

HC-One Limited

St Augustines Court Care Home

Inspection report

105-113 The Wells Road
St Ann's
Nottingham
Nottinghamshire
NG3 3AP
Tel: 0115 959 0473
Website: www.example.com

Date of inspection visit: 20 and 21 October 2015
Date of publication: 04/01/2016

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 20 and 21 October 2015 and was unannounced.

Accommodation for up to 40 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 26 people using the service at the time of our inspection.

At the previous inspection on 17 and 18 December 2014, we asked the provider to take action to make improvements to the areas of person-centred care, good governance and safeguarding service users from abuse and improper treatment. We received an action plan in

Summary of findings

which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all of these areas.

There was no registered manager currently in place. The previous registered manager had left the previous month and a senior manager was acting as manager pending a permanent appointment being made. The senior manager was available during the 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 meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that management would take action. There were systems in place to monitor and improve the quality of the service provided.

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 felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Good



Is the service effective?

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Good



Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

Good



Is the service well-led?

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that management would take action.

There were systems in place to monitor and improve the quality of the service provided.

Good



St Augustines Court Care 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 20 and 21 October 2015 and was unannounced. The inspection team consisted of two inspectors and a specialist nursing advisor with experience of dementia care.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottingham to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with three relatives, an activities coordinator, four care staff, a nurse, the deputy manager, the acting manager and another senior manager. We looked at the relevant parts of the care records of five people, three staff files and other records relating to the management of the home.

We were unable to obtain the direct views of people who used the service due to their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

When we inspected the home in December 2014 we found that the provider was in breach of Regulations 9 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people had not always been protected against avoidable harm. We found that people were not always supported safely when being transferred by staff and appropriate action was not always taken in response to potential safeguarding issues. At this inspection we found that improvements had been made in these areas.

Relatives did not raise any concerns about how staff supported their family member when they were being transferred. We did not observe any concerns regarding this.

Relatives told us that they thought that their family members were safe. Staff we spoke to were able to describe the different types of abuse that people who used the service could be exposed to and understood their responsibilities with regard to protecting the people in their care. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the home to give guidance to people and their relatives if they had concerns about their safety. Appropriate safeguarding records were kept and appropriate action had been taken when safeguarding concerns had been identified.

Risks were managed so that people were protected and their freedom supported. Relatives felt that their family members were not unnecessarily restricted. We saw people going into the garden throughout the inspection and we saw that staff did not restrict people but allowed them to walk where they wished in the home whilst supervising them to keep them safe.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls and bedrails. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly. We saw documentation relating to accidents and incidents in people's care records and the action taken as a result. This

included the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

We saw that the premises were well maintained and safe. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified. There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency.

Relatives told us that there were sufficient staff on duty to care for their family members. One relative said, "There are always some carers in the lounge." Another relative said, "Staff to [people who use the service] ratio seems very good."

Staff told us they felt there were enough staff on duty to provide the care and support people needed and to keep them safe. One agency staff member said, "The staffing is very good, the best I've ever seen. [Staff] are able to talk with [people who use the service] all the time, talk about going the extra mile." Another staff member said, "Yes we always have enough." A staff member told us that permanent nursing staff for the day shifts was an issue but that they tried to use regular agency nurses if they needed them.

We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were visible in communal areas and spent time chatting and interacting with people who used the service.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The management team told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased. We looked at records which confirmed that the provider's identified staffing levels were being met.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

Is the service safe?

A relative told us their family member received their medicines on time. We observed the administration of medicines and saw staff stayed with people until they had taken their medicines.

Medicines administration records (MAR) contained a picture of the person and there was information about allergies and the way the person liked to take their

medicines. We examined MAR charts which confirmed people received the correct medicines at the correct times. We found that people's health was monitored prior to the administration of medicines when this was required. PRN protocols were in place to provide information on the reasons for administration of medicines which had been prescribed to be given only as required.

Is the service effective?

Our findings

When we inspected the home in December 2014 we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider was not applying the Deprivation of Liberty Safeguards (DoLS) appropriately. DoLS applications had not been made where appropriate. At this inspection we found that improvements had been made in this area.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The requirements of the Mental Capacity Act (2005) were adhered to in that when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interest documentation had been completed. We also saw that consent for the use of bedrails were recorded for those people with bedrails in place.

