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

Summary of findings

Overall summary

Autumn Grange Nursing Home is '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. Care is provided in one adapted building for up to 54 older people, including some who may be living with dementia.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good. There were 51 people accommodated, including 31 people receiving nursing care.

People continued to receive safe and effective care from staff who were trained, supported and deployed to ensure this.

Staff understood and consistently followed the provider's risk management, care and medicines systems, which were effectively operated for people's safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to maintain and improve their health and nutrition, in consultation with external health professionals when needed. Partnership working with relevant external agencies and care professionals helped to ensure effective, informed care practice and related information sharing.

Staff understood and consistently followed the provider's operational care policies for risk management, care and medicines' systems; which helped to ensure people's care was consistently safe and effective.

People continued to receive care from kind, caring and compassionate staff, who ensured people's dignity and rights in their care. Staff consulted with people and their representatives and followed what was important to people for their individual care, preferred daily living routines and lifestyle preferences.

People continued to receive timely, individualised care, which was agreed and reviewed with them or their representatives when required. Staff understood and followed their role and responsibilities for people's care and knew how to communicate with people in a way they agreed and understood.

People were regularly supported to engage and participate in a comprehensive range occupational, social and leisure activities of their choice, which they enjoyed. This was done in a way that met their individual preferences and their inclusion in home and community life.

People and relatives knew how and were supported to raise any concerns or to make a complaint about care provision if they needed to. The provider regularly sought and obtained feedback from people, relatives and external professionals to help inform the quality of people's care and service provision. The provider used findings from this to make improvements when needed.

Staff were trained and they understood and followed nationally recognised care principles to support people's end of life care when needed. Dedicated environmental facilities and equipment helped to ensure both people's and relatives' privacy, comfort and dignity during people's last days of life.

The service continued to be well led. The provider operated effective systems to ensure the quality, safety and effectiveness of people's care, and on-going service improvement and relevant information sharing.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 was a comprehensive, unannounced inspection, which took place on 25 April 2018. The inspection team included two inspectors and and 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. Their experience related to the care of older people, including people living with dementia.

Before our inspection the provider sent us their completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We spoke with local authority health and social care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

We spoke with eight people who lived at the service, two relatives and two visiting health professionals; and we observed staff interaction with people. We spoke with seven care staff, including the clinical lead nurse, an administrator, a cook, a housekeeper and a maintenance person. We also spoke with the registered manager and an external regional manager for the provider. We looked at three people's care records and other records relating to how the home was managed. This included medicines records, meeting minutes, management checks of the quality and safety of people's care and related service improvement plans. We did this to gain people's views about their care and to check that standards of care were being met.

Good

Is the service safe?

Our findings

People continued to receive safe care and support. Both they and their relatives were confident people were safe at the service. One person said, "I feel safe; staff always use gloves when they should." A relative told us, "I have seen them [staff] using the hoist; they are confident, reassuring; they know what they are doing." All were confident and knew how to raise any concerns about people's safety if they needed to. Staff knew how to keep people safe and the action they needed to take, if they witnessed or suspected the harm or abuse of any person receiving care.

Risks to people' safety from their health conditions, environment or any care equipment, were assessed before people received care and regularly reviewed. People's care plans showed staff the care actions required to keep people safe. Staff understood and followed this and the provider's relevant safety procedures, to report any changes in people's safety needs or related incidents when required. For example, where people were at increased risk of falls because of changes in their health condition. Management checks of people's care and safety needs were regularly made. Results were analysed to help inform any care changes or improvements needed.

Some people living with dementia, could sometimes become distressed if they didn't know what was happening around them; or behave in a way that could be challenging for others. Staff were trained, informed and knew how to support people in a safe and the least restrictive way when this occurred. This helped to ensure people received consistent, safe and least restrictive care.

People's medicines were safely managed. Staff followed relevant medical instructions and supported people to take their medicines safely, at the times they needed them. One person said, " My medication is on time and they [staff] always stay with me to make sure I take everything okay." People's medicines were safely stored, recorded and given by staff who were trained and assessed to make sure they were competent to do so. Related records we looked at also showed this. Before our inspection, the provider had notified us of a medicines safety incident when this happened at the service. Whilst no harm resulted to any person receiving care, action was taken by the provider to review the potential risk to people from this, which included a review of what had happened; how and when, with staff responsible. Additional management measures were put in place to help prevent any reoccurrence. This showed the provider took action when things went wrong at the service to protect people from harm.

Staff were safely recruited and sufficiently deployed to provide people's care at the times they needed. The provider carried out required employment checks before staff provided people's care, to make sure they were safe to do so. This included checks of staff employment history, related care experience and checks with the government's national vetting and barring scheme. This helps to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children.

People and relatives felt the home and equipment used for people's care was kept clean and well maintained; which we saw. Significant environmental upgrading and renewal was in progress, which was risk assessed and safely managed. Staff followed nationally recognised practice guidance concerned with

cleanliness, infection prevention and control at the service. Staff were trained, provided with and used any personal protective clothing and equipment they needed for people's care; such as disposable gloves, suitable hand washing facilities and the correct type of laundry and household waste containers. This helped to reduce the risk of an acquired infection through cross contamination.

