual appraisals of their care values and skills. They told us that they felt they received enough training and support to enable them to do their jobs. One staff member said that the dementia training they had recently done was very useful, as it gave them more insight and skills to support people with this condition. On the first floor we saw a painted "Bus stop". During the afternoon we saw this was being used by staff as a calming seating area for one person who was confused and distressed and was trying to leave. We saw staff speak with the person about their work and family life. Staff were able to reassure and calm the person. This showed us that staff were able to use their training to effectively support people.

People we spoke with told us that staff asked them for their consent and permission before undertaking a care activity. Staff were knowledgeable about the need to ask for consent, and people's care plans recorded where they were able to make their own decisions about care. The Mental Capacity Act 2005 (MCA) helps to safeguard the human rights of people. It provides a legal framework to empower people to make their own decisions, and protects people who lack the capacity to make certain decisions for themselves. We asked staff to tell us what they understood about the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

Staff and the registered manager told us that they had attended training on the MCA and DoLS and demonstrated an understanding of the process to follow when people did not have the mental capacity to make certain decisions.

We saw from the care records that people's capacity had been assessed where it was felt necessary to do so. However the records were not always consistently clear about the best interest decision that had been made. Some records for one person had been signed by relatives to show that they consented on the person's behalf but staff were unclear if relatives had the legal authority to do this. The registered manager agreed that they would clarify this. We saw evidence that DoLS authorisations had been sought appropriately from the local authority.

People told us the food at the home was good and plentiful, and they had choices. They also said that kitchen staff would accommodate particular dietary needs and personal preferences. One person said, "If there's nothing on the menu I want they'll make me something I like". Another person commented, "Very nice, plenty of everything" and, "They'll ask who likes this and who likes that". Menus were discussed with people regularly and displayed in the home to remind people of the choices available. People were offered hot and cold drinks throughout the day and regular snacks. Relatives felt that people had enough to eat and drink and that the quality of the food was good. Two relatives commented that the provider had been able to provide a range of good options. Relatives were welcome to join people at mealtimes.

Staff monitored what people ate and drank. This meant that they noticed when people's appetite changed and records showed medical advice was sought in a timely manner. Staff knew what people's preferences and dietary restrictions were. We saw that staff encouraged and supported people to eat and drink in a calm and respectful way. Staff interacted socially with people chatting to them and encouraging them to talk to one another. People had sufficient food and drink.

The provider was using a service which enabled people and staff to get advice from medical professionals quickly. We saw staff use this service. Staff told us that they could access this service 24 hours a day, and people got the right health treatment swiftly. The registered manager confirmed that the system had reduced the risk of people being admitted to hospital unnecessarily. A GP we spoke with

Good

Is the service effective?

told us that this system was very good, particularly for health problems that happened out of normal working hours. This meant that people got quick access to the right health care for them.

People told us that staff supported them to remain well, and got medical help quickly when they needed this. One person said, "If you wake in the night and you are ill they are there and they'll sit with you and if you need a doctor they get them quickly." Staff said that people would have their medicines and health needs reviewed by a GP within 48-72 hours of the person being admitted. People then had a review every three months by their GP. We spoke with a GP who confirmed that this was the case. They told us that a GP from the local surgery visited once a week to see people and review their healthcare. The community nurses also visited weekly. People were supported to access ongoing healthcare when it was required.

Good

Is the service caring?

Our findings

All interactions we saw between people and staff were caring, kind and patient. Whilst staff were busy at times with tasks they still had time to interact socially with people. People told us that staff treated them with warmth and kindness. One person said, "They are marvellous carers – they ask if you're alright … they have a laugh with us" and added, "Always joking, friendly but very caring, you couldn't ask for anything better".

Relatives spoke very positively about the staff team's caring attitude and values. Two relatives said, "The atmosphere when you come in, it's warm, caring" and, "Really good, you can see that they care about people – they look after them really well." We also saw that there was a good rapport between staff and relatives and that staff spoke to relatives in a friendly but respectful manner. Staff were able to tell us about people's likes, dislikes and personal histories. This enabled them to offer support and activities that were meaningful to people.