Relatives told us that staff explained what care they were going to provide to their family members before they provided it. One relative said, "Always." They told us that staff always explained what they were doing when they changed the dressing on their family member's leg. We saw that staff talked to people before providing support and where people expressed a preference staff respected them.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person's best interests. DoLS applications had been made appropriately.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and they had been completed appropriately.

A relative told us that staff were always available to be able to effectively support people with behaviours that may challenge others. They said, "If someone is shouting there are always [staff] available to calm them down. [Staff] are always here to sort things out if needed." Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area.

Relatives told us that staff knew what they were doing. One relative said, "They are always training." We observed that the majority of staff competently supported people and interacted appropriately with people living with dementia. However, we saw a staff member did not always respond appropriately to a person living with dementia who was confused. We raised this issue with the management team who told us that they would speak with staff on this issue.

Staff told us they had received an induction. One staff member said, "The induction process was really good. Staff felt they had had the training they needed to meet the needs of the people who used the service. Training records showed that staff attended a wide range of training which included equality and diversity training. Staff told us that they had received supervision and an appraisal where appropriate. This told us that staff were effectively supported.

Relatives told us they were very happy with the meals provided. One relative said, "Very good." They told us that there was a variety of food and that alternatives were offered by staff if their family member did not like the main choices on offer. Another relative said, "The food looks nice. People are eating all the time." They told us that their family member had put on weight since moving to the home.

Relatives told us that their family members had plenty to drink. One relative said, "[Staff] give people lots of drinks." Another relative said, "There are always jugs of squash available." We saw that drinks and snacks were offered and given to people throughout our inspection.

We observed the lunchtime meal in the dining room. We saw that a staff member showed people meals on plates to support them when making a choice. When people needed

Is the service effective?

assistance staff sat with them and helped them without hurrying the person. However, staff did not always explain to people what they were eating or always encourage them to eat when appropriate. We raised this issue with management team who told us that they would speak with staff on this issue.

Records were kept of the amounts people ate and drank when they were at risk nutritionally and we found that these were completed consistently. People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required. People were weighed monthly and appropriate action taken if people lost weight.

Relatives told us that their family member had access to external professionals when they needed them. One relative told us that their family member's GP visited regularly and that they could also access dental services when required.

Staff we spoke with told us people's health was monitored and they were referred to health professionals in a timely

way should this be required. There was evidence of the involvement of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had had access to a GP and other health professionals such as a dietician, optician and the dementia outreach team.

Adaptations had been made to the design of the home to support people living with dementia. Bathrooms and toilets were clearly identified, people's individual bedrooms were easily identifiable and there was directional signage to support people to move independently around the home.

There were items of interest in all the corridors and information was displayed to help people to orientate themselves to the date and time. However, one toilet did not have a working lock and none of the toilets or bathrooms had signage to show whether the room was vacant or engaged. We raised this issue with management who told us that they would address this issue.

Is the service caring?

Our findings

Relatives told us that staff were caring. One relative said, “Staff are very kind. They treat people very well. I take my hat off to them all.” Another relative said, “Oh yes. They take it in turns to chat to [their family member], they’re lovely.” Another relative said, “They are very friendly caring staff.”

Relatives told us staff welcomed them when they came to visit and offered support to them as well as their relative. One relative said, “They are like a friend to me.” Relatives said staff knew their family member’s needs and preferences. Staff were able to describe people’s care needs and their preferences.

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. Staff were kind and caring in their interactions with people who used the service. We saw staff responded appropriately to people when they showed distress or discomfort.

People and their relatives were actively involved in making decisions about their care. A relative told us they had seen their family member’s care plan and met staff to discuss their family member’s care when their family member moved to the home.

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans were person-centered and contained

information regarding people’s life history and their preferences. Advocacy information was also available for people if they required support or advice from an independent person.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences. However, we did see that one staff member asked a person how they were but then moved on before allowing the person, who had communication difficulties, time to respond. We raised this issue with management who told us that they would speak with staff on this issue.

