

Mauricare Ltd

Aston Manor

Inspection report

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Overall summary

The inspection of Aston Manor took place on 21 October 2014 and was unannounced.

Before this visit we had received information about people's nutritional needs not being met, excessive build-up of domestic waste outside the service and flies in the building, contaminating food and settling on service users.

Aston Manor is a nursing home currently providing care for up to a maximum of 32 older people. The service has two floors and provides care and support for people with nursing and residential needs including people who are living with dementia. The registered provider for Aston Manor changed on 10 October 2014. The new provider was present on the day of our inspection.

The service did not have a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

When we arrived at the service we saw an excessive build-up of domestic waste outside the building. We contacted the service two days after our visit and were assured the waste had all been removed.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. You can see what action we told the provider to take at the back of the full version of the report.

Staff told us there had been no reduction in the nurses or care staff since the new provider had taken over the operation of the service.

On the day of the inspection we saw the food at lunchtime was appetising and served appropriate to people's needs. We raised concern on the day of our visit that people were not being offered adequate drinks.

We checked the kitchen storage and saw the service had adequate stocks of food. The administrator told us a system was now in place to ensure the service had adequate supplies of food.

We observed staff were caring in their approach to people who used the service. We also observed staff speaking to people in a discreet and dignified manner. However, people's needs were not always met promptly.

The support manager told us they had plans in place to arrange to meet with people who used the service and their families.

We saw people's care plans and risk assessments were person centred and had been reviewed and updated by staff on a regular basis.

People were aware of how to raise a complaint about the service.

The support manager told us they had begun to look at documentation used by the service and had plans in place to allocate areas of responsibility to key members of staff.

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?

There was an excessive build-up of domestic waste outside the building. The provider assured us plans were in place to address the issue.

We found that appropriate arrangements were not in place in relation to the storage of some people's medicines.

The supporting manager and two of the nurses we spoke with were aware of the responsibilities for safeguarding people using the service.

Is the service effective?

On the day of our inspection people were offered a choice of hot and cold food. However, people were not offered regular drinks.

The supporting manager told us plans were in place to ensure staff training and supervision were up to date.

We spoke with two nurses who were aware of their responsibilities under the Mental Capacity Act.

Is the service caring?

We observed that people who used the service looked well cared for.

People were supported by staff who knew them well and people we spoke with told us staff were caring.

We saw people's needs were not always met in a timely manner.

Is the service responsive?

People's care plans and risk assessments had been reviewed and updated on a regular basis.

The service did not employ a dedicated activity person. During our inspection we saw only one person who was engaged in any form of meaningful activity.

The supporting manager told us they were planning a meeting for people who used the service and their families in the near future to gather views about people's experience of the service.

Is the service well-led?

Staff morale at the service was low. Staff expressed concern they had not been informed of the dates they were due to be paid.

The provider had plans in place to recruit a registered manager for the service.

As the provider has only been operating the service for a few days, we did not inspect their auditing systems.

Aston Manor

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. A rating has not been given to this service because we do not have enough evidence. This is because the service was only registered with the new provider on 10 October 2014.

This inspection took place on 21 October 2014 and was unannounced.

The inspection team consisted of two Adult Social Care Inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local authority contracting team. At the time of the inspection a Provider Information Return (PIR) was not available for this service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room observing the care and support people received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people who were living at the service and four family members. We also spoke with the one of the directors of Mauricare, a registered manager from another home who was providing operation support to Aston Manor, a senior nurse and a nurse, nine staff including the administrator, care staff, members of the catering team, the maintenance person and an agency care worker. We also spent some time reviewing four people's care.

Is the service safe?

Our findings

Prior to our inspection we had received information of concern regarding a large build up of waste outside the building and an excessive number of 'flies' inside the home.

When we arrived at the service we saw a large number of black refuse sacks piled up against the bins outside the service. We spoke with the administrator and asked them what action had been taken to address these issues. The administrator told us the problems had arisen with the refuse collection from the previous providers relationship with the refuse company. They explained the waste had built up and when the waste collectors had come, they had refused to collect the excess waste. They assured us that arrangements were now in place for all the waste to be removed two days after our visit. We also spoke with one of the directors and asked why a skip had not been hired to remove all the rubbish. They said plans were in place to remove the rubbish. We asked for an assurance that a skip would be hired promptly if the rubbish was not cleared in two days' time. The director agreed to this request.

