

Restful Homes (Worcestershire) Ltd.

Austen Court Care Home

Inspection report

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Date of inspection visit:
27 February 2020
02 March 2020

Date of publication:
24 March 2020

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

About the service

Austen Court is a nursing home providing personal and nursing care for up to 69 people aged under and over the age of 65 who may have physical disabilities, sensory impairments and/or be living with dementia. The home's purpose-built environment is situated over three floors. At the time of our inspection, there were 44 people living at the home.

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

People were supported to stay as safe as possible by staff who understood what actions to take to reduce risks to their well-being. This included reducing risks to people's physical health and mental well-being. People, their relatives and staff were confident if they had any concerns for people's safety the management team would put plans in place to help them. There were enough staff to meet people's care and safety needs.

Since our last inspection improvements had been made to the management and administration of people's medicines. People were supported to take their medicines as prescribed to meet their health needs.

People benefited from living in a home where there were systems in place to reduce the risk of infections and staff knew what action to take to care for people if they experienced any infections. Checks on the home environment were undertaken and systems for identifying if there was any learning after safety incidents were in place.

Staff considered people's care needs and involved people who knew them well before people came to live at the home, so they could be sure they could meet people's needs. Staff had received the training they required so people would be supported by staff with the skills needed to provide care and support. People were complimentary about their home environment and how it met their needs.

People were supported to choose what they wanted to eat and to obtain care from health and social care professionals so they would remain well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had developed caring relationships with staff who provided support and showed us they liked the staff who cared for them. Staff communicated with people in the ways they preferred and encouraged them to make their own day to day decisions about their care. People received care from staff who acted to promote their dignity and independence.

People's care had been planned by taking their individual wishes, histories and needs into account. There were opportunities for social stimulation and people could see their friends and family whenever they wanted. Complaints were managed in line with the registered providers policy. People's end of life wishes,

and preferences were recorded.

Staff were well supported and motivated. The registered manager and staff team worked in partnership with other professionals and the local community to achieve good outcomes for people.

Following the last inspection, the management team had worked together to bring about continual improvements to ensure their quality checking and monitoring practices were more effective. The management and staff team planned further work so people would benefit from living at a home where staff continued to develop their caring skills and experience.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 07 March 2019)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Austen Court Care 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

On 27 February 2020 this inspection was carried out by two inspectors, 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. Two inspectors returned on 02 March 2020 to conclude this inspection.

Service and service type

Austen Court 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We looked at the information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used

all this information to plan our inspection.

During the inspection

We spent time with people and spoke with nine people who lived at the home and eight relatives about their experience of the care provided. 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.

We met and talked with the management team which included the registered manager, deputy manager, operations manager, director of operations, head of care and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Additionally, we spoke with four care staff, a nurse and the activities co-ordinator.

We looked at a range of records. This included sampling four people's care documentation and multiple medication records to see how their care and treatment was planned and delivered. We checked staff arrangements which included whether staff were trained to provide care and support appropriate to each person's needs. We looked at the results of the provider and registered manager's quality monitoring systems to see what actions were taken and planned to continually improve the quality of care and people's experiences.

After the inspection

The registered manager sent us their action plans to reflect continual improvements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Since the previous inspection the management team have made improvements in the administration and management of people's medicines. This included implementing layers of checking systems to continually improve staff members medicine recording practices.
- People received their medicines when they needed them. One person said, "They [staff] are good at giving me my medicines. I would forget otherwise."
- Staff received training about the safe management and administration of medicines and their skills, knowledge and competency were regularly assessed.
- People's medicines were securely stored and disposed of.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in how to keep people safe and had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this so people remained safe.
- The registered manager was knowledgeable about their role and responsibilities in reporting potential abuse so actions could be taken, and people's safety was maintained.