We spent time in the communal areas of the home and saw how staff interacted with people. Staff responded positively and warmly to people, and took time to support people who had difficulty communicating their needs. For example, we saw staff recognise that one person was not feeling well enough to join in an activity. Staff supported the person to leave the activity in a kind and gentle manner, offering support and reassurance. People experienced support from staff who were kind and caring.

People told us that staff treated people with respect and dignity. One person told us that staff supported them with personal care in a manner that was respectful and put them at their ease. Relatives were clear that they felt staff respected people's privacy and personal wishes about how they liked to be addressed and spoken with.

We saw that all staff knocked on people's doors and waited until asked to enter. Where staff needed to enter to check on a person, they did this in a quiet and calm manner. People receiving personal care were supported by staff to do this in private. For example, we saw staff speak discreetly with one person about the assistance they required. This was done in a way that respected the person's privacy and dignity.

Relatives spoke with us about the care provided to people at the end of their lives. They were very positive about how people were cared for and how appropriate health professionals were involved. They also commented on how sensitive and supportive staff were with them and their family members. One person said "They are helping me be with my mum, giving me little things I can do, let me be involved. They never say "You must do it" or "We must do it" they know I want to be a part of her care".

Staff spoke with us about caring for people and supporting families at this time. They were knowledgeable about the skills and training they needed, and what to do if they needed additional support or medical advice. The registered manager and the staff spoke about the values that they felt underpinned quality care at the end of life. They were clear that they worked with people, families and health professionals to ensure that people got the care they wanted and needed at the end of their lives. We saw records confirming staff undertook specialist training about end of life care and attended regular training events at a local hospice. This showed us that staff had the knowledge and skills to provide good care for people at the end of their lives.

Good

Is the service responsive?

Our findings

People told us they were involved in planning and reviewing their care needs and that staff understood what was important to them. They also told us about the choices that they were encouraged to make to promote independence. For example, people said they could get up and go to bed when they wanted.

Relatives said that they were consulted about people's needs and lifestyles. One told us, "When [person] first came in they sat us down and they did all her history and everything, her likes and dislikes". Relatives felt involved in discussions about the on-going care of people, with one relative stating, "I've had two meetings where I was invited to come and they said they would have changed the meeting if I couldn't come [because of work]. I was fully included in the meeting and [person] was as much as she was able. Everything was directed at [person]". Relatives told us that staff communication was good, and they were kept informed of key issues relating to people's care. The care records that we looked at confirmed that people's families were given information about their care where people consented to this, or where it was agreed that it was in their best interests to do so. The service was effective at communicating with families.

We saw that staff involved people in discussions about their care needs. For example, we observed staff talking with a person and their family about their support, and heard staff asking people and their relatives about the care they wanted. Staff were able to describe what person centred care was and explain how they ensured they provided this. They told us that care plans included people's preferences for activities and hobbies as well as their personal care needs. The care plans we looked at confirmed this.

We saw staff use tasks as opportunities to connect with people and involve them in meaningful activities around the service. Staff understood that it was important for people to be able to contribute and be involved.

People were supported to personalise their rooms, for example, with photographs, soft furnishings and small items of their own furniture. A relative commented, "They [staff] encouraged me to do the room up as mum would want it although it was very nice before anyway".

The provider organised a wide range of activities and events for people and their families to take part in. People told us about the different activities that they enjoyed and told us that there was always something happening for them. One person said, "I do crosswords or word-searches in the lounge. I join in other things too, chairobics, skittles, bingo and quizzes". Another person told us that they had just returned from a holiday with other people and staff from the service.

All the relatives we spoke with spoke positively about the range of activities. A relative said "For me the strength of this place is the activities they put on. They really do try and put a wide variety on to please all people." The availability of activities had been a factor in another relative's choosing the service for their family member.

