

Prestige Care (Auguste Communities) Limited

Auguste Communities Care Centre

Inspection report

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Date of inspection visit:
20 April 2021
03 May 2021
17 May 2021

Date of publication:
10 June 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Auguste Communities Care Centre is a care home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. Some of the people using the service had a dementia. The service can support up to 83 people.

The home can accommodate people across two floors; however, people were only residing on the ground floor at the time of the inspection. The ground floor is divided into two separate wings, one of these is for people requiring nursing care.

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

The management of the home had been inconsistent and there had been recent changes to the management team who supported the home. The manager was temporary in post and had not applied to be registered with CQC. The management had recently made improvements, were continuing to drive improvement and staff had confidence in the manager.

Audits and action plans were in place and the management were working proactively to meet these. There had not been enough time since action plans were started to demonstrate that improvements were embedded or to show continuous improvement over time. Audits had identified that fire safety needed improvement, but this had not been actioned by the time of our inspection.

People were supported safely in their daily care, and checks were made of the equipment and premises. Fire safety risks assessment, however, were not robust or tested leaving people at risk of possible harm.

There had been recent improvements to the way staff were supported but this had been inconsistent in the past. Staff were not always given a robust induction into the home, so they knew the provider's expectations of them, and were not always given opportunities to discuss their work or development in their roles.

The service had been reliant on agency staff to fill roles in the home. There was mixed feedback from staff about how this, and how tasks were allocated, effected the running of the service. We have made a recommendation about the deployment of staff and allocation of tasks.

Activities were not consistently organised to ensure people had access to regular social stimulation. Improvements were planned but were not yet in place. We have made a recommendation about activities.

Improvements had been planned to end of life care arrangements. The information currently available was not comprehensive. We have made a recommendation about end of life training and planning.

There had been significant improvements to monitoring around people's nutrition, which had been inconsistent. The provider had engaged with professionals to support people to live healthier lives and

ensure people had appropriate diets.

Medicines were administered safely. There were safe practices to support skin care and medicines for this purpose were used appropriately. Infection control practice in the home followed guidance and the home had high standards of cleanliness. Recruitment practices were safe. Staff knew how to raise and action concerns about suspected abuse.

Staff were kind, caring and people told us person-centred care was delivered. Care was planned and delivered in a way that supported people's dignity and independence.

The service was responding to concerns and complaints. People told us the manager was approachable and they felt they would resolve issues raised.

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

This service was registered with us on 22 February 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, management of people's needs including weight-loss and skin care, and the overall management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive 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.

This was a first rating for this service. The overall rating is requires improvement.

You can see what action we have asked the provider to take at the end of this full report.

We found the management were acting to address all the concerns, new systems and processes were in place which had begun to rectify any issues and mitigate any current risks.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified two breaches in relation to fire safety and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Auguste Communities Care Centre

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 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

Auguste Communities Care Centre 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. The home had a manager who was temporary in post and had not applied to be registered. A permanent manager had been appointed but had not yet started working in the service.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 April 2021 when we visited the home and we collected further information to inform the inspection until 17 May 2021.

What we did before the 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. 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual, Interim Head of Operations, manager, nurse, laundry staff and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We made observations of people and staff interacting throughout the day of our visit and over the lunch period.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, safety checks and quality assurance records. We spoke with two professionals who had recently visited the service and three relatives. We also contacted two members of care staff by telephone.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Risk assessments to mitigate the risks in the event of a fire were not robust and had not been tested to ensure people could be evacuated safely in the event of a fire. Following our visit, the home was given an action plan from the Fire and Rescue Service outlining the steps they needed to take to ensure people's safety.

Systems to ensure people's safety in the event of a fire were not robust. Although there was no evidence of anyone being harmed this placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action to begin to address the concerns and was working proactively with the Fire and Rescue Service.

- Other than in relation to fire risks, people were supported to reduce the risk of avoidable harm by staff who understood their needs. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risk assessments in relation to people's care were reviewed to ensure they reflected current needs.
- The home was well maintained and there was an on-going plan for refurbishment. Safety and maintenance checks were in place and up to date.

Staffing and recruitment

- Recruitment was safe. There were processes in place and recruitment checks were carried out before staff were appointed.
- There were enough staff to support people safely. We observed that staff had time to speak with people and did not appear hurried on the day of our visit. People told us they did not wait for help.
- We received some mixed views from staff about how staff were deployed and about the allocation of tasks. Some staff felt that use of agency staff meant that permanent staff had more responsibilities and needed additional time to direct and support agency workers. Staff told us there were times when people had to wait for care because when they were assisting someone there were no additional staff available in that area of the home.
- Management confirmed they regularly reviewed how staff were deployed and that there were more staff than needed to meet people's assessed needs. Agency use was being reduced and any agency staff were asked to take on the same responsibilities as permanent staff.

