

Northgate Healthcare Limited

Autumn House Nursing Home

Inspection report

37 Stafford Road
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Staffordshire
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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

About the service

Autumn House is a nursing home providing personal and nursing care to up to 67 people. The service provides support to older people some of who are living with dementia. At the time of our inspection there were 60 lived at the home.

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

People were safeguarded from abuse. There were systems in place to ensure staff understood how to recognise abuse and report any incidents. A risk assessment and care plan were put in place which were reviewed regularly. There were enough staff to follow these plans and minimise risks to people's safety. Staff were safely recruited and suitably skilled. There was guidance for staff on how to administer medicines which were stored safely and regularly checked. Staff followed infection prevention controls to ensure risks were minimised. Learning from incidents and accidents was in place and where incidents occurred people had their care plans reviewed to prevent future incidents where possible.

Where required other professionals were engaged in providing advice. The care records system used was electronic and allowed staff to be promoted when people needed care and support and to record what had been done for people. Staff received an induction to their role and had regular updates to their training to ensure they understood how to meet people's needs. People's needs and preferences were assessed relating to food and drinks and we saw people enjoyed their meals. Drinks were readily available to people. Staff understood people's health needs and people were supported to have access to health care professionals.

Staff worked as a team and collaborated with other agencies to provide people's care. There were systems in place to ensure people received consistent care including a hand over process. The environment in the home had been adapted to meet people's needs and there was a planned programme of updates and refurbishments ongoing at the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who understood their needs and supported them to make choices about their care. People were encouraged to remain independent where possible and staff ensured people were treated with dignity and respect.

People had their needs and preferences assessed and this was understood by staff and used to ensure people had person centred care. Communication needs were assessed and where required adjustments were made to help people understand information. People had their future wishes considered for death and dying and staff understood how to support people when they came to the end of their life. People and relatives were able to make complaints and told us they felt these would be addressed.

The provider had systems in place which ensured people received person centred care. There were processes in place to check on the quality of the care people received. People and relatives were involved in the service, individual meetings were held to discuss people and relatives' views. The staff were supported in their role and had regular opportunities to discuss any training needs with the management team. The registered manager understood their responsibilities with duty of candour and had developed a learning culture in the home. Other agencies were involved in the home with people's care and their input was included in people's care plans and any guidance was followed by staff.

Rating at last inspection

The last rating for this service was requires improvement (published 24 April 2019)

Why we inspected

We inspected the service to follow up on concerns from the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Autumn House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Autumn House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Autumn House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people about their experience of care and 3 relatives. 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 also spoke with 7 staff which included the registered manager, deputy manager, unit manager, senior care staff, care staff and nurses. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including medicine audits, care plan audits and the training matrix were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection improvements were needed to guidance to help them when supporting people to manage their assessed risks. At this inspection we found the improvements had been made.
- People were supported to manage risks to their safety by staff. Risks were assessed and plans were put in place to guide staff on how to keep people safe. For example, where people became distressed during personal care risks had been assessed and guidance was in place for staff to enable them to support the person safely and minimise this distress.
- People and their relatives could describe how staff supported them safely. One relative told us, "Two staff use the hoist to get [person's name] into their chair safely, they know what they are doing"

Using medicines safely

- At our last inspection we found improvements were needed to the guidance for staff on how to administer people's medicines safely. At this inspection we found the improvements had been made.
- People had their medicines administered safely. One person told us, "I am on lots of medication, the nurse checks my blood sugar, I am on insulin, the nurse gives it to me along with my other medication, I have never missed any and they are given at the right time."
- Medicines were stored safely. We saw checks were completed on the storage areas including the temperature of the room and refrigerator.
- There was guidance in place to ensure staff understood how to administer people's medicines including when medicines were prescribed on an as required basis.
- People had their medicines administered safely. There were records of administration of all medicines, including prescribed creams and lotions which included body maps to indicate where the medicine had been applied.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and told us they felt safe living at the home. One person said, "I feel safe here, there are always staff around, at night I use my bell if I need help."
- Staff understood how to recognise abuse and could describe the process in place to report any concerns. Staff had received training in safeguarding adults from abuse and were aware of local procedures.
- The registered manager had a system in place to ensure any incidents were reported to the appropriate body for investigation.

Staffing and recruitment

- People were supported by sufficient suitably skilled staff. One person told us, "I get all the help I need; I

use my call bell and they come as quick as they can, I've never had to wait a long time."

- We saw staff were available to help people when they needed it and staff confirmed they felt they had enough time to support people effectively.
- The registered manager told us they used a dependency tool to work out how many staff they needed to have on duty to support people safely. We saw this ensured there was enough staff to meet people's needs.
- Staff were recruited safely. We saw checks were carried out to ensure new staff were safe to work with people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visitors were able to come to the home freely without restrictions.

