Care Quality Commission

Mrs Lynn Georgina Hart

Auckland Rest Home

Inspection report

2 Ken Road
Southbourne
Bournemouth
Dorset
BH6 3ET
Tel: 01202 427166
Website: www.aucklandsresthome.co.uk

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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

Overall summary

The inspection visit took place on 14 and 15 July 2015 and was unannounced.

Auckland Rest Home is a care home service without nursing. The home is registered to accommodate up to ten people. There is one lounge, a dining room and a garden for people to enjoy.

There was a registered manager in place. 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.

At the last inspection on 9 July 2013 the service was meeting the requirements of the regulations that were inspected at that time.

There were nine people living in the home at the time of our inspection. People who lived at the home, relatives and friends told us people felt safe and secure with staff

Summary of findings

to support them. People's care and support needs had been assessed before they moved into the home. Care records contained details of people's preferences, interests, likes and dislikes.

Staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. All checks that were required had been completed prior to staff commencing work.

Medicine was dispensed and administered in a safe manner. The staff member responsible for administering medication dealt with one person at a time to minimise risks associated with this process. We discussed training and found any staff responsible for administering medicines had received formal medication training to ensure they were confident and competent to give medication to people.

People were asked for their consent before care was provided. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. People told us there were always staff available to help them when needed. Relatives of people who used the service told us that they visited the home at different times and on different days, and the staff always made them feel welcome. They said that staff were caring and treated people with respect, and that their relative was always comfortable and looked well cared for.

Staff were provided with relevant induction training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and had confidence in the way the service was managed.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people. This into account their dietary needs and preferences so that their health was promoted and choices respected.

People and relatives told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

People participated in a range of daily activities both in and outside of the home that were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had been asked their opinion via surveys, the results of these were in the process of being audited to identify any areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risks to people were assessed and reviewed and staff understood how

to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Arrangements were in place to ensure that medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff received training and support for their roles and were competent to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

People had access to healthcare professionals such as doctors and nurses.

Good

Is the service caring?
The service was caring.

Staff were respectful and understood the importance of promoting people's privacy and dignity.

People were supported to maintain relationships with friends and family.

People were supported during the end of their lives.

Good

Is the service responsive?
The service was responsive.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take part in organised activities .

The provider had a complaints procedure, which was followed.

Good

Is the service well-led?
The service was well led.

Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

The registered manager implemented innovative ideas to improve people's care experiences.

Good

Summary of findings

There were systems in place for assessing and monitoring the quality of the service provided.

Auckland Rest 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 checked whether the provider was 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 that took place on 14 and 15 July 2015. The inspection was carried out by one inspector. We spoke with and met five people living in the home and two relatives. Because some people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the notifications we had received from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at three people's care and support records, three people's care monitoring records and medication administration records and documents about how the service was managed. This included three staffing records including recruitment records for three staff, staff rotas, audits, meeting minutes, training records, maintenance records and quality assurance records.

We spoke with the registered manager, proprietor and four members of the care staff team.

Good

Is the service safe?

Our findings

People told us they felt safe. A visitor told us their relative was well cared for and they were reassured that when they left the home their relative was kept safe. Another visitor told us the procedures the manager had implemented ensured that their relative was kept safe.

The registered manager had a good understanding of their safeguarding role and responsibilities. They told us they had a good rapport with the local authority and worked well with them in matters relating to any safeguarding issues. Referrals were made to the local authority in a timely way to safeguard people living in the home. All staff members had been trained in safeguarding adults. Staff were able to describe the signs that a person may show if they had experienced abuse and the action they would take in response. They knew how to raise their concerns with the manager and felt confident that if they did raise concerns action would be taken to keep people safe in line with the provider's safeguarding process.

The provider identified and managed risks appropriately. Each person's care plan included a personalised set of risk assessments that identified the potential hazards the person may face. Staff told us these assessments provided them with detailed guidance about how they should support people to manage identified risks and keep them safe. For example, care plans contained clear instructions for staff about what moving and handling equipment they should use to transfer certain individuals and how it should be used. Another person's care plan detailed what how one person's diabetes was managed and actions that staff should take in an emergency.

