

Charnat Care Partnership

Avis House

Inspection report

12 Old Fallings Lane
Low Hill
Wolverhampton
West Midlands
WV10 8BH

Tel: 01902866036

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 21 June 2016 and was unannounced. Avis House provides accommodation for up to six people. There were two people living at the home at the time of our inspection. People had their own rooms and the use of a number of communal areas including a lounge, dining room and kitchen, a sensory room and garden areas.

We spent time with people who lived at the home and spoke with one person about their life at the home. The examples we have given are therefore brief because we respect people's right to confidentiality.

There had not been a registered manager in post since April 2015. A manager had been in post since June 2015 and was in the process of becoming registered with CQC at the time of our inspection. 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.

Risks to people's safety were understood by staff and people benefited from receiving care which took into account their safety needs. There were enough staff to care for people and staff understood what actions to take if they had any concerns for people's wellbeing or safety. People were supported to take their medicines so they would remain well.

People were supported by staff who used their skills and knowledge so people's health and well-being would be promoted. People were encouraged to make their own choices about what they would like to eat and drink, and often enjoyed going out for meals. Where people required support from staff so they had enough nutrition this was provided so people would enjoy good health. People were supported to access health services and staff followed the advice given by health professionals so they would receive the care they needed as their health needs changed. Staff worked with other organisations so people's rights to make decisions and their freedoms were protected

Caring relationships had been built between people and staff. People were encouraged by staff to make their own choices about their day to day care. People enjoyed spending time with staff and the manager and were given encouragement and reassurance when they needed it. People's right to dignity and privacy was understood and acted upon by staff.

The manager and staff knew people's preferences and well. Staff planned people's care in ways which took into account the ways they liked their care to be given. Staff took action when people's needs changed. People and their relatives had not needed to raise any complaints about the service, but were confident action would be taken if complaints were raised.

Staff understood what was expected of them and were supported by the manager and senior staff to care

for people. There was open communication between people, the manager, relatives and staff. Regular checks were undertaken on the quality of the care by the manager and provider. Actions were taken to further develop people's experience of living at the home.

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.

People felt safe with staff and were cared for by staff who understood risks to their safety and well-being. There was enough staff to meet people's care and safety needs. People received their medicines when they needed them in ways which helped them to stay safe.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to care for them. People were supported to make decisions and their rights were promoted. People were supported to have enough to eat and drink and to access health services so they would remain well.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew people well. Staff had positive caring relationships with people supported them to follow their preferences. People's independence and privacy had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People had opportunities to do things they enjoyed doing and were supported by staff to make everyday choices. Relatives and staff were confident action would be taken if any concerns or complaints about the service were made.

Is the service well-led?

Good ●

The service was well-led.

People benefited from living in a home where communication between people supporting them and staff was open. Staff were

supported to understand their roles and checks were made on the quality of care by the manager and provider. Action was taken to develop people's care further.

Avis House

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 was planned to check whether the provider is 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 inspection took place on 21 June 2016 and was carried out by one inspector. The inspection was unannounced.

We reviewed information we held about the home including statutory notifications which had been sent to us. Statutory notifications include information about important events which the provider is required to send us by law. We also checked information which had been sent to us by other agencies. We requested information about the homes from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home and spoke with one person living at the home. We spoke with the manager, one senior staff member and three care workers. We also spoke with two visiting health professionals. We spoke with one relative of a person who had previously lived at the home and a provider representative on the telephone.

We looked at two people's care records and two people's health action plans, which showed how staff cared for people so they stayed well. We looked at two records about the administration of medicines. We looked at three staff member's recruitment files. Staff training records and confirmation that six nurses were registered to practice were not available during the inspection. These were sent to us after the inspection, as requested. We also looked at information about how the manager monitored the quality of the service provided and the actions they took to develop the service further.

Is the service safe?

Our findings

We saw people were relaxed when staff supported them and that staff took action to promote people's safety. The person we spoke with told us they felt safe at the home and told us staff supported them to stay safe when they went out to do things they enjoyed. The relative we spoke with gave us examples of how staff had supported their family member to stay as safe as possible when they needed assistance to move, or when they were ill. We saw when one person required assistance from staff to remain physically safe this was done promptly.

