

Restful Homes (Worcestershire) Ltd.

Austen Court Care Home

Inspection report

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Date of inspection visit:
29 June 2023
03 July 2023

Date of publication:
29 August 2023

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

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. The service provides support to younger and older people 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 64 people living at the home.

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

People were not consistently protected from the risk of infections as staff did not always follow good hygiene practices in communal toilet and bathroom areas. Other areas of the home environment were clean, and staff made appropriate use of personal protective equipment to protect people from the risk of infections.

Staff did not always put their knowledge into practice as they had used inappropriate equipment to dispose of sharps items such as used needles. People received their medicines as prescribed from staff who were trained and competent to do so.

People were supported by staff that understood how to keep them safe. Staff had received training in safeguarding and knew how to identify and report concerns. There were enough staff to support people's care and safety needs. The provider's recruitment processes were robust ensuring only people of a suitable character were employed to work with vulnerable people. Accidents and incidents were reviewed to identify themes and the actions needed to prevent them from happening again. Lessons learnt were shared with the staff team.

People's needs had been assessed and were recorded in detailed care plans. Deployment of staff met people's needs. Staff were provided with appropriate training in relation to their role. Staff received supervisions and told us they felt supported. People were supported appropriately to eat and drink. People and relatives told us they were supported with their healthcare needs, records confirmed this.

Systems and processes were in place to monitor the quality and effectiveness of the service provided. This allowed the registered manager and provider to identify shortfalls and address them. The management team were responsive to the concerns we identified and took immediate action. People, relatives, and staff views were gathered through meetings and satisfaction surveys. Actions plans were developed and used to drive through improvements.

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.

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

Rating at last inspection

The last rating for this service was good (published 26 October 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Austen Court Care Home on our website at www.cqc.org.uk.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 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

On the first day the inspection was carried out by 2 inspectors and a specialist advisor who is a nurse. On the second day the inspection was carried out by 2 inspectors. An Expert by Experience carried out telephone calls to people following our onsite inspection. 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

Austen Court 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. Austen Court 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

The first day of the inspection was unannounced. The second day was announced.

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 who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. 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 (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 took this into account when we inspected the service and made the judgements in this report. We used information gathered as part of monitoring activity that took place on 18 April 2023 to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person who lived at the home about their experience of the care provided. We spent time seeing how people were cared for. 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 spoke with 11 relatives about their experience of the care provided.

We spoke with 13 staff members including the registered manager, deputy manager, unit managers, nurses, senior care staff and care staff. Additionally, we talked with the compliance and quality manager, nominated individual and the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records, 2 people's DoLS authorisations with conditions, and multiple medication records. We looked at a variety of records in relation to the management of the service. These included checks undertaken on the premises, infection control, policies and procedures and 5 staff recruitment records.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Whilst we found no harm to people, we found in the Deborough clinic room staff were currently using an ice cream container as a sharps bin. This presents a risk to staff and people. For example, the type of material the ice cream tub is made from may not be strong enough to prevent needles or other sharps from puncturing it.
- This was raised with the management team during the inspection and action was immediately taken. This included replacing the ice cream tub with the appropriate sharps bin and speaking with relevant staff.
- Where people were prescribed "as required" (PRN) medicines protocols were in place to provide staff with guidance on how to administer this type of medicine.
- Controlled drugs, (CD), which are subject to higher levels of legislation for monitoring, were recorded accurately and clearly.
- Staff had been trained to administer medicines safely and had their competence regularly checked. This helped to make sure people were administered their medicines safely.

Preventing and controlling infection

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified concerns in relation to communal toilet and bathroom areas. For example, in the communal toilet on Dashwood unit there were items such as tissue, incontinence pads and wet wipes on the floor and an open metal bin contained a soiled item. We raised this with the management team and action was immediately taken such as, replacing the metal bins to ensure the foot pedals operated appropriately.
- 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 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

- There were no restrictions on visiting. People were able to have friends and family visit them.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff that understood how to safeguard them. Staff had received training about how to protect people and knew how to recognise and report any concerns.
- Relatives told us their family members were safe. One relative said, "[Family member] is very safe here (Austen Court) 100%, there are so many things in place if [family member] falls. The staff are very good, all kind and caring, and know what they're doing." Another relative told us, "I feel [family member] is very safe here (at Austen Court), they [staff] will always let you know how [family member] is, any concerns they update me on, and also the staff are very kind and caring to [family member]." A further relative said, "Everything is in place to keep [family member] safe, so they know as soon as [family member] is in trouble."

Assessing risk, safety monitoring and management

- Risks associated to people's individual care needs had been assessed and plans put in place to manage these. These included risks associated with mobility, eating and drinking, people who are distressed or expressing emotional distress.
- Staff we spoke with knew people well and how to support them to minimise identified risks associated with health conditions.
- People's identified risks were reviewed and updated to reflect any changes in people's needs.
- Audits and checks were carried out on the premises and equipment with records maintained to help ensure they were safe. For example, fire systems and equipment and hoists.

Staffing and recruitment

- There were sufficient staff to care for people safely. One relative told us, "There is always plenty of staff around to speak to." Another relative said, "There are always staff visible." We saw people did not have to wait long when they needed support from staff.
- The provider had experienced some challenges with recruitment. However, this had improved, and new staff had been recruited. Staff were positive about staffing levels. One staff member said, "There are enough staff, teamwork is good, we all work well together and support each other." Another staff member told us, "Staffing levels had improved and there were now better arrangements and procedures in place to cover in the event of staff shortages."
- The provider had robust recruitment procedures in place. This included reference and Disclosure and Barring Service (DBS) checks to ensure suitability of staff to provide care and support to people living in the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- There were systems and processes in place to learn when things went wrong.
- Staff knew how to report accidents and incidents. The management team audited these to identify patterns and themes to further reduce risks to people with action taken to prevent them from happening again.
- Any lessons learnt from accidents and incidents were shared with the staff team. For example, during daily meetings and staff meetings.