There were arrangements in place to deal with emergencies. A recent inspection of the home by Dorset Fire and Rescue Service had recommended improvements to ensure people's safety. The provider had developed risk assessments and contingency plans for people, visitors and staff to follow in the event of an unforeseen emergency, such as a fire. The provider had also installed further doors that led into the garden to assist people during an emergency. Records showed that staff had also received training in basic first aid. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us their fire safety training was refreshed annually. The provider did not have personalised emergency evacuations procedures in place (PEEPs). We discussed with the registered manager, who told us that they would implement these as soon as possible. Following our inspection the provider wrote to us confirming that each person in the home had a PEEP in place, with copies of these included.

Staffing rotas showed that staff on duty included the registered manager, two members of staff in the morning and two members of staff in the afternoon. At night-time there was one member of staff on duty with an additional member of staff on call who lived nearby. The registered manager explained that staffing levels were adjusted on an on-going basis depending on people's care needs. On the day of the inspection we saw there were sufficient staff on duty and everyone we spoke with, including staff and visitors, confirmed this.

Recruitment of staff was undertaken to promote people's safety.. Application forms recorded the names of two employment referees, proof of identification, a declaration as to whether they had a criminal conviction and the person's employment history. Prior to the person commencing work at the home, checks had been undertaken to ensure that they were suitable to work as a care worker, such as references, a Disclosure and Barring Service (DBS) check. DBS checks identify whether people have committed offences that would prevent them from working in a caring role. Thorough interviews were recorded on an interview form.

The home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting, was regularly checked and serviced in accordance with the manufacturer's guidelines.

There were processes in place to manage risk from Legionella, which are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. Legionella testing had taken place in October 2014.

People told us they received their prescribed medicines on time. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which

Good

Is the service safe?

included a photograph of the person with a list of their known allergies. We looked at a selection of MAR records. We saw that these had been completed accurately. We saw most medicines, were kept securely locked away.

There was a medicines refrigerator for medicines that required storage at a low temperature. The registered manager told us that there were no medicines that the home currently used that required storage at low temperature.

Medicines were stored securely and were not accessible to people living at the home. However we found that one cabinet did not comply with current legislation. We discussed this with the registered manager who told us that they would arrange for this cabinet to be replaced.. Following our inspection the provider wrote to us and confirmed that this had taken place.

Good

Is the service effective?

Our findings

People received care from staff who were appropriately trained. They said staff had the right knowledge, skills and experience to meet their needs. One person told us, "The staff are nice", while a visitor said, "The staff are fine, they sort everything out". Another relative told us that they had been to a number of homes before visiting Auckland Rest Home. They explained that they decided on Auckland as they were impressed with the knowledge and understanding of both the registered manager and proprietor.

It was mandatory for all new staff to complete an induction, which included shadowing experienced members of staff. Staff had regular opportunities to refresh their existing knowledge and skills. One member of staff told us they had completed a five day dementia training course. They explained how the course had helped them to understand the needs of people living with dementia. The registered manager told us that staff training included the opportunity to share best practice with other homes locally, as training was undertaken together. They also told us that training was very specific to the needs of the people living in the home. An example of this was training for one person who was living with a specific type of dementia, in order to ensure they could be supported in the best possible way.

All staff received regular supervision and an annual appraisal. These processes gave staff formal support from a senior colleague who reviewed their performance and identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well supported. They said there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who lived at the home.

People were encouraged to make decisions and options were explained to them clearly. Staff told us they encouraged people to make choices such as meals, drinks, activities and what time to get up and go to bed. For example, during the lunchtime period one person did not each much of their meal. A member of staff recognised this and offered them an alternative. The person asked for soup and the member of staff listened to the person and arranged for them to have soup, which the person ate.

Staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for decision-specific assessments of people's capacity to make those decisions. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals. Staff knew how to support people to make decisions and were clear about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. We looked at staff training records that showed that staff had completed training in the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply care homes. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. Where appropriate, the registered manager had applied to authorise the use of DoLS. Staff had a good understanding of DoLS and how this affected a person's care.

Some people were living with dementia. Signage had been provided to assist people living with dementia to find their way around the home, such as signs for the kitchen, toilets and bathrooms. Doors were painted different colours to make rooms more easy to identify. People also had pictures painted onto their bedroom doors to assist them to recognise their bedrooms.