Following the inspection we telephoned the service on the day the waste was due to be collected; a member of the nursing team told us all the waste had been removed.

We spoke with the senior nurse about the concerns raised to us regarding excessive flies inside the home. They told us that a pest controller had been contacted who had visited the home. They had advised re-locating the bins away from the building. The senior nurse said they had done this and there had been no further problems with insects coming inside the building. During the day of our inspection we did not see any 'flies' inside the home.

As part of our inspection we looked at how the service managed people's medicines. We observed two nurses administering people's medication safely. We also observed the medicine trolley was locked between each individual administration. This meant we were assured that medicines were stored securely with only authorised care home staff having access to them and that people were safeguarded against access to medication.

We looked in the medications fridge and we saw an opened bottle of medication. We asked the nurse if the medication had an expiry date. They said the medication should be used within five days of opening. We noted the date of opening was not annotated on the bottle. We also

saw the medication fridge stored bottles of eye drops for a number of people. We also noticed the opened bottles of eye drops were not annotated with the date of opening. This meant the person may have been in receipt of medication that was no longer effective. The nurse acknowledged these items should have the date of opening written on the box or dispensing label.

In two people's bedrooms we saw a tub of cream which did not have the person's name on or a pharmacy dispensing label. This meant the service user may be at risk of having creams applied for which they were not prescribed.

We reviewed a random sample of two of the current months Medication Administration Records (MAR) and cross referenced the administration with blistered and boxed medication. In each case we found the stock tallied with the number of recorded administrations. This demonstrated the home had a system in place to ensure medication was administered as prescribed. However, we saw an entry on person's MAR which had been handwritten. There was no signature to identify the person who had written the entry and there was no second signatory. It is good practice when hand writing an entry on a person's MAR chart for a second member of staff to check the entry is correct and countersign the record. This reduces the risk for error.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked the supporting manager, the administrator and two nurses about safeguarding people who used the service. They were all aware of different types of abuse and how to raise an alert. The supporting manager told us they had attended training aimed at managers of services. This showed that staff were aware of their responsibilities for safeguarding people using the service.

One person who used the service said, "I feel very safe here". A relative told us, "I don't worry about anything. People are kept safe here and if there were any problems they would get in touch".

We looked at four sets of care records and saw each person's support plan included a number of risk assessments which identified risks associated with their care and support. Risk assessments included moving and handling, falls, nutrition and tissue viability. We saw

Is the service safe?

evidence in each of the records they were reviewed and updated on a regular basis. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

When we were walking around the building we saw a mattress had been draped over a stairwell banister. The stairwell was a designated fire escape and flammable items should not be stored here. We mentioned this to the maintenance person and they removed the mattress immediately.

We saw the service had equipment in place to assist in the evacuation of people who used the service in the event of an emergency. This demonstrated the service had equipment in place to ensure people's safety was maintained.

The nurses told us that staffing levels for nurses and care staff at the home had remained unchanged since the service had changed provider. The administrator told us that following discussion with the catering staff they no longer operated an evening kitchen assistant shift. They said this had been done with the agreement of the catering staff. The supporting manager told us adverts had been placed to recruit further care staff, nurses and staff to provide activities for people who used the service.

We did not look at the provider's recruitment processes as no new staff had been employed since the provider took over the operation of the service.

Is the service effective?

Our findings

Prior to our inspection we received information of concern. We were informed the service did not have enough food and people were not receiving their meals in a timely manner.

One member of staff we spoke with told us that one day people had been served cup-a-soup, sandwiches and ice cream. They said there had been no hot option for dessert and the sandwiches were inadequate. They said 'two bites and they were gone'. Another member of staff said, "The food was very good with the previous owner. Now, all the food is 'smart price'. You can tell the difference with the bread". Another member of staff said, "The food could be a lot better. It will be nice today because you are here but at times it's very poor". One relative we spoke with told us, "I am not very happy with the meals here. They are very small portions and not very nice".