Staff understood the types of abuse people were at risk of and explained how they would support people if they thought anyone was at risk of harm or abuse. Staff gave us examples of the types of actions they would take if they had any concerns for people's well-being or safety. Staff were confident if they raised any concerns actions would be taken by the manager and senior staff so people's safety and well-being needs would be met. One staff member told us they had raised a concern for one person's well-being. The staff member told us by working with external professionals plans had immediately put plans in place to reduce the person's anxieties around managing their money.

Three of the staff we spoke with told us they had cared for people living at the home for a long time and knew how to minimise the risks to their safety. Staff told us they found out about people's risks by checking their care plans and talking to senior staff and external professionals. Two staff members explained new staff initially worked with more experienced staff, so people were always supported by a staff member who knew their safety needs well. Staff members we spoke with gave us examples of the types of risk to people's safety. These included risks around people's physical health, such as from not having enough to eat.

Senior staff told us they discussed people's safety as part of their regular meetings with the manager and provided guidance for staff to follow. Senior staff explained this was done so staff would be aware of the best way to support people living in the home, as their day to day safety and care needs changed. We saw there were clear plans in place and people's safety needs were taken into account in the way staff cared for them.

We saw the provider had checked with the Disclosure and Barring Service, (DBS), before staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the provider had obtained references for staff. Checks had also been made to make sure nursing staff had clearance to practice. By doing this the provider and manager were assured staff were suitable to work with people living at the home.

The person we spoke with told us there was enough staff to care for them in a safe way and to support them to do things they enjoyed outside of the home. The relative we spoke with told us extra staffing had always been made available to support their family member when they needed extra help. Staff explained the length of their time at work had been arranged so the safety and care needs of people living at the home would be met. One staff member we spoke with explained this helped to make sure people's care and safety needs would be met if they were ill, and provided continuity of staffing if they wanted to go out into the

community to enjoy themselves for longer periods of time. All the staff we spoke with told us there was enough staff to care for people.

The person we spoke with told us that staff helped them to have their medicines when they needed them. Staff explained how they identified if people needed medicines if they were in pain and were not able to tell them verbally. We saw people's care plans provided staff with clear instructions in the ways people needed their medicines to be given and informed staff of people's preferences for how they were given their medicines.

Staff told us they were not allowed to administer medicines until they had received training and their competency had been checked. We saw staff supported people to take their medicines in the best ways for them. Staff told us about the regular checks on medicines made by senior staff, and the manager. The manager told us the checks were done so they knew people were receiving their medicines in a safe way. We saw where people needed equipment to take medicines staff ensured the equipment was clean and in good working order. We also saw staff kept clear records of the medicines administered to people and that medicines were securely stored.

Is the service effective?

Our findings

The relative we spoke with told us staff had developed the skills and knowledge needed to support their family member. Staff told us they regularly undertook training so they could meet the needs of people living at the home. One staff member told us about the training they had done so they could be sure they were caring for people in the best way when they came to the end of their life. A further staff member told us about the training they had done and said, "It makes you feel more confident that people are getting the right care. It's about making sure [people's names] are confident in you and in their own home."

All the staff we spoke with told us they would be comfortable to request additional training where this was needed to meet people's needs. One staff member we spoke with gave us examples of suggestions they had made to develop staff knowledge further. The staff member told us their suggestion for additional training for new members of staff to help people move safely had been listened to and further training had been planned. Staff told us they were confident the manager would support them to develop their skills further. The manager recognised that it was important for staff to continue learning and development and had plans in place for them to refresh their training

We spoke with one staff member about the training and support they received when they first came to work at the home. The staff member told us they had received help from more experienced staff including the manager. The staff member told us they had been supported to develop the skills they needed to care for people living at the home. The staff member said this had included finding out early on how to promote people's safety and well-being as part of their induction.

Staff told us they received regular support through one-to-one meetings with the manager. All the staff we spoke with told us they regularly discussed their training needs and any concerns they had for the people they cared for during their one-to-one meetings.

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. We checked whether the service was working within the principles of the MCA.

The person we spoke with told us they were encouraged by staff to make their own decisions where possible. This included decisions about what they wanted to do, where they wanted to go and what clothes they wanted to wear. We saw staff supported people to make their own decisions. Where people were not able to verbally communicate their choices staff checked their non-verbal communication such as body language to understand people's decisions.

Staff told us about the support and training they had to understand their responsibilities under MCA. Staff knew how MCA affected the way they were required to support people. All the staff we spoke with knew which people were able to make their own decisions about things which were important to them, and which

people required support to make some decisions.