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 good. At this inspection the rating has remained good. 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 prior to moving into the home. One relative said, "There is a care plan in place, we sat with them, and they went through his likes and dislikes." Another relative told us, "They [staff] are very kind and caring and know [family member's] needs."
- Assessments and care plans reflected people's equality characteristics and individual preferences. People's gender, ethnicity, religion, culture, disability, medical condition, likes, dislikes and preferences had been considered when carrying out assessments and planning their care and support.
- Policies and procedures to manage and reduce health and safety risks were in place. These included risks related to fire safety and environmental safety.

Staff support: induction, training, skills and experience

- Relatives were complimentary about staff. One relative said, "The staff are very kind and caring, and I feel they do know what they are doing."
- People were supported by staff that were trained to carry out their roles. Staff told us they received the training they needed to meet people's needs.
- Staff had received a range of training which included training in areas such as infection control, dementia, moving and assisting, fire safety, food safety, basic first aid and mental health awareness.
- Staff completed recognised care qualifications such as the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff were provided with nutrition and hydration training. This helped them to be understand signs and symptoms of malnutrition and dehydration to help prevent this from happening.
- People's care plans contained information on their dietary needs, preferences and support needed to maintain their nutrition and hydration needs. Where people had been assessed as requiring a modified diet relating to eating and drinking, such as choking, there was clear guidance in place.
- People and relatives were complimentary about the food. Comments included, "[Family member] does enjoy the food, and has put weight on." "The food is very good, and [family member] will only eat wholemeal bread and [family member] has that, and they [staff] go out of their way to meet [family member's] dietary needs."
- People were provided with food choices and alternatives and had the opportunity to discuss the menu during residents' meetings.

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

- People's health needs were identified in their care and support plans. Referrals were made to external healthcare services when people required support. One relative told us, "Since being there [family member's] health issues have reduced and [family member] is doing well."
- Relatives confirmed people were supported to access services. One relative said, "[Family member] does have access to chiropodist and the GP make regular checks. The mental health team are very good, and they are all very flexible with visits we want to make." Another relative told us, "[Family member] has access to a barber, chiropodist, and GP visits."

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

- The building layout provided wide and spacious corridors which provided ample access to manoeuvre wheelchairs and or other mobility aids.
- People's bedrooms were well proportioned with small kitchen areas. Bedrooms were personalised and each room had a memory box outside next to the door which contained people's memorabilia.
- People had access to communal dining rooms and lounges, a conservatory, cinema room, library and a well-resourced hobbies room.
- All rooms have large windows which allows for natural light, and good staff observations, including all the communal areas.

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.

- Staff had received training in the MCA. Staff knew people well and understood the support people needed to make decisions about their care and support.
- We heard staff asking people for their consent before assisting them and saw people were supported to make their own choices and were given choices appropriately.
- Where required, DoLS authorisation applications had been made to the relevant authority where it had been identified people might be deprived of their liberty. The registered manager had a clear DoLS tracker in place to monitor and ensure authorisations were current, valid and to take action when they were due to expire.
- The provider was currently working with the local authority in relation to making further improvements to ensure the principles of the MCA were being followed with documentation to confirm this.

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 good. At this inspection the rating has remained 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

- Audits and checks were in place to assess, monitor and improve the quality and safety of the service and mitigate risks relating to people's health and safety.
- Concerns we identified in relation to IPC and medicines were promptly addressed and acted on by the management team. This included putting soap dispensers in the wall mounted hand sanitisers, replacing the metal bins to ensure the foot pedals operated appropriately. Additionally, the management team implemented a new 2 hourly check form for all communal toilet and bathroom areas and staff supervision to talk through staff practices.
- Staff understood their roles and what was expected of them.
- The registered manager understood regulatory requirements and were aware of significant events they were required to notify CQC about. Statutory notifications had been submitted to CQC where required.

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

- The registered manager had developed an open culture within the home where people, relatives and staff could approach them with concerns, ideas and suggestions. One staff member said, "[Registered manager's name] is a very good manager." Another staff member said, "I can go to [registered manager's name], they are so approachable." A relative told us, "The manager is very good and visible a lot."
- Staff spoken with were positive about their job, the people they support and the support they received from senior management and the management team at the home.
- People and relatives told us they were happy with the service and the care provided. Comments included, "I would give this home 10/10 if I had to rate it." And, "There is nothing here you can improve on."

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 and registered manager understood their duty of candour to be open and honest with people and their families when something had gone wrong, including offering an apology if needed.

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

- People and relative's feedback was sought through regular conversations, residents' meetings and satisfaction surveys to drive through improvements. For example, the annual surveys report for 2023 showed

'residents and relatives' would recommend the home to others.

- Satisfaction surveys were also shared with visiting professionals to complete and positive comments were made. Comments included, "Staff always pleasant and helpful, they find solutions if issues arise," "Information provided is up to date," "Good communication with staff and manager," and "Residents appear happy and well cared for."

Working in partnership with others

- Staff worked with other health and social care professionals to help ensure people had appropriate levels of care. This included GP, district nurses, advanced practitioner nurses (ANP), chiropodist and mental health teams. Comments from the 2023 satisfaction survey completed by visiting professionals included, "Manager and staff are a credit to the home, I can recommend the home to other professionals," and "Staff are professional and work in collaboration with the wider professional teams."