The administrator told us they had now set up a weekly supermarket order and they were sourcing a further supplier to provide a mid-week delivery of bread and milk. They assured us the service now had 'enough' food. The manager supporting the service said the service did not have a set budget for food. They said they had advised the cook to overstock. One of the nurses said, "The food is sorted now. We did have some teething problems, but we never ran out, no one did without. Some of the food that was purchased was not ordered to the menu, it wasn't suitable for our clients, but we have gone through everything now and made sure the food being ordered is suitable for our client group".

As part of our inspection we spent time observing in the communal lounge and dining room. During the morning period we did not see drinks were available in the communal areas and we did not see people offered drinks or snacks once they left the dining room after breakfast. This included one person whose records detailed they had a history of regular urine infections. We expressed our concern to the senior nurse, they assured us this was not normal practice and they would address this. However, during the afternoon we saw staff bring a drinks trolley around and offer people a choice of drinks and snacks. This meant people were not receiving adequate hydration.

We observed lunch and saw people were supported to eat and drink in a timely manner. The food served looked appetising and the portions were of a good size. We saw there was a variety of hot and cold options for people to choose.

We asked the senior nurse if staff training was up to date. They told us that mandatory training was 'ok'. They said they had not been able to arrange further training due to issues relating to the previous owner. They said they would now be speaking with the new provider to ensure appropriate training and refresher training was organised for staff.

We asked one member of staff if they had had any recent supervision. They told us, "We do have supervisions but it's been a while since my last one". We asked the supporting manager about their plans for staff supervision. They told us they intended to begin planning staff supervisions very soon. This showed the provider had plans in place to ensure staff received regular management supervision to monitor their performance and development needs.

We did not look at the provider's processes for supporting new employees as no new staff had been employed since the provider took over the operation of the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

Both the nurses we spoke with verbalised a good understanding of their responsibilities under the MCA and DoLS. The senior nurse told us they were reviewing people who lived at the service to assess if they need to submit a DoLS application to the local authority. We saw evidence in one person's records that a DoLS application had been made to the local authority. This showed these staff were aware of their responsibilities under this legislation.

When we looked in people's records we saw evidence people were encouraged to make simple life style choices. For example, one person's record we saw an entry, 'capacity, yes for the flu jab'. In another person's record we saw, 'Deemed not to have capacity but can make simple choices'. This evidenced staff took account of the MCA when planning people's care. The manager supporting the

Is the service effective?

service said, “Just because someone has dementia doesn’t mean they can’t make decisions”. This showed staff were aware of the need to encourage people to be involved in making simple life style choices.

We saw evidence in peoples care records that they had access to other healthcare professional including G.P,

dietician and chiropodist. For example, we saw one persons records detailed, staff had reported a person’s weight loss to the GP. This showed people using the service received additional support when required for meeting their care and treatment needs.

Is the service caring?

Our findings

Many of the people who lived at the service had complex needs and were unable to tell us about their experiences. However, we observed people looked well cared for. People were appropriately dressed, clothing was clean and people's finger nails were clean. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity.

We looked in a small number of people's bedrooms and saw they were clean, tidy and odour free. Each of the rooms we went into was personalised with pictures, photographs or ornaments. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

One person who used the service told us, "The care staff are very patient. They always seem busy, but if you need anything you just have to ask". A family member said, "The staff are around if you need them and always willing to help. The staff are very caring". Another visitor to the service said, "There is a lot of change at the moment but the staff are the same so that is good". A member of staff we spoke with said, "I just want the best for all the residents here".

We spent time observing the interactions between the staff and the people they cared for. We saw staff supporting people in a calm, patient and unhurried manner. We observed staff transferring one person using hoist. Staff spoke discreetly to the person and explained what they were doing.

However, we also saw two people brought into the lounge in wheelchairs. We noted one person was waiting 20 minutes before two staff transferred them into a comfortable chair using the hoist. We also the other person was waiting 30 minutes before they were transferred with the hoist from their wheelchair. This demonstrated that people's needs were not met in a timely manner.

Peoples care records were stored on a computer based system. We saw this was password protected and each staff member had a distinct log in code to ensure records were not accessed by people who may not be authorised to do so. This demonstrated people's personal information was kept confidential and only those with authority to access these documents could do so.