We recommend the provider continues to review staff deployment and allocation of tasks to ensure that people's needs are met in a timely way.

Learning lessons when things go wrong

- Lessons were learned from incidents. New systems were in place which demonstrated accident and incidents were being recorded and actions taken to mitigate future risks.
- We found one example of the previous systems failing to identify and record how an injury had occurred. The provider had already acted to ensure all staff understood their responsibilities for reporting any incidents or accidents under the new system.
- Actions to reduce risks were being discussed with staff and documented.

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.
- 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.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Processes were in place to respond to safeguarding concerns.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Using medicines safely

- Medicines were managed safely. Medicines administration records showed people received their medicines as prescribed.
- There had been an increase in medicines errors reported prior to our inspection, the provider had recognised these and made improvement to medicines system and medicines audits to rectify concerns.
- Care staff received training and competency checks to ensure they were administering medicines safely.
- Staff were knowledgeable about which medicines people needed and how these should be given. We observed staff explaining why medicines were being administered and patiently waiting for people to take them.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always had consistent support and were not always given a robust induction into the home's systems and processes. Where agency staff were used these were consistent staff who had a basic induction about the home.
- Staff had supervision meetings so they could discuss practice issues or development with a senior member of staff, but these had not been happening regularly. Some staff told us there were times over recent months, during the transition between managers, when they had not known who to approach for support or had not had opportunities to speak to anyone about their personal development.
- The provider had recognised induction and supervision as areas for development. It was planned that all staff would complete a corporate induction. A schedule was in place for supervisions going forward, some had taken place and staff confirmed they now felt supported.
- Staff completed a range of e-learning training courses and there was high compliance in completing these. Face to face training in practical and clinical skills had been delayed because of the Covid-19 pandemic but was now being completed. Fire training including evacuation in the event of a fire was also planned.

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

- People had not been consistently supported to maintain a balanced diet and there had been some people who had experienced weight-loss that had not been addressed in a timely way.
- The home was now working proactively to address any dietary concerns and assessments were robust.
- The home had involved a nutritional consultant to ensure they were working in-line with best practice.
- Where people required a special diet, these were provided, and staff had recent training to support people to eat and drink safely. Staff had also been trained around minimising the risks of malnutrition and dehydration.

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

- People had their needs and choices holistically assessed and regularly reviewed in line with best practice guidance.
- People were the decision makers around their care. Relatives told us they felt involved in supporting people to make choices and decisions about their care.

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

- People were supported with their healthcare needs and had access to a range of healthcare professionals.
- Professionals we spoke with told us that the home communicated people's needs effectively and, other than the historic concerns around weight-loss, had been proactive in involving them when people's needs changed.

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

- The service was designed and adapted to meet people's needs. The provider had a programme of improvements in place, including updating signage to make it easier for people with dementia to find their way around the home. Communal areas were well-lit making it easier for people with sight impairments to navigate these spaces.
- People's bedrooms were personalised. They contained ornaments, pictures and small items of furniture chosen by the person.
- The service had a large enclosed garden space. We were told that this was well used by people and visiting families.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was delivered in line with MCA and best practice guidance.
- Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.
- Where people had a DoLS these were reported and updated when required, and information was available about why these were needed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Everyone we spoke with described staff as caring. One relative told us, 'Yes, they [staff] are absolutely amazing, so tolerant' and 'I don't know how they do it, it takes special people'.
- Professionals commented on the caring nature of staff and the genuine concern they demonstrated for people's welfare.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected; staff had conversations about people's care discreetly and closed people's doors to allow them privacy while care was delivered.
- People and relatives described how staff supported people with dignity and respect. One relative told us, 'Yes, they [staff] are respectful. Yes, they listen. They will ask [family member] something and he takes a long time to answer, they wait for him to answer.'
- People were supported in a way that promoted their independence. We observed staff give people time to try to complete tasks themselves rather than these being done by staff. One relative told us, 'They give [family member] jobs to do such as clearing the dishes away or setting the tables.'