Assessing risk, safety monitoring and management

- People told us they felt their safety and comfort was considered. One person told us, "I do feel safe, my room is close to nurse's station so if I need them, they are nearby, and I have my walking frame which makes a difference." Another person said, "I do feel safe, I can get around in my wheelchair and I know someone is around if I need assistance with anything."
- People's health and welfare needs were assessed, and any risks identified. Management plans were written to reduce or eliminate the risk. These were kept under review and amended as necessary.
- Where people required equipment to meet their individual needs there were plans in place which detailed the specific equipment and number of staff required. Equipment was regularly checked and serviced to ensure it remained functional and in good working order, so it was safe to use.
- Each person had a personal evacuation plan to show the support they would require if they needed to be evacuated in an emergency such as a fire. These plans gave staff guidance to assist in ensuring people would be safely moved with minimal risks to themselves or others.
- Assistive technology was utilised to promote people's needs and aspects of their safety.

Staffing and recruitment

- Sufficient staff were rostered on duty to meet people's needs.

- People told us there were enough staff to provide them with the care and support they needed, and staff also confirmed they felt staffing levels were sufficient. One person told us, "I do have a call bell in my room and have used it, the carers [staff] came to help quickly." Another person said, "I do think there are enough carers [staff] to look after us."
- The management team had worked hard to retain staff by providing a good environment for staff to work in. For example, the registered manager spoke about investing in staff including supporting staff to advance their knowledge by undertaking higher vocational courses.
- The management team adjusted staffing arrangements to better meet people's needs. When people were allocated one to one time, an additional member of staff was rostered to provide this care.
- Staff told us before they started work at the home they had to go through the providers recruitment procedures. These included police checks and providing references to show they were suitable to provide care and support to people who lived at the home. The checks were completed prior to them commencing work at the home.

Preventing and controlling infection

- People valued their home environment being clean and fresh smelling. Housekeeping staff were employed to work every day and had cleaning routines to follow.
- Staff used personal protective equipment such as disposable gloves and aprons when assisting people. Hand gel dispensers were available for everyone to use and were accessible throughout the building.
- Some people needed help from staff to move from one place to another, with the use of a hoist and a sling. Each person had been allocated their own individually assessed sling as required which was suitable for their needs. These arrangements supported people to move safely and reduced the risk of cross infection.

Learning lessons when things go wrong

- The registered manager maintained and reviewed accident and incident records. These were analysed and took into account the time they happened and what could be done to reduce the risk of reoccurrence to support people's needs.
- There was a culture of learning when things went wrong which was shared with staff.

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home and regularly reviewed. This included information on their likes, dislikes, spirituality and sexuality as well as their care and support needs.
- The views of other health and social care professionals were also considered when people's needs were assessed.
- Management and staff had access to the provider's internal communications network to help keep themselves up to date with any changes in the law or best practice guidelines.

Staff support: induction, training, skills and experience

- People were positive about the staff who supported them. A person told us, "Carers [staff] help me when I need it and seem to know what they are doing. I've no complaints about their [staff's] help."
- New staff members completed an induction when they first started to work at the home which included the care certificate. The care certificate covers the fundamental standards of care expected of all health and social care staff.
- Staff were complimentary about the training to make sure their practice was in accordance with up to date practice and legislation. One staff member told us there was, "Lots of training available" and they had the time required to complete this. Another staff member said, "The training is very good" and "It is a good place to work."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to receive food and drink in accordance with their needs and preferences.
- People were positive about the meals provided. One person said, "The food is amazing and plenty of it. I like fruit and there is always some in my room." Another person told us, "The food is very tasty."
- People were supported to maintain a healthy diet. At lunchtime staff were permanently on hand to support people if needed. However, people were able to eat undisturbed and unaided unless the person indicated they needed assistance.
- Where people required a specific diet, such as a soft consistency, this was provided.
- Staff monitored people's food and drink where concerns were identified.

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

- People saw healthcare professionals when they needed. This included doctors, advanced nurse practitioner [(nurses able to prescribe medicines)] and dentists.

- Staff worked effectively with other healthcare professionals to make sure people had the support and equipment they required to meet their needs. For example, recognised the importance of oral health care and people had access to a dentist. Oral healthcare was included in people's care plans.
- Staff helped people access social workers when their needs both emotionally and physically required reviewing or, where appropriate, emergency medical services in the event they became unwell.