People were able to move around the home safely and independently, with sufficient space for any equipment they needed to use, such as walking aids. Corridor hand rails and the use of appropriate signage, such as large picture signs, helped to enable people's independence and orientation. People said they were comfortable and satisfied with their environment.

Contingency plans were in place for staff to follow in the event of any emergency in the home. For example, in the event of a fire alarm. Routine environmental and fire safety checks were regularly undertaken and recorded. The provider had followed guidance and any recommendations from local environmental health food safety and fire authorities to ensure people's safety at the service.

Good

Is the service effective?

Our findings

People continued to receive effective care from staff who supported them to maintain their health and nutrition. People and relatives were happy with the care people received from staff at the service. Community health professionals told us staff followed their instructions for people's care when required. All were confident staff understood people's health conditions and related care needs. A relative said, "[Person] is much less agitated since they came here; to some extent I feel I have them back again and now look forward to visiting." A community professional told us, "Staff know what they are doing; they follow instructions and let us know about any changes."

Staff followed people's care plans, which were agreed with them and regularly reviewed. People's care was organised in a way that ensured their access to relevant care and support services when required. This included access to specialist and routine health screening. One person said, "The nurse practitioner is here Thursdays and a Doctor on Monday; I've been taken to the dentist and an optician visits and so does a chiropodist."

Staff confirmed comprehensive arrangements were in place for their work induction, training and support, which related management records showed. This included relevant extended role training for nursing staff and any bespoke training needed; to help care staff understand how people's health conditions affected them. This enabled people to receive timely, effective and informed care.

One care staff member said, "I enjoy working here ; I get all the training and support I need." Another care staff told us, "I am doing an external access to nursing' course; I get lots of support here from the nurses and dedicated staff training lead; there's always training and support for care staff to progress." Another told us, "I have one to one supervision with a senior staff member about every eight weeks; it's enough; if additional is needed; you can ask or if management think you need more it's provided." This showed staff were trained and supported to perform their role and responsibilities for people's care.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had submitted formal applications to the local authority responsible for DoLS authorisations when required; to ensure people received care that was lawful and in their best interests.

Staff supported people to eat and drink sufficient amounts to meet their assessed nutritional needs. People were regularly consulted about their meals; which they said they enjoyed. One person said, "The meals are amazingly good." A relative told us, "Since being here; with staff encouragement [person] is now able to

feed themselves and has put on [healthy] weight." Staff knew people's dietary needs and preferences and they followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, to ensure people received the correct type or consistency of food for their health requirements. Food menus were under review to provide them in more accessible formats, to help people understand.

The environment was adapted to meet people's safety, independence and orientation needs. People were able to move around the home safely and independently, with sufficient space for any equipment they needed to use, such as walking aids. Corridor hand rails and the use of appropriate signage, such as large picture signs, helped to enable people's independence and orientation. People said they were comfortable and satisfied with their environment and their own rooms which they were able to personalise as they wished.

Good

Is the service caring?

Our findings

People continued to receive care from staff, who were kind, caring and had good relationships with them and their relatives. One person said, "Staff are so caring and friendly, I think they have the interaction just right."

People and relatives felt staff knew them well and said they were informed and involved to agree people's care. One person said, "Staff are amazing; they bend over backwards to help us." A relative told us, "I've been fully involved in the care plan and any review; at every stage, staff have said things like – 'This is how we can help;' which is always re-assuring." Another relative said, "Staff make time for me; they have helped me to cope and understand [person's] behaviour; that it's part of their disease; it helps me not to worry." A management review of service information was in progress, to make sure people and their relatives were consistently informed and knew what to expect from their care provision, in a way they could understand.

Staff understood the importance of ensuring people's dignity, comfort, choice and rights in their care. For example, staff made sure doors were closed to ensure people's privacy when they provided personal care; and that people's clothing was properly adjusted to ensure their dignity. We saw staff checked people were comfortable and had drinks or any personal items to hand if they needed them, such as spectacles, magazines or walking frames. The provider's stated care aims, staff training measures and regular management checks of people's care helped to ensure this.

Staff routinely offered, understood and followed people's choices for their care and daily living arrangements; and knew what was important to people for their care. For example, this included ensuring people's choice of food and drink; where and how to spend their time; supporting people's choice of clothing to wear; and checking whether people preferred male or female care staff for their personal care.

People's agreed care and preferred daily living routines were detailed in their written care plans for staff to follow. People and their representatives were provided with relevant care and service information, which could be provided in alternative formats; to help them to understand what they could expect from the service. This included the provider's stated aims and values for people's care. Staff training measures and regular management checks of people's care helped to ensure staff consistently followed this. People were also informed how to access independent lay advocacy services if they needed someone to speak up on their behalf.

Good

Is the service responsive?

Our findings

People continued to receive individualised and timely care, which met with their wishes, chosen daily living routines and lifestyle preferences. This information was recorded in people's written care plans for staff to follow. One person said, "Staff know I prefer to have my medicines when I have finished my meal." We saw that staff followed the person's wishes when they gave them their prescribed medicine. Another person told us, "At night, if I need to use my call bell for help, there is always a quick response; I don't have to wait long." A care staff member said, "We always try to make sure care is person centred; it's important we get this right for everyone, especially people living with dementia."