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

- People were supported to make decisions about their care and told us they felt involved in the decision making process and were able to direct how their daily support was given.
- Some relatives commented they had been given opportunity to review care records and asked their opinions about aspects of their family member's care.
- People were supported with decisions from their families when needed and the service had information regarding advocacy services should this be required. An advocate helps people to access information and to be involved in decisions about their lives.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Activities had not been routinely carried out. Some staff, relatives and a visiting professional told us that meaningful activities were not always on offer for those people who received nursing care.
- We saw that a new programme of activities was in place, but the activities co-ordinator only worked four days of the week. During the pandemic the activities co-ordinator had been allocated additional tasks allowing them less time to arrange activities.
- The provider had recognised this was an area for improvement and was in the process of recruiting more activities staff.
- People commented on enjoying the activities that were on offer and these were tailored to people's interests. Work had been done recently to capture information about people's lives and hobbies. People had been supported to maintain regular contact with their relatives during the pandemic.

We recommend the provider review arrangements for activities to ensure people have access to meaningful activities on a regular basis.

End of life care and support

- Staff did not have up to date training and information to meet people's needs and wishes for their end of life care. People had plans around their future wishes for the end of their lives, however, these contained minimal details. The provider had recognised this for an area of development and had begun discussions with people and their families to improve this planning. Training was also planned to ensure staff had correct and current skills.
- No one in the home was receiving end of life care at the time of our visit, however there had been people who had received the service and had passed away recently. One bereaved relative told us care to their family member had been delivered compassionately but communication from the home could have been improved.

We recommend that planned training and care plan improvements are completed to give staff the appropriate skills and knowledge around end of life care.

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

- People received personalised support, and this was reflected in their care plans. For example, details were recorded about people's bedtime routines giving details about them having supper, how they liked to sleep and how their room should be prepared.

- People's plans were being updated and tailored to provide a greater level of detail about people's needs and wishes.
- Care plans were reviewed regularly to ensure that support reflected current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed and these were regularly reviewed.
- People could access information in easy read and in large print. Some information was available in pictorial formats, such as menus. The manager told us information could be adapted depending on the needs identified in the home.

Improving care quality in response to complaints or concerns

- There were new systems in place to monitor complaints and these were effective.
- Most people and relatives told us they had no concerns about the service. Relatives who had raised concerns recently with the manager felt these were being addressed appropriately.
- Systems to monitor complaints had not always been kept up to date in the past and therefore it was not evident if historic concerns had been dealt with to the complainant's satisfaction. The manager confirmed that all complaints logged had either been concluded or were in still being investigated.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- New systems to monitor care and drive improvements had been implemented but had not had enough time to be fully embedded in service delivery.
- Where actions were identified progress was being made to address any shortfalls in the service. Some changes were in the early stages of implementation or still planned. Fire safety had been identified for improvement, but changes were not implemented quickly enough to ensure people's immediate safety.

Audits and checks had not ensured fire safety concerns were addressed in a timely way. Although there was no evidence of anyone being harmed this placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a new management team in the home, including a new nominated individual and Interim Head of Operations who were all committed to driving improvements.
- Staff were aware of the action plans in place and had recently been asked their opinions on how things could be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in the home. The manager was temporary and had not applied to be registered. A permanent manager had been appointed but had not started working in the home.
- Some relatives expressed concern that changes in management had meant they were not always communicated with and that they felt there had been some inconsistencies in the care provided. One family member told us, 'It's hard to give a view, with four or five managers', 'It needs stability that's not happened, staff are having to learn new processes' and 'This has a knock-on effect for the residents.'
- Some staff told us they had not always had clear leadership. They told us this had improved recently since the new manager had been in post. One staff member told us, "It's been tough, managers coming and going."
- Some staff and relatives expressed uncertainty because the manager was not permanent. The provider confirmed processes were being implemented across the wider group of care homes to provide continuity, stability and lessen the impact of any future management changes. A handover period was planned between the temporary manager and the permanent manager.

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

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

- There was a person-centred culture in the home and staff were dedicated to delivering the best outcomes for people.
- Everyone we spoke with who had met the manager described them as approachable. People told us they felt the home was a nice and friendly place to live. Staff commented that morale had been variable, but they had confidence in the manager and new processes in the home.
- Staff and relatives gave mixed views about communication from management. Meetings and other forms of feedback had not happened consistently. Meetings were planned and a newsletter had been published to help improve communication around changes in the home, the Covid-19 pandemic and visiting arrangements.

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 role regarding regulatory requirements and the need to be open and honest. For example, they notified CQC of events, such as safeguarding concerns and serious incidents as required by law.

Working in partnership with others

- The home was working with partner agencies. Professionals we spoke with told us the home had involved them and they found staff good at communicating with them.
- Some professionals reflected that there had been a period when communication had not always been effective around people's weight-loss. This had improved significantly, and they felt the service was being proactive in asking for support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to health and safety in the event of a fire were not robustly assessed and the risks were not mitigated. Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the safety and quality of the service were not robust and did not ensure the service was compliant with the requirements of the regulations. Regulation 17(1)(2)(a)(b).