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

- The accommodation was designed, decorated and maintained to a high standard. A person told us, "I love my bedroom, I have two windows and plenty of sunshine. I have my photo's in my room and some of my favourite ornaments." A relative said, "The bedrooms are very nice, and I like the way the lounges are set out. I have visited quite a few homes and this one is very nice the lounges are very homely."
- There were specific areas of the home environment where attention to detail met the needs and expectations of people. This included a sensory room equipped with items to stimulate and promote a calming atmosphere and a cinema room where people could watch films either with each other and/or their visitors.
- To support people's needs and one way of supporting people's independence in navigating around the home environment memory boxes were situated by people's individual rooms. The memory boxes held items showing people's interests, working lives and personal histories.
- The registered manager was keen about continuing to bring ideas to life in relation to the home environment. For example, implementing more tactile wall displays to stimulate people's varying senses.

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

- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS. Staff asked people for their consent before they provided any support and knew how to communicate information to enable people to understand what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the management and staff team followed best interests processes and recorded the involvement and views of those who were important to the person.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with compassion by a caring and respectful staff team. People were comfortable in the company of staff. They were smiling and laughing together, and enjoyed responsive physical comfort from staff, such as hand holding.
- When we asked people if staff supported them and treated them well, we received positive responses. One person told us about the support provided by the director of operations as they drove the person there and back to their family member's wedding.
- Relatives we spoke with said they were happy with the support their family member received. One relative commented, "[Staff] always treat them [family member] with dignity and respect, a good bunch of people [staff]." Another relative told us, "[Staff member] is wonderful there was an instant friendship [between the staff member and their relation], they have good banter, like similar things, chat about them regularly."
- Staff were sensitive to people's needs. They used gentle and encouraging voice tones when supporting people's mood changes to reduce any deterioration in their mental and emotional wellbeing.
- Staff knew people well and respected their varying talents and diversity. For example, a staff member joined in a conversation an inspector was having with a person. The staff member praised the talents of the person in relation to something they had made.
- People's cultural preferences had been considered and staff supported people to worship their chosen faith with religious leaders visiting the home.

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

- People told us staff listened to them and encouraged them to express their views.
- The management and staff team had implemented, "Make a wish" and people put forward their requests. For example, a request was made for a robotic cat which was purchased, and a person was seen to gain a lot of enjoyment from stroking the cat which purred and moved. Another person's request for Lobster Thermador was granted and they were delighted.
- There was a comments folder on each floor for people to complete with either positive or negative comments. Overall the comments were positive with examples of, "The pork was beautifully cooked," and "The eves pudding was lovely and light." Where there were negative comments the chef and registered manager had responded to these.
- Information about advocacy services was available for people. Advocacy services are independent of the registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. We saw staff communicating respectfully with people and promoting their sense of wellbeing and inclusion.
- People were encouraged to be as independent as possible which included ensuring people had aids such as adapted cutlery where required when eating their meals.
- Staff understood and respected people's rights to confidentiality. People's records were stored securely with computers requiring passwords to access electronic care plans. In addition, staff discussed people's needs in private areas where they could not be overheard.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they felt involved in how they liked and wanted to receive care and support. A person described how staff assisted them with parts of their personal care they were unable to manage. The person said, "The carers [staff] help me wash in the morning but I do most things for myself, I like to keep trying."
- Relatives were also positive about the care and support their family members received. A relative said, "One of the cooks, comes in to chat with my [family member] and they discuss options, the cook knows my [family member] well and tries to make sure [they are] happy with the food provided."
- People's electronic care plans detailed the care and support people required and their preferences in relation to this care. This ensured staff had the information they needed to provide consistent support for people.
- Care plans were reviewed regularly. The review sought the opinions of each person, healthcare professionals, family members and staff.
- Staff were knowledgeable about people's individual needs and preferences and there was good continuity of care assisted in part by staff sharing information between shifts.

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.