In each of the records we looked at we could not see evidence of either the person or their family's involvement in the development or review of the documentation. This means people's views and experiences may not have been taken into account in the way the service was provided and delivered in relation to their care and support.

We saw the service had a number of communal lounge areas for people to access. This included a main lounge, a library and 'café' room. The ground floor corridor and communal areas were spacious and allowed people to move freely within the environment. People also had access to a secure garden area. During our visit we saw people who used the service go in and out of the garden as they wished. This demonstrated people who used the service could access the communal areas and the gardens without restriction.

Is the service responsive?

Our findings

We saw evidence in each of the care records we looked at that people's care plans and risk assessments were reviewed and updated on a regular basis. One of the nurses we spoke with told us each nurse was responsible for a number of people's care plans to ensure they were reviewed and updated on a monthly basis. This helped in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

We saw the care plans were person centred and provided information about staff how people's care and support should be provided. For example, one care file recorded 'if [resident's] behaviour becomes distressed staff to sit and talk to [resident] about things of interest such as songs of praise or the church'. These details help care staff to know what is important to the people they care for.

On the day of our inspection we saw one person sat in their bedroom painting. We looked in their care records and saw this was an activity they enjoyed doing. However, this was the only person we saw who was engaged in any form of activity. We saw a white-board on display in the entrance area. This was designed for staff to add in details about the date, the weather and activities which were taking place on a daily basis. On the day of our inspection, this board was blank. In the main lounge the television was switched on however, people sat in the lounge did not seem to be watching it. We looked at a file which contained a record of each person's activities. We looked at the records of four people between 16 October and 20 October 2014. We saw no evidence of any meaningful occupation or structured activity. For example one person's record detailed 'watched

TV', 'listened to music' and 'remained in bedroom'. During the period of our inspection we saw limited interaction from staff, other than when they carried out care tasks. This demonstrated not all staff may be aware of the importance of supporting people's social and emotional needs.

We spoke to the supporting manager about the lack of activity provision for people. They told us an advert had been placed to recruit two activity organisers for the service. This showed the provider had plans in place to address the lack of social and emotional stimulation for people.

During our time at the service we saw a number of visitors to the service. Staff told us visitors were welcome to call into the home without any restrictions.

We asked one person who used the service if they knew how to complain. They said, "I've never had to complain about anything, but if I had to, I would talk to one of the staff". One visitor told us, "I have complained about the food, especially the size of the portions". We did not look at the provider's processes for handling concerns and complaints on this inspection. We will look at how concerns and complaints are managed when we next inspect the service.

We asked the supporting manager how they intended to gain the views and opinions of people who used the service. They told us they planned to organise a relatives and residents meeting in the coming weeks to enable people to meet them and ask any questions they may have. Meetings can provide opportunities for open communication with people who use the service about changes within the home and are an opportunity for people to raise issues for discussion.

Is the service well-led?

Our findings

During our inspection we observed the morale of staff to be low. Staff we spoke with told us they were disillusioned. One member of staff told us 'staff have been through a lot over the past few weeks'. Another person said it had been a stressful time for staff, they said the previous owner had told them the home may close but they added staff were now getting used to the new owners.

Staff told us they had been asking for a staff meeting, they explained they didn't know when they were due to be paid. We discussed this with the supporting manager on the day of the inspection. They said they would put a notice up that day to ensure staff knew their pay dates. They told us one of the directors of the company was currently on holiday and they would set a date for a staff meeting upon their return.

The supporting manager told us they had worked for the provider for over two years. They spoke positively about the

provider. For example they said the provider knew the names of their staff and the people who lived in their homes. They told us they were supporting the service during the current period of transition but the provider was actively recruiting for a registered manager for the service. Having a registered manager is a requirement of the Health and Social Care Act 2008.

We asked the supporting manager how they intended to assess and monitor the quality of the service provision for the home. They told us they had begun to look at the documentation used by the home and had reviewed the systems for auditing the service provision. They told us they planned to give staff specific areas of responsibility to ensure the service met its regulatory requirements. This demonstrated the supporting manager had plans in place to ensure the quality of the service provision was reviewed and monitored to ensure people received safe and appropriate care.