

Autumn House Nursing Home Limited

Autumn House Nursing Home

Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Autumn House Nursing Home is a care home that provides accommodation and nursing care for adults with a range of care and support needs, including adults who are living with dementia. The home can accommodate up to 41 people in one adapted building over two floors. At the time of this inspection there were 29 people using the service.

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

People told us they felt safe living at Autumn House Nursing Home, however, we found improvements were needed to ensure people were protected from avoidable harm. Medicine management procedures were not always followed, which meant some people's medicines were not managed safely. People were not effectively protected from the risk of infection. Risks to people were assessed, however, some risk management information was missing from people's care records. There were enough staff available to meet people's needs but staff were not always deployed effectively. Staff left some people without the support they needed at mealtimes.

When staff interacted with people we found they were kind, caring and compassionate towards people. It was clear staff knew people well and we observed appropriate laughing and joking between people and staff. However, staff became task focussed during the lunchtime service and they stopped interacting with people and responding to their needs.

The premises required further adaptations to ensure they met the needs of people living with dementia. Some areas of the building were not well-maintained and this made it difficult for staff to keep these areas clean.

People were supported by staff who had received a range of training to develop their skills and knowledge. People were cared for by staff who understood their responsibilities to safeguard people from abuse. Staff supported people to access other community health professionals; this supported people to maintain their health.

People's dignity was promoted by staff. Where people could complete tasks for themselves, staff encouraged them to do so, to promote their independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People were supported to take part in a range of activities to keep them occupied and entertained. Staff told us they thought people would benefit if staff had more time to support people to remain meaningfully occupied, particularly in the mornings.

The home had experienced several changes in management since the last inspection and this had caused

some instability in the service. However, we received very positive feedback about the new manager. The new manager had started working in the home four months prior to this inspection and they had applied to register with CQC. Staff were well-supported by the new manager and they all told us they had seen improvements to the service in the last few months.

Since the last inspection the provider had not implemented enough systems and processes to monitor the safety and quality of the service, to ensure necessary improvements were embedded and sustained. The new manager had created a comprehensive service improvement plan which detailed the steps they would take to ensure the service improved. The manager was responsive to the feedback given during this inspection and acted promptly to start addressing the identified concerns.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 23 January 2018). We identified multiple breaches of regulation at that inspection. There was also an inspection on 7 January 2019, however the report following that inspection was withdrawn as there was an issue with some of the information we gathered.

At this inspection we found the provider was in breach of two regulations. The service remains rated requires improvement. This is the second consecutive time the service has been rated requires improvement.

Why we inspected

This was a planned inspection because of the issue highlighted above.

Enforcement

We have identified breaches of regulation in relation to safe care and treatment and the governance systems used to assess the safety and quality of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Autumn House 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

This inspection was completed by one inspector, an inspection manager 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 House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is required to have a manager registered with CQC. If a manager is registered with CQC, this means both the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection, a new manager had recently started working at the service and had applied to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. To help us understand the experience of people who could not talk with us, we used an observation method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care throughout the day.

We spoke with nine members of staff including the manager, a nurse, care assistants and other ancillary staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We checked a variety of records relating to the management of the service, including staff files and policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

After the inspection

We sought some more documents from the manager. They were provided in a timely manner and were used to inform our judgements.

Is the service safe?

Our findings

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

At the inspection on 14 November 2017 (published 23 January 2018) this key question was rated requires improvement.

At this inspection this key question has been rated 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.