The registered manager told us that the provider employed three staff to organise and support people to take part in activities throughout the week. Staff organising activities confirmed that they tried to put on a wide range of activities to appeal to everyone. They spent time with people finding out about their hobbies and activities and were able to support people on an individual basis to enjoy hobbies. The activity staff also arranged for entertainers to visit the home regularly, and they organised day trips for people who wanted to go out. Staff had made links with a local community centre and school so that they could support people to maintain contact with their local community. The provider also employed a beautician and hairdresser, who had a salon in the building. Staff told us that people were supported to visit regularly as this helped people feel good about themselves. We spoke with the beautician and saw from records that they were aware of people's health conditions so that they could offer appropriate treatments. They told us that people enjoyed discussing treatment choices and participating in what was a social occasion.

There were posters around the home telling people what activities were going on that week. We saw during our inspection that staff regularly encouraged people to join in activities or sit in more social communal areas. Where people did not wish to do that their wishes were respected.

People told us that they felt able to raise concerns or make complaints about their care. For example, one person told

Good

Is the service responsive?

us that they had not liked their bedroom. They spoke with staff about their concerns, and were supported to move to another room which they preferred. The person's relative confirmed that this had happened.

People told us that they knew how to make a complaint and felt confident to make suggestions about improving the service. Relatives also felt that they were able to speak with staff about any issue they had with people's care. They knew how to make a complaint and understood that the provider had a process for responding to them. A relative commented that, "I know if I've got a problem I can approach anybody, go straight to [registered manager] and she'll take it on board". Another relative told us that they had raised concern about staff not communicating enough with them. They said that when they raised this as an issue, the registered manager responded positively and communication improved. There was also information about the service presented in the reception area and around the home, including how people could make suggestions or complaints. Records showed us that the provider had a clear record of complaints investigations and outcomes.

The provider regularly sought the views of people and their relatives using questionnaires and informal meetings. We saw that where suggestions had been made to improve the service, the provider had acted on these and then communicated this to everyone. This demonstrated that the provider actively listened to what people and their relatives had to say and made changes to the service in response.

Good

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was and said they were approachable. One person told us, "[Registered manager will] sit and talk to you if you don't understand anything and ask you if you are ok with what she's said". Relatives also felt that the registered manager was open and approachable about the service. One relative said, "When I came to look round it was comfortable, everyone I came into contact with was friendly. [Registered manager] showed me what I wanted. It's like home from home; it's not like walking into a care home".

People were involved in decisions about the service through the residents' meeting and felt able to say what they wanted. Staff felt that they played an active role in improving and developing the service, and two staff told us that they were proud to say where they worked. One staff member told us, "We've had quite a few managers but [registered manager] has far exceeded them all … whether its work wise or personal wise you can sit and talk to her, she listens".

Staff understood what their roles and responsibilities were and also felt supported in their work. They were confident in being able to raise concerns about care or to make suggestions to improve the service. They felt they would be listened to. This showed us that the provider supported staff to question practices at the service if they felt they needed to.

Both the registered manager and staff were able to tell us about the purpose and ethos of the service; to provide quality care for people in a homely environment. The evidence we heard from people, relatives and health professionals showed that staff understood and demonstrated the provider's values.

The registered manager was clear about their responsibilities and felt supported by the provider to deliver good care to people. They appropriately notified the Care Quality Commission of any significant events as required. The provider had notified us about a number of safeguarding concerns since our last inspection. We discussed this with the registered manager, who showed us evidence to demonstrate what changes they had made in the service to improve the quality of care and reduce the risk of harm.

The provider had a comprehensive system in place to monitor and review all aspects of the running of the home. This included essential monitoring, maintenance and upgrading of the facilities, quality monitoring of infection control processes, responding to comments and complaints, and investigating where care had been below the standards expected. We saw where action had been taken to improve the service. We looked at a sample of policies and saw that these were up to date and reflected professional guidance and standards.

The registered manager told us about plans to improve the care the service provided at the end of life, including getting better access to palliative care specialist staff. This would mean that people would receive individualised support quicker as their conditions changed. They also spoke about plans to enable people to have increased access to the gardens to take part in outdoor activities. This, and other examples they gave us, showed that the registered manager and provider sought to continuously improve the quality of life for people living at the service.