The home had a menu cycle. Staff prepared and cooked people's meals. The registered manager told us this provided useful ideas for menus and also gave them a very personal feel, reflecting people's preferred options. The registered manager was able to tell us about people's individual dietary needs and preferences, for example, how they catered for a person with diabetes.

People had a choice where they ate their meal, for example, in the dining room, living room or their bedroom. One person said, "The food is good, I have no complaints." A visitor told us, "I have never eaten here, but the food always looks good." The dining room tables were nicely set with table cloths and napkins. People were offered a choice of cold drinks and condiments with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food. Staff also ate

Good

Is the service effective?

their meals with people in the home. We observed the meal service in the living room of the home. Staff gently encouraged and supported a person to eat. This person did not eat all of their main meal and was asked if they would like an alternative. Drinks and snacks were available for people to help themselves to between meals in the dining room.

Risk assessments had been carried out to check if people were at risk of malnutrition. People's weights were checked at monthly intervals. The registered manager told us that none of the people living the home were underweight. However, everyone was at risk of malnutrition and food/ fluid charts were used to record and monitor what people were eating and drinking. We looked at a selection of food and fluid charts. Food and fluids that people consumed were appropriately recorded and included targets and totals.

The home met the needs of people including those who were living with dementia. People's rooms were personalised with pieces of their own furniture and choice of decorations. There was a list of staff with photographs and roles in the main corridor in the home to help people identify staff. The main entrance of the home led out to a secure garden. This ensured individual needs were met by the adaptation, design and decoration of the service.

People were supported to maintain their health and had access to healthcare professionals when required. Records reflected various professionals such as the district nurse, chiropodist and GP visiting people in the home. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person described the staff as "nice". We heard another person laughing with staff and they said, "We have a good laugh here, its better than any medicine." A relative described the care and support provided to be

"very good". The same relative said their family member was unwell when they first came to stay at Aucklands. They explained that due to the small size of the home their family member got a lot of attention from staff; it was homely and they could see the improvements that living in the home had made to their health and wellbeing. Another relative told us that their family member had not lived in the home for long, however they had settled really well and felt the staff were very approachable and caring.

The registered manager explained that the home specialised in accommodating people who may have been in the past been sectioned under the Mental Health Act 1983, or displayed behaviours that challenged others. They routinely accepted people into the home from other homes who were unable to meet their needs. They worked closely with local agencies including social services and the community mental health team.

Staff had a good understanding of people's needs, some of their personal preferences and the way they liked to be cared for. For example, staff knew how one person liked to dress and activities they enjoyed. People's life histories and personal preferences were recorded in their care plans.

All staff knocked on people's bedroom doors, announced themselves and waited before entering. People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity. Staff we spoke with were able to give us examples of how they promoted people's privacy and dignity, for example, closing doors and ensuring towels were used to cover people when assisting them with personal care.

People were encouraged them to maintain relationships with their friends and family. The atmosphere within the communal area was calm throughout the time we spent in there. Staff were courteous to people.

People were supported to maintain their independence. Staff were supportive and offered guidance to people to ensure they were safe. For example, we saw staff support one person while they were walking and guide the person as they turned around and sat back into their arm chair. The registered manager explained that one person who was living in the home wished to live in the community independently. The home had worked with this person to help them achieve their goal. This included drawing up plans and goals such as cooking, cleaning and managing their money. This person was now on the local authority waiting list to live in their own home on a trial basis.

Staff were respectful and caring in their approach to supporting people. Where people needed assistance staff sought their permission before assisting them, explained what they were doing and offered reassurance throughout the task. Staff did not rush people and responded when people asked for assistance as quickly as they could. We observed one person who was distressed being reassured by staff. They offered to support the person and go for a walk. Staff supported people to move around the home and this was done at the person's pace. Staff chatted with people as they assisted them.