Using medicines safely

- Medicine management procedures were not always followed by staff to ensure people received their medicines, as prescribed. Medicine administration records were not consistently completed by staff every time they administered medicines to people. We checked the stock levels of some medicines and identified some people had missed a dose of their medicine, as stock levels were higher than they should have been. This could have had a detrimental effect on people's well-being.
- Staff did not accurately record the support they had given people with topical medicines such as creams. We could not be satisfied that people received their topical medicines, as prescribed. For example, one person used a topical cream which should have been applied two to three times per day, however staff had only complete their topical administration chart on eight occasions over a period of two months. Staff may have applied this cream on additional occasions, however there was no evidence of this within the person's records.
- People's medicines records contained protocols to guide staff in when to administer medicines people required on a 'when required' (PRN) basis. However, some PRN medicines did not have a corresponding PRN protocol and some PRN protocols were not detailed enough. For example, one person was prescribed medication to alleviate agitation, to be given only 'when required'. The PRN protocol for this medication said, 'give when [person's name] becomes agitated'. It did not detail how the person presented when they were agitated or anxious, which meant staff were not given enough guidance about how to manage this medicine effectively.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were not always protected from the risk and spread of infection. We found some areas of the building were not well-maintained and therefore could not be kept clean. Some floor coverings were damaged and stained, wall tiles were missing, and store rooms were unorganised and cluttered.
- People were at risk of cross-contamination of infections. Staff cleaned commode pots by hand as there was no mechanical sluice. This posed a risk of contamination due to splash back. Staff were not provided

with all the necessary personal protective equipment they needed, such as eye protection, to ensure their safety.

- The manager had identified the need to improve the environment and the management of infection control. They provided us with an action plan detailing how they would address these issues following the inspection.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to prevent and control the spread of infections. This placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, however, the risk management guidance in some people's care plans was not detailed enough. Where people required moving and handling using a hoist, their care plans did not describe which equipment staff should use to hoist them safely. Staff told us this information was kept in people's bedrooms, but when we checked three people's rooms there was no information for staff to follow. The manager responded to these concerns immediately after the inspection and re-developed the moving and handling guidance in people's care plans to ensure they were detailed enough.
- Safety certificates were in place for the premises and the equipment staff used. We identified one missing safety certificate for the passenger lift, however, the manager obtained an up to date safety certificate promptly after the inspection. Staff regularly checked the equipment they used, to ensure it remained safe.

Staffing and recruitment

- There were enough staff available to meet people's needs, however they were not always deployed effectively. Although there were enough staff on shift, we observed staff sometimes left people without support at times when they needed it. Staff required additional direction and guidance to ensure they remained available to support people, particularly at mealtimes.
- Domestic staff struggled to complete the daily cleaning schedules, due to the size of the home and number of domestic staff on shift each day. The cleanliness of the home could have been improved by arranging additional shifts for domestic staff.
- Improvements were needed to the provider's recruitment system, to make sure new staff were suitable to work with vulnerable people. The provider completed a range of pre-employment checks before staff started to work in the home, however, we found staff were not consistently asked to provide their full work history. The manager had already identified improvements were needed and they planned to complete an audit of all staff files to ensure they all contained the necessary information. We were satisfied the manager's ongoing recruitment of new staff would be safe.

Learning lessons when things go wrong

- Staff responded to any accidents and incidents appropriately. Each accident or incident was recorded and reviewed by the manager to ensure appropriate action had been taken.
- The provider had not completed any recent analysis of accidents or incidents, to assess whether there were any themes or trends. Opportunities may have been missed to learn from these events and reduce the risk of further incidents taking place. The manager confirmed they planned to start this analysis in the near future.

Systems and processes to safeguard people from the risk of abuse

- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse and they were all confident the manager would act quickly on any concerns they raised. The manager had made appropriate referrals to the local safeguarding authority, when required.

- People felt safe living in the home and people's relatives raised no concerns about their family member's safety. A person told us, "It's lovely, I feel safe."

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 inspection on 14 November 2017 (published 23 January 2018) this key question was rated requires improvement.

At this inspection this key question has been rated 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

- People received food and fluid which supported them to maintain a healthy and balanced diet. The lunchtime meal served during this inspection was well-presented and people told us the food was very nice. A person commented, "The food is fine. I've no complaint about it at all. There's plenty and it's good."
- The mealtime experience required improvement. There were several people who required assistance to eat, however, staff left them with their meals and did not offer support. Relatives had to assist people to eat. We observed one relative had to offer to cut up food for one person as staff were not in the dining room to help. One relative told us, "I come every lunchtime to support [person's name] because, if I didn't, they wouldn't eat."
- People were offered drinks and snacks during the day, however, some people told us they were often thirsty. We discussed this with the manager who agreed to ensure drinks were always available.