Learning lessons when things go wrong

- There was a system in place to learn when things went wrong. We saw action was taken to review people's care plans and risk assessments following an incident or accident. For example, falls risk assessments and care plans were updated following a fall.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection staff lacked understanding of MCA and there was conflicting information recorded about people's capacity. At this inspection improvements had been made.
- People were supported using the principles of the MCA. Staff understood the principles of the MCA and we saw they asked for consent before supporting people.
- MCA assessments had been completed and best interest decisions had been taken and documented where people lacked capacity to consent to their care.
- Where required a DoLS authorisation had been sought for people who were deprived of their liberty and staff could describe how this was done in the least restrictive way possible. For example, staff told us about specific equipment in place to support them.

Staff support: induction, training, skills and experience

- At the last inspection staff had not consistently received training to support them in their role. At this inspection we found improvements had been made.
- The registered manager had systems in place to ensure staff stayed up to date with training and had their competency assessed on a regular basis.
- People told us staff had the skills to help them and could share examples. One person told us, "The staff

support me to use the commode and get into bed, there are always two members of staff, think they are well trained, they reassure me, I feel safe."

- Staff told us they had access to training and updates on a regular basis. One staff member told us, "Recruitment and induction were good. It was very thorough and really helpful, manual handling training is good, online training updated regular, I have been supported to go to university to do a nursing associate course."

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

- People and relatives were involved in assessments and care planning, One person told us, "I am involved in my care plan, too right, it's about me isn't it." A relative said, "I have Lasting Power of Attorney for health and welfare and finance. I have been involved, along with [person's name], in their initial assessment and care plan."

- People had their personal care and oral care needs assessed and staff supported them to meet their needs. One person told us, "Staff are kind they always ask me, do I want a shower, a bath or wash down."

- Staff understood peoples assessed needs. Staff followed the guidance in the electronic system which alerted staff to complete care for people. Staff were able to record what support people had in the system and this was checked daily by senior staff to ensure it was accurate.

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

- People and their relatives were happy with the quality of meals and the choice of food and drinks offered. One person told us, "The food is brilliant, I get lots of choice. If I have any special requests, they listen and get it for me."

- Where people had specific dietary requirements plans were put in place to meet these. We saw staff followed the guidance in these plans. One person told us, "I have a diabetic diet, the staff know what I can and can't have, they always offer me plenty of choice, I like the food, it is very good."

- Where people had a specialist diet this was known by staff and documented in people's care plans, records showed they had their needs met and we observed staff ensuring people had the correct meals at mealtimes.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were kept up to date about changes to people's needs. One staff member told us, "Handover is done daily at start of shift, we look at any changes, visits from other professionals and are kept informed."

- We saw people received consistent care from staff which was in line with their care plan, needs and preferences.

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

- There were adaptations in place to support people with their needs. We saw adapted bathrooms with various different types of bathing and shower equipment available to support people.

- The home had wide corridors with space for people to move around freely and handrails to support people. We saw communal areas and seating areas throughout the home with different types of chairs available for people to be able to sit in a variety of areas in the home.

- The provider was investing in updating the home environment to benefit people through an on-going programme of refurbishment. For example, they had put a drinks station in reception with a seating area and we saw this was in use by people on the day of the inspection undertaking activities with staff.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and well-being. One person told us, "The nurse from the

G.P surgery does a round each week, I can always get to see them if I need to, they can then arrange for me to see the G.P if needed."

- People's care plans included advice from health professionals and we saw this was followed by staff.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 had their protected characteristics considered in their assessments and care plans and staff ensured all identified needs were met. One person told us, "The staff know how important my religion is, I go to both services that are held here, I really enjoy them."
- People received their care and support from staff who they described as 'kind and caring'. One person said, "The staff are kind, they always have time for a chat as they help me in the morning. I think they are respectful when they help me, they are always checking everything is ok."
- We saw staff were kind and caring in how they approached people. For example, staff offered reassurance when supporting people to use a hoist to help move them and when they were walking with people.

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

- People felt listened to and involved in making decisions about their care. One person told us, "The staff are kind and they always listen to what I am saying, a smile goes a long way."
- Staff supported people to make decisions, including asking where people wanted to sit, how they would like to spend their time and what drinks and meals they wanted.
- Care records showed people and relatives had been involved in identifying what people liked and disliked and they had made choices about aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were kind and respectful. One person told us, "The staff always let me know before they come into my room. I keep the door open so they know they can come in, but they always check. They are polite and kind."
- People were supported to maintain their independence. For example, one person used a self-propelled wheelchair to get around the home.
- Staff protected people's privacy and dignity when offering them care and support. Staff were respectful in how they spoke to people and how they documented things in people's care records.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- At the last inspection we found staff were not always aware of people's preferences and choices. At this inspection the provider had made improvements.
- People told us staff understood their needs and preferences. One person told us, "The staff know what I like and how I like it. I have a tot of whisky every night before bed."
- People's care plans included information about people's life history and their preferences and were reviewed regularly. We saw staff used this information when supporting people. One staff member told us, "Staff know people well, we have time to get to know them and read their care plans. Staff will always seek advice from a nurse if they need to know about anything."