- Information was accessible and presented to people in different ways. For example, the menu and activity programme had been produced using photographs and pictures.
- People's communication needs were assessed and recorded in their plan of care.
- People who required equipment to meet their communication and sensory needs were supported to have clean spectacles and working hearing aids.

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 had support to participate in fun and interesting things. The provider employed an activities coordinator who took the lead in planning and conducting activities. These activities included one-to-one time with people, group games, armchair exercises and sing-alongs.
- We saw natural conversations going on about the topics of the day and people enjoyed varying television programmes they chose to watch. Two people were enjoying a series on the television which made them laugh and another person was sharing their interest around boxing with the activity's coordinator.

- People were supported to follow their own interests. For example, a person was supported to attend college which they enjoyed. Another example was a weekly bridge club which people enjoyed.
- People were supported to be involved in different seasonal events which they enjoyed. Photographs were displayed in relation to Valentine's Day which showed how people were supported to celebrate this occasion with their loved ones.
- The registered manager was supporting the activities coordinator to gain further ideas for recreational activities. This was going to be achieved by the activity's coordinator spending time with a colleague in another of the provider's homes so they could bring ideas back for people to try.
- Relatives and visitors were always welcome at the home. Relatives described to us the positive experiences they had had in feeling welcome at the home. A relative told us, "We can come and go as we please and are always made welcome. At Christmas we have a party here for our relative, we booked the conservatory."

Improving care quality in response to complaints or concerns

- People who lived at the home and their relatives were clear how to raise concerns and complaints about the service, by approaching a member of the management team or senior staff. They had confidence their concerns would be taken seriously and addressed.
- Complaints had been investigated and responded to in an appropriate and timely manner.

End of life care and support

- People could be confident at the end of their lives they would receive kind and compassionate care.
- People's care records contained information about people's religious preferences and their preferences during their final days and following death.
- Staff had received training in end of life care and worked with other professionals to make sure people were comfortable and pain free.
- Staff had received several thank you cards from relatives for the care they had provided at the end of people's lives.

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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection a new registered manager had come into post and improvements had been made in the oversight and governance of the service. This had been achieved by the registered manager leading their staff team by setting out their vision and values which reflected the principles of high-quality standards of living and care centered around each person.
- The registered manager was supported by a deputy manager, operations manager and the provider. The management team all worked together to determine who led on different themed quality checks to monitor the care provided. Actions from these quality checks were identified and addressed.
- There was a clear staffing structure in place and staff were clear about their role and responsibilities. Staff consistently told us they felt well supported and the registered manager was always available if needed and they enjoyed their work.
- There were regular staff meetings to discuss the running of the service, reinforce areas of good practice and areas for improvement. Improvements were also discussed in different forums such as, the daily meeting of heads of department.
- The management team positively encouraged feedback and acted on it to continuously improve the service. For example, following our inspection the registered manager sent us actions plans to drive through further improvements.
- The registered manager understood their legal responsibilities and notified the commission of events which took place at the home. The ratings from the last inspection report were displayed in the home and on the provider's website.

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

- There was a positive and open culture at the home, where staff and management alike wanted people to receive the best outcomes in their care. A person told us, "I am very happy here, I feel comfortable and I like the carers [staff], we laugh, and they tease me as much as I tease them." Another person said, "Staff are very nice here they have a lot of time for us [people who live at the home] and look after us very well."
- We saw the registered manager was visible within the home and showed a clear understanding of people's individual needs and preferences. The registered manager had spent time with people and their relatives since coming into post in their quest to continually promote people's needs.

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

- If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

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

- People who lived at the home and relatives were involved in decisions about the home. Regular meetings were held where people were consulted about various aspects of the service. There was evidence action was taken to improve the service based upon people's feedback.
- There were regular staff meetings, these were used to share news and information with staff and to discuss areas of concern and improvements needed.
- To support and promote good practice the provider had an employee of the month scheme.

Working in partnership with others

- Staff and the management team understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people.
- The registered manager, deputy manager, operations manager and director of operations welcomed our inspection and feedback and showed their commitment to continually making improvements.