Adapting service, design, decoration to meet people's needs

- Additional adaptations were needed to the premises, to ensure the environment was suitable for people living with dementia. The premises had some pictorial signage displayed in the corridors to help people navigate to toilets and bathrooms. However, the flooring in the hallways and communal lounge was not suitable for people living with dementia and could increase the risk of people falling.
- Some people did not have access to a bath as the bathrooms had not been suitably adapted to ensure people with poor mobility could get in and out of the bath safely. People had access to showers, however the manager had identified the need to make adaptations to the home's bathroom areas, so people had access to either option.

Staff support: induction, training, skills and experience

- Staff had recently received training on range of topics relevant to their jobs, to ensure their knowledge and skills remained up to date. The manager had oversight of the training each staff member had completed. They were arranging further training sessions to ensure all staff completed relevant training on a regular basis. Staff were happy with the training provided to them.
- Staff felt well supported by the new manager. They all told us they could raise any ideas or concerns with them at any time. The manager had made arrangements to have regular, planned supervision meetings with staff to ensure they had opportunity to discuss their roles, any issues and their professional development.

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

- People's needs were assessed and care plans were written to provide guidance to staff about the care and support each person needed. Some people's care records were not easy to navigate and they needed to be updated to remove out of date information about people's needs. The manager had already started to re-develop people's care plans. They had identified improvements could be made in this area, to support staff to deliver care in accordance with people's preferences.

Ensuring consent to care and treatment in line with law and guidance

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, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before care was delivered.
- The manager submitted DoLS applications to the local authority, to ensure restrictions on people's liberty were correctly authorised. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware. The manager monitored the home's compliance with the conditions and they had oversight of the authorisations in place and their expiry dates.
- The manager had a comprehensive understanding of the MCA and had started to make improvements to staff's practice in this area. They had arranged additional training for staff on the MCA.

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

- Staff worked with other organisations to deliver effective care and support to people. Staff regularly sought advice from community health and social care professionals such as the GP, social workers and falls prevention specialists. Any advice given by external professionals was clearly recorded in people's care plans. This supported staff to achieve good health outcomes for people.

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 inspection on 14 November 2017 (published 23 January 2018) this key question was rated requires improvement.

At this inspection this key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People provided mixed feedback about whether staff were kind and caring. A person commented, "There's one or two [staff members] who don't bother too much. I feel I'm a bit of a nuisance at times." However, other people felt well-supported by all staff, commenting, "I'm very well looked after" and "Most of the time, staff are brilliant."
- When staff engaged with people, we observed it was a positive experience for people. There was appropriate joking and laughter between them. We observed warm and supportive interactions between staff and people, most of the time.
- Sometimes staff became task focussed and stopped interacting with people as they completed their duties. During the lunchtime service we observed staff put meals in front of people without any explanation about what the meal was, staff did not offer support to people to eat their meals despite some people needing this support and staff did not stay in the room to observe or monitor people. The manager agreed to review how staff were deployed at meal times.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and where they would prefer to spend their time. A relative confirmed their family member was involved in decisions about their daily routine.
- People had been asked about their preferences for receiving care. A person commented, "I have been asked about what I like and what I don't like." However, people's care records did not always evidence how people and their relatives had been involved in planning and reviewing their care.
- The manager understood the importance of supporting people to access advocacy services when they needed support to make important decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and they treated people with dignity and respect. Staff knocked on doors and called out before they entered bedrooms or toilet areas.

- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. We observed staff provided people with appropriate encouragement and equipment to enable them to complete tasks for themselves.

Is the service responsive?

Our findings

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

At the inspection on 14 November 2017 (published 23 January 2018) this key question was rated requires improvement.

At this inspection this key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans contained enough information about the support they wanted and needed. Care plans contained information about any preferences people had about how staff should support them. We observed staff knew people well and this helped them to deliver care in accordance with people's preferences.
- Staff were not always responsive to people's needs. We observed a person with very sticky eyes when we walked around the home in the morning. The person was unable to open one eye. An hour and a half later we observed they still had sticky eyes which had not been cleaned. Staff had not informed the nurse that the person required support with eye care.
- Staff did not always provide care which met people's needs at meal-times. People were sat in dining areas for a long time before lunch was served. One person continuously got up from the table and tried to get out of the door. Relatives visiting the home had to encourage them to sit down. Relatives had to point out to staff that another person required support to go to the toilet. Staff had not supported people to access the toilet before they sat down to eat.
- People's relatives told us they were happy with the care their family members received. A relative commented, "[Person's name] has put on weight since they have been here. I am really pleased with the care and support."