Staff gave us examples of where some decisions had been made in people's best interests. These included decisions about supporting people so their health would be maintained and decisions about how equipment was to be used so people's safety was promoted. Staff explained how they had worked with other agencies, such as health care professionals, as part of the decision making processes.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the requirements in the DoLS. The manager had a good understanding of DOLS and had submitted applications where necessary. Staff knew about the applications made and how this affected the care to be given.

The person we spoke with told us they enjoyed making their own food choices and liked the food which was prepared for them. The relative told us their family member had been supported by staff to try foods they had not previously tried. The relative told us their family member had really enjoyed these new experiences. Staff told us how they had worked with health professionals including speech and language specialists so people would have enough nutrition to remain well. The manager and staff explained how they reviewed people's nutritional needs over time. We saw throughout our inspection people were supported by staff to eat and drink enough to keep them healthy.

The relative we spoke with told us staff took action promptly when their family member had need support with their health. Staff had a clear understanding of the health needs of the people they cared for. Staff told us about the care they provided to people so they would be supported to see health professionals such as GPs, dentists and opticians when needed. The visiting professionals told us staff followed the advice given by them so people enjoyed the best health possible. One visiting health professional told us of a person had benefited from the care staff supporting a person to be a healthy weight. We saw records which showed staff worked with health professionals so people's opportunities to receive the right health care were promoted.

Is the service caring?

Our findings

The person we spoke with told us they liked all of the staff who supported them and enjoyed the company of staff. We saw people smile and laugh when staff chatted with them and people showed they valued the relationships they had built with the staff team. The relative we spoke with described staff as very caring, and gave us examples of how staff had built trust with their family member over time, so they enjoyed the time they spent living at the home. The relative explained their family member had the opportunity to visit the home and build up to staying over a number of nights before they moved in permanently. The relative told us this helped to reduce their family member's anxiety and provided the opportunity for their family member to start to get to know staff and other people at the home.

Staff we spoke with told us they got to know people by talking with them, their relatives and checking their care plans. One staff member told us the way their induction was organised meant they had the opportunity to find out about people's preferences and interests before they became responsible for caring for them. Several staff we spoke with told us they had cared for the people living at the home for a number of years, and had got to know them well. One staff member told us staff stayed because of the relationships they developed with people living at the home. Another staff member said, "I love the people here, and love to look after them."

The relative and one staff member told us people had become, "Second families". We saw by the way staff cared for people and spoke about them staff valued the relationships they had built with people.

The person we spoke with told us they were encouraged to make their own decisions about their day to day care. The person told us they chose what items to buy and what to wear and what they wanted to eat and drink. The person told us they were also encouraged to make other day to day decisions, such as what they wanted to do and where they wanted to go. We saw this happen during our inspection. For example, we saw staff supporting people to make their own choices about what they wanted to do. We saw staff took into account any known preferences when caring for people on a day to day basis. Staff we spoke with knew which people enjoyed touch as a form of reassurance, and which people preferred staff to chat to them instead. We saw throughout our inspection staff took action to reassure people in the way they preferred. Staff also supported people by making decisions based on their known preferences, such as by decorating people's rooms in themes staff knew interested them and making sure people were called by their preferred names.

The relative told us they had been able to see their family member whenever they wanted to, and were always made welcome by staff. The relative told us this had meant they had been able to maintain their relationship with their family member at important times. They continue to explain how this had been useful to help ease any anxieties their family member had about moving into the home. Staff told us how they celebrated special events with people living at the home, such as their birthdays, so people knew they were valued.

Staff understood people's rights to dignity and privacy. One staff member we spoke with explained how they

promoted people's dignity when they spent time away from the home doing things they enjoyed doing. The staff member explained how they made sure they always had the right items such as keys to community facilities available so people would receive the support they needed in a dignified way. Other staff we spoke with gave us other examples of how they discreetly assisted people when they needed personal care. We saw staff were discreet when helping people during our inspection. Staff also told us how they encouraged people to be as independent as possible. One staff member told us one person applied their own creams, so the person would maintain their skills and be in control of this area of their lives.

Is the service responsive?

Our findings

The relative we spoke with explained they had been involved in deciding what care their family member received before their family member came to live at the home. The relative told us they felt listened to, as staff took their views into account when