When people were nearing the end of their life they received care that was compassionate and supportive. People, those who are important to them and appropriate health and social care professionals contributed to their plan of care so that staff knew their wishes and made sure

the person had dignity, comfort and respect at the end of their life. The registered manager explained that they recently had a person living in the home who was receiving end of life care. The person had expressed a wish to die in the home. The provider assisted this person to achieve their wish and provided additional staff to ensure the person had the best possible care. They liaised with the person's GP, district nurse and palliative care team. Pastoral visits were also made by the local vicar.

Good

Is the service responsive?

Our findings

People had their needs assessed by the registered manager before they moved into the service, to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that a full picture of the person was provided.

People had individual assessments of needs and care plans in place and the service responded to people's changing needs. For example, if a person was assessed as being at risk of pressure sores and needed a special bed or a specialist item of equipment then the provider promptly provided this.

Each person's plan of care had been reviewed every three months or as soon as the person's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. The registered manager told us that due to a recent audit a decision had been made to review the care plans on a monthly basis. Staff knew about the changes straight away because the management informed them verbally as well as updating the records. One member of staff told us, "We have regular hand overs between shifts. Also, as we are a small home we work very closely together so have additional time to share information." This enabled the staff to adapt to how they supported people to make sure they provided the most appropriate care.

Some people had visitors come to see them who joined in with the general discussions taking place with people and staff members. One visitor told us that they were always made to feel welcome and could visit any time they wished without restriction. On the day of our inspection a member of staff went with a person to get their hair cut for as they were going out for a special occasion. Staff also went out for walks with people.

People had a range of activities to participate in. All staff in the home were involved in providing activities. There was a weekly activities board in the hallway. Activities included a reminiscence newspaper, music and games. Additional activities were planned according to the time of year and included special events, for example Wimbledon, Easter and Christmas and summer garden parties. When people went out staff supported them as needed. One person regularly went out for walks with a member of staff.

People were supported to pursue their hobbies and interests. For example, one person had a 'bucket list' of activities that they wished to complete. The provider facilitated these activities, which included going to the Bournemouth Air Show and trips on a steam train.

The service had a complaints procedure. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. They explained that they used complaints as an opportunity to learn and improve the service. They showed us a recent complaint that was received, the investigation, response and learning from it. One person told us that they had no complaints. A visitor told us that they have never had to complain about the service received.

Good

Is the service well-led?

Our findings

The home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in

the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us the registered manager was visible in the service and we saw her speaking with people and relatives regularly throughout the inspection. A visitor said, "It's like a family. It's very homely here and I am not afraid to ask questions."Staff told us that the manager was in the home on most days. They said the registered manager was supportive and approachable, with an 'open door policy' so anyone could speak with her when they needed to.

Resident/relative's meetings took place on a regular basis. This enabled people to be kept involved in the running of the service. The last meeting took place on 14 June 2015. Topics included an upcoming birthday and a trip to the local café for icecream.

There were systems in place to monitor the quality of service. An annual survey had recently been completed. The registered manager explained that once all the surveys had been returned an action plan would be drawn up based on the results. We reviewed some of the responses that the provider had received. These were mostly positive. One visitor commented, "Excellent atmosphere. Everyone is always happy and cheerful. There is a really homely feel and the smell of good food. I visit several homes and Auckland is one of the nicest that I have come across. I observe residents being treated with dignity and respect. This really matters."

Staff meetings were held to enable staff to discuss issues relevant to their role. The last staff meeting was held on 20 April 2015 and included topics such as training, activities and a key worker system. Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

The registered manager implemented innovative ideas to improve people's care experiences. For example, one person with a diagnosis of dementia could display behaviours that challenged others. To reduce these instances, they involved the person with staff interviews to reduce the person's anxiety with new members of staff. This person was also involved in a 'handover' with the registered manager between each shift so they could feed back how the day had been. The registered manager explained that as a result of implementing these ideas it had decreased the behaviours that challenged.

We saw that well-managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of medicines management, care records, weights, infection control and health and safety. These checks were regularly completed and monitored to ensure the effectiveness and quality of the care.

Accidents and incidents were recorded, although regular analysis was not always undertaken to identify trends or triggers. However, the registered manager told us about changes that had been made as a result of some of the accidents that happened. This was an area for improvement. Following our inspection the provider wrote to us including a trend analysis of accidents and incidents for the month of June 2015 with actions taken. They confirmed these would continue to take place on a monthly basis.