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.

- People's communication needs were assessed. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

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 able to take part in different activities according to their interests. The provider employed an activity coordinator who arranged a programme of activities and entertainment according to people's

preferences.

- Staff told us they did not always have enough time to support people to remain meaningfully occupied throughout the day. On the day of this inspection we observed a disco taking place in the afternoon which numerous people appeared to enjoy. However, staff said in the mornings their time was often taken up by care delivery, which meant they could not provide as much social interaction for people as they would have liked.
- Staff welcomed people's relatives and friends into the home to support people to maintain important relationships.

Improving care quality in response to complaints or concerns

- Formal complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure, which was followed by the manager and staff. The complaints procedure was displayed within the home.
- People told us some issues they had raised informally had not been responded to by staff. One person told us they were often cold. Earlier in the day they had asked staff for a blanket, but they said staff had forgotten to bring them one and they had to ask them again. We also spoke with someone in their bedroom and noted their room was cold. They told us they had mentioned this to staff on several occasions, but nothing had been done to fix this.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. People were given the opportunity to express how they would like to be cared for at the end of their life.
- Staff worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and palliative care nurses. This helped to ensure people received consistent and coordinated support.

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 inspection on 14 November 2017 (published 23 January 2018) this key question was rated requires improvement.

At this inspection this key question has been rated 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.

Continuous learning and improving care;

- The home had experienced several changes in management since the inspection on 14 November 2017. This had led to a period of instability at the home. During this time, the provider had not implemented enough systems and processes to monitor the safety and quality of the service, to ensure necessary improvements were embedded and sustained.
- The new manager had implemented systems to monitor the safety and quality of the service and had developed a service improvement plan to support the home to improve. The audits completed by the manager had already identified most of the issues we observed during this inspection. They had started to make improvements to the home in line with the service improvement plan.
- The systems implemented by the new manager needed to be embedded and sustained. Some of the audit tools they used needed further development to ensure all areas of the service were regularly monitored and assessed. For example, the checks completed on the management of medicines had not identified all of the issues we found during this inspection. The manager completed a further audit of the medicines management system as a result of the concerns raised during this inspection. They created an action plan to support the home to improve in this area.

We found no evidence that people had been harmed; however, systems were either not in place or were not robust enough to demonstrate the quality and safety of the service was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The new manager was clear about their role and responsibilities. They had started working at the home around four months prior to this inspection and had applied to register with CQC.
- The manager had a good understanding of quality performance and regulatory requirements. They had prioritised areas of improvement. The manager was responsive to the feedback given during this inspection and acted promptly to start addressing the identified concerns.
- Everyone was positive about the way the home was being run by the manager. Staff were very positive about the support and guidance they received from the manager. Staff commented, "I can see

improvements since [name of manager] arrived" and "[Name of manager] is making positive changes. She is very approachable and proactive. She turns a negative into a positive. I have complete and utter faith in her."

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

- The manager demonstrated a clear desire to promote a positive, open culture in the home. We received positive feedback from all staff about the changes they had made to the home in the last few months.
- The provider had a policy in place to support staff to comply with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunity to give feedback about the home. For example, questionnaires had recently been sent out to all relatives. The manager planned to analyse the results and act on the feedback given. People and their relatives also had opportunity to attend regular meetings in the home. We saw information displayed in the entrance to the home advertising the date of the next meeting.
- Staff had opportunity to raise any ideas or concerns about the home with the manager. All staff told us the manager was approachable. Staff meetings took place so the manager could update staff about any changes to the home and obtain their feedback.

Working in partnership with others

- Staff had developed links with commissioners of the service and local community health services, to support them to deliver effective care to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way because medicines were not always managed safely and the systems in place to control the spread of infections were not effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not implemented sufficient systems and processes to monitor the safety and quality of the service and to ensure necessary improvements were embedded and sustained.