

Restful Homes (Worcestershire) Ltd.

Austen Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

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 53 people living at the home.

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

People were happy with the standard of care and support they received. There were enough staff to support people's care and safety needs. The provider's staff recruitment and induction arrangements helped ensure new staff were able to support people.

Staff understood how to identify and alert others to potential abuse involving the people who lived at the home. The risks to people had been assessed and reviewed, and plans were in place designed to manage these. People received their medicines safely from trained staff.

Staff were provided with, and made use of, personal protective equipment to reduce the risk of cross-infection. Accidents and incidents involving people were monitored by the management team to learn from these and reduce risks.

Staff supported people to make their own choices and decisions in how they were supported. 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.

Staff found the recruitment of the new manager had been a positive one with staff morale improving.

The provider had quality assurance systems and processes in place to enable them to monitor and improve the quality of people's care. Staff and management worked with a range of community health and social care professionals to achieve positive outcomes for people.

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 25 March 2020).

Why we inspected

We received concerns in relation to staffing and management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

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.

We reviewed the information we held about the service. No areas of concern were identified in the key questions of effective, caring and responsive. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 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.

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

The inspection was carried out by two inspectors and a specialist advisor in nursing. One inspector and the specialist advisor visited the home. One inspector gathered information from the management team via telephone conversations and email.

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 did not have a manager registered with the Care Quality Commission. This means the provider is 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.

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 seven people who lived at the home and two 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 manager, compliance and quality manager, head of care and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Additionally, we spoke with two care staff, a unit manager, two nurses and a chef.

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 manager's quality monitoring systems to see what actions were taken and planned to continually improve the quality of care and people's experiences.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care they received from staff. A person told us, "They (staff) treat me very well."
- A relative told us, "I cannot fault them (staff). (Person's name) is looked after so well."
- The provider had systems and policies in place and staff had received training in how to protect people from harm and abuse. One staff member told us, "If I thought anyone was being harmed, I'd report it, no qualms about it." Another staff member said they had trust in the manager and felt able to speak with the manager about any concerns and "(The manager) would know what to do and act on (the concerns)."

Assessing risk, safety monitoring and management

- Prior to moving into the service people told us they had a pre- admission assessment which provided staff with information about how a person's needs could be met. Assessments were reviewed at least monthly or when people's needs changed.
- Risks to people were identified with comprehensive assessments and care plans in place. For example, specific risks associated with falls had been considered and guidance was available for staff to follow to mitigate those risks.
- Staff knew people's individual risks and understood how to maintain people's safety and independence. This included risks in relation to people's underlying health conditions.
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.

Staffing and recruitment

- We saw there were enough staff to respond to requests for assistance and call-bells without unreasonable delay. One person told us, "Staff do come quickly, if I call for them." However, one relative reported their family member felt staff did not always respond to their call bell promptly.
- Staff told us there had been some challenges mainly around consistency of having permanent staff. A staff member told us, "More of our own regular staff rather than agency would be good. It is improving with recruitment and lots of new staff joining us."
- Agency staff were obtained to cover shortfalls in staffing numbers. The provider tried to use the same agency staff to provide consistency for people and to minimise infection control risks. The manager told us they had recently had a successful recruitment drive, which would assist them in reducing the need for agency staff.
- The provider told us they monitored and adjusted staffing levels in response to people's current care needs and utilised various methods of doing this such as, using their dependency tool.

- The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with the people living at the home.

Using medicines safely

- People were supported to have their medicines safely by trained staff that regularly had their competency checked.
- Medicines were received, stored and disposed of safely. The manager provided assurances to improve staff's consistent recording of fridge and room temperatures on one unit, Deborough.
- Medicine records were checked at each medicine round to ensure they had been completed correctly. This helped in identifying any recording errors so these could be picked up quickly and addressed.

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 meeting shielding and social distancing rules.
- 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. The manager undertook daily observations which included checking staff were wearing the correct PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider and manager monitored and took action to implement any required learning from accidents and incidents and shared these with the staff team.

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 good. At this inspection this key question has remained the same. 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; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Since our last inspection there had been several different managers employed and who had subsequently left the provider's employment. At the time of our inspection there was a newly appointed manager who told us they were going to apply to the Care Quality Commission (CQC) to become the registered manager.
- Not all relatives we spoke with were aware of the change of manager and therefore felt communication could be improved. The manager was committed to continuing to improve communication across the staff team and with, external professionals and relatives.
- The manager was open and transparent and described the challenges and improvements they intended to make. For example, the manager identified previously not all staff had received regular supervision and appraisals. The manager showed us the schedules they had drawn up to rectify the situation to ensure staff had more opportunity to reflect on their practice and identify further training needs.
- Staff spoke positively about the manager and felt the culture and morale of staff had improved since they had been appointed. One staff member said, "Things are changing for the better here. I now love my job." Another staff member told us, "Everything is improving over the last few months. Morale has definitely improved."
- We saw people have very positive interactions with the manager, who took time to comfort a person when they became upset. One person described the manager as being, "Very nice and approachable."
- Staff and management told us they were clear what was expected of their respective roles. For example, staff told us, if they had concerns about a person they supported, they would report these to the nurse on duty.
- The management team understood the regulatory requirements upon the service, including the need to notify CQC of certain incidents affecting the home or the people living there.

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 management team understood their responsibility to inform people and relevant others in the event something went wrong with people's care.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place, based upon an established audit schedule, designed to enable them to monitor and drive improvement in the safety and quality of people's

care.

- These included regular audits on people's care plans and the management of medicines.
- The management team were working on an action plan which reflected the ongoing improvements being made to support safe care and practices. The manager was being supported by the nominated individual to drive through the improvements detailed on the action plan.
- The manager was open to the feedback provided during the inspection. This included obtaining infection prevention and control practice advice in relation to the storage of sterile dressings stored under sink areas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's individual care plans detailed their personal choices, sexuality and religious preferences.
- A healthcare professional told us they felt the appointment of the new manager was helping the home to make the necessary improvements. They gave us examples of how well organised the recent vaccination programme had been conducted.
- The management had involved GPs, dentists, tissue viability nurse and speech and language therapists to support people's care and were continuing to develop good working relationships.