Improving care quality in response to complaints or concerns

- At the last inspection we could not be assured people understood how to make a complaint. At this inspection improvements had been made.
- People and relatives confirmed they understood how to raise a complaint and felt their complaints were listened to. One relative told us furniture in their relatives' bedroom had been changed in response to a complain they had raised.
- Records showed complaints had been managed in line with the providers procedure.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibilities for providing information under the accessible information standards. We saw information was provided for people in a way they could understand it.
- People had their communication needs assessed and plans put in place to meet their needs. We saw staff followed these plans when communicating with people. For example, one person used specific phrases when they were distressed, and staff recognised this and followed the persons care plan to reassure the person.

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 and their relatives were supported to maintain their relationships. One relative told us, "I stayed for Christmas lunch, it is the first Christmas [person's name] and I have been apart since we got married, it was magical, I can't thank them enough."
- People had a choice of how they spent their time and staff supported them. One person told us, "There are different activities on, sometimes I join in, but sometimes I like to stay in my room, they respect that."
- We saw there was a group activity taking place on the day of the inspection. A local college had come in to give people hand massage and manicures. People told us they had really enjoyed the experience.

End of life care and support

- People had shared their end of life wishes and these were recorded in end of life care plans. For example, where they wished to be, who they wanted present and any religious needs had been considered.
- Staff had received training in end of life care and could describe how they would support someone to have their needs and wishes met, for example meeting their religious needs and managing their pain. described how to support people with their needs and preferences.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- At the last inspection improvements identified as required had not consistently been carried out. At this inspection we found the providers systems had improved.
- We saw the provider had made improvements since the last inspection. There was an ongoing refurbishment of the décor in the home at the time of the inspection. Changes had improved communal living spaces and people were happy and content in the newly refurbished areas.
- The registered manager understood their roles and responsibilities. For example, to monitor peoples care delivery they had introduced a resident of the day system to monitor people's care such as professional visits and ensure actions had been taken and care plan accuracy.
- Staff understood their roles and responsibilities. Staff told us they had regular opportunities to discuss their role in supervision sessions individually and collectively in team meetings.
- Audits were in place to check on service quality such as a call bell audit to ensure staff were answering call bells promptly and medicines audits to ensure accuracy of medicines records and stock.

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

- At the last inspection we found people's care records were not up to date and reflective of people's preferences. At this inspection we found improvements had been made.
- People's care records were completed accurately. The provider had an electronic system in place which ensured people's needs were met and staff recorded accurately the care people had received. The system enabled the management team to monitor this live and check daily to ensure there were no missed entries.
- People and their relatives told us they were happy at the home and could speak with the registered manager about anything, One person told us, "The registered manager is approachable, they seems lovely, if I had any problems I would go to them. The atmosphere is so friendly, I feel like one of the family." A relative told us, "The atmosphere is warm and friendly, I think the home is well run."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities for notifying people when things went wrong. Staff confirmed and records supported relatives were informed if people had an accident or incident happen.

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

characteristics

- People and their relatives were involved in the service and could give examples of how they were involved in people's care plans. People told us they decided things about how their care was delivered and relatives told us they were involved with health appointments and care planning.
- The registered manager could demonstrate how feedback had been used to make improvements. For example, the changes they had made to the environment following people's feedback and changes to staff supervision based on advice from the Local Authority.
- Staff told us they felt the service had made many improvements since the last inspection. One staff member told us, "We can make suggestions and we can approach any of the management team they are really good at listening and taking on board what we suggest."

Continuous learning and improving care

- The registered manager encouraged a learning culture. Staff felt supported. One staff member told us, "The management team gave me support to get to grips with computers as I didn't understand these very well and there was electronic systems to navigate."
- There were opportunities for staff to develop new skills and receive training on a regular basis. Where incidents occurred, there was a learning process in place and complaints and feedback from people and relatives also informed change.

Working in partnership with others

- The registered manager had developed working relationships and worked in partnership with other health professionals to benefit people. For example, social workers, community psychiatric nurses and doctors all visited people and the provider worked in partnership to meet people's needs.
- A visit health professional told us, "The staff here are very professional, the notes are always accurate and up to date and we have had support from staff and other professionals to help support someone living at the home which has worked well."