During our inspection we saw that staff responded in an individualised and timely manner when people needed support or assistance. This included supporting people to move; spend their time in the way they preferred and supporting people's daily living preferences, such as rising and bathing times. This was done in a way that enabled people's autonomy, choice and met their individually assessed care needs.

Staff understood what was important to people for their care and knew how to communicate with people in a way they understood. For example, some people could easily become anxious or confused when they didn't understand what was happening around them because of their health condition. We saw staff provided one person with gentle guidance, emotional support and reassurance when this occurred. This helped the person to understand and become more visibly relaxed, so they were able to complete their particular daily living task.

People were provided with a range of accessible information to inform and support their care and daily living arrangements in a way they could understand. Such as large print, picture, written and verbal explanations. Staff used a range of validated methods to help them communicate with one person living with dementia, whose second language was English. Because of their health condition, the person's chosen language, verbal communication and understanding was variable. We saw staff knew when and how to use simple language, pictures, gestures or symbols to communicate with the person and help them understand. This was recorded in the person's communication file, which was agreed with them and kept in their own room. Access to a relevant language interpreter was also provided for the person to support the formal assessment and review the person's mental capacity to make important decisions about their care.

People were regularly supported to engage in home and community life, as they chose. There were three activities care co-ordinator. These are staff members who ensured a comprehensive range of daily and varied opportunities for people to participate in social, recreational and occupational activities of their choice. This included games, sensory therapies, reminiscence, music, crafts, quizzes, regular gentle exercise and external entertainments. Coffee mornings and seasonal events or celebrations of national or individual importance to people were also arranged. Staff, people using the service and their relatives, were regularly involved in fund raising to support people's participation in their chosen recreation and leisure activities. A committee of representatives from each group regularly met to help plan and inform this.

People and their relatives were informed, confident and knew how to raise any concerns or make a

complaint about their care if they needed to. People's and relatives' views about the quality of care provided were regularly sought by a range of methods. This information was used to inform and make care changes or improvements when required. Recent care and service improvements were made from this to ensure consistent care of people's hearing aid equipment and personal clothing.

Staff were trained and followed nationally recognised principles and standards concerned with people's end of life care, including after death. Staff worked in consultation with relevant external health professionals and care provider's concerned with people's end of life care; to optimise people's involvement, comfort, choice, symptom control and access to any related care equipment A dedicated end of life care suite was provided and equipped for people and their relatives to use and spend time together; to ensure their privacy and comfort during the last days of life. This helped to ensure people received consistent, co-ordinated, personalised end of life care and a comfortable, dignified death.

Good

Is the service well-led?

Our findings

There was registered manager for the service. 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.'

The service continued to be well managed and led. People, relatives and staff were positive about the management and running of the service. People and relatives knew the registered manager, senior nursing and care staff responsible for people's care; and confirmed they were visible, approachable and accessible. One person said; "I can talk with the manager just about any time without an appointment." Another said, "We have meetings with the manager; and regular questionnaire surveys to check things with us; if you are asking if we need any improvements; to be truthful I can't think of any at all." A care staff member said, "There is an open culture here; we have a very good manager who listens; she is supportive and ensures confidentiality." All of the people, relatives and staff we spoke with confirmed they would recommend the service to family and friends as a place to live or work.

Staff understood their role and responsibilities for people's care and they were confident to raise any related concerns if they needed to. The provider used a range of consistent operational measures to inform and support staff. This included stated care aims and objectives, which staff understood and followed; and a range of staff performance and development measures, communication and reporting procedures. It also included a comprehensive range of care policies and related safety and work procedures for staff to follow, which were regularly reviewed by management.

The registered manager and provider's external senior manager, told us they carried out regular checks of the quality and safety of people's care at the service, which related records showed. For example, checks relating to people's health, medicines and safety needs. Accidents, incidents and complaints were regularly monitored and analysed, to help identify any trends or patterns that may inform any care improvements required. When any changes or improvements were needed for people's care; staff confirmed this was communicated to them in a timely manner by management, who subsequently checked to ensure this was understood and followed. One nurse said to us, "We are constantly striving to maintain good care and we regularly reflect; about what works and what we can to do better." A care staff member said, "I absolutely love working here; we are always looking to make sure we have got it right and to improve."

The provider sought regular opportunities to review and improve the service against nationally recognised guidance. Staff were recently informed of the provider's revised procedures for information handling, confidentiality and data protection, following changes in nationally recognised guidance for this. The service also worked closely with relevant care agencies and providers for people's nursing, end of life, dementia and personal care; to ensure this remained effective, lawful and met with nationally informed care standards. This showed the provider regularly took account of the quality and safety of people's care, and acted to maintain or improve this when needed.

Records for people's care and the management of the service were accurately maintained and safely stored. The provider met their legal obligations to send us notifications about important events which occurred at the service when they needed to. This showed there were clear arrangements in place for the management and day to day running of the service.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website.