Relatives told us their family members were treated with dignity and respect and staff maintained their privacy. A relative said, “They don’t talk to [my family member] differently because of [their] illness.” They also said, “Staff always close [my family member’s] curtain and door when required.” Another relative said, “Definitely, if [my family member] spills something the carers change [them] and they talk to [them] like an adult.” They also said, “They knock before going into [my family member’s] room.”

We saw staff take people to private areas to support them with their personal care and saw staff knocked on people’s doors before entering. The home had a number of areas where people could have privacy if they wanted it.

A relative told us that staff supported their family member’s independence. They said, “They leave [my family member] with drinks and cake to eat by [themselves] and encourage [them] when needed.” Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

Is the service responsive?

Our findings

When we inspected the home in December 2014 we found that that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people were not being supported to follow their preferred hobbies or interests. At this inspection we found that improvements had been made in this area.

Relatives told us about the activities offered in the home. One relative felt that there were enough activities and said, "I've seen people have been taken to Goose Fair, gone shopping and baking." They told us that animals had been brought into the home and there was a summer sale and a Christmas pantomime. Another relative felt that the home could do more but told us that their relative played football and, "[My family member] has played skittles and tennis in the small lounge. There were celebrations at Easter." Relatives told us that their family members went into the garden during the summer.

We saw activities taking place throughout our inspection and a number of these activities were offered on a one-to-one basis with people who used the service. Activity records showed a range of activities taking place.

People received personalised care that was responsive to their needs. Relatives told us that staff responded quickly to their family members when required. One relative said, "If I feel [my family member] needs to go to the toilet, [staff] take [them] straight away." We observed that staff responded quickly and appropriately to people when they requested support.

Relatives told us they could visit whenever they wanted to. One relative said, "Anytime I like." We observed that there were visitors in the home throughout our inspection.

People's care records contained an initial assessment when the person first came to the home and this included information about their preferences. Care records contained information on the person's life history and interests. Care plans contained clear guidance for staff on how meet people's individual needs and had been regularly reviewed to ensure they remained up to date.

Care records contained information regarding people's diverse needs and provided support for staff on how they could meet those needs. We observed that one of the toilets had a notice in Italian to support a person whose first language was not English.

We asked relatives if they would be comfortable making a complaint about the service. Relatives told us they were happy to raise any concerns with staff. One relative said, "If I felt that something was wrong for [my family member] then yes." Staff were clear about how they would manage concerns or complaints.

No recent complaints had been received. Guidance on how to make a complaint was displayed in the main reception of the home and in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

Is the service well-led?

Our findings

When we inspected the home in November 2014 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that quality assurance systems were not fully effective. At this inspection we found that improvements had been made in this area.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the previous registered manager and also by the regional manager. Audits were carried out in the areas of infection control, care records, medication, health and safety, mealtimes and catering. Action plans were in place where required to address any identified issues.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to us as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

Relatives felt involved in the home. One relative said, "I've attended three meetings for relatives and [people who used the service]. I felt I could say anything at the meetings but I haven't brought anything up and there have been no issues." We saw that surveys were completed by people who used the service and their families. Responses were positive. Meetings for people who used the service and their relatives also took place and actions had been taken to address any comments made.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be

comfortable raising issues using the processes set out in this policy. The provider's values were in the guide provided for people who used the service and we saw that staff acted in line with them.

Relatives told us there was a good atmosphere within the home. One relative said, "It's a happy place." Another relative said, "Very happy, there's always music playing."

Relatives felt that they could talk with management. One relative said, "We get on ever so well with [the deputy manager]. All staff are approachable." Staff acknowledged that there had been a number of changes in management but this had not affected the quality of care that people received. One staff member said, "I have seen so many changes that I am not bothered by it. We have a job to do and we get on with it." Another staff member said, "Management keep changing but they have always been supportive and fair." Another staff member said, "Staff morale here is brilliant I think." We saw that regular staff meetings took place and the management had clearly set out their expectations of staff.

There was no registered manager currently in place. The previous registered manager had left the previous month and a senior manager was acting as manager pending a permanent appointment being made. The senior manager was available during the inspection. Staff felt supported by the acting manager. A staff member said, "The new [acting] manager is really positive with the staff." Another staff member said, "If I had problems I could go to [management] especially the new one [acting manager] she's always happy and greets us saying hello in the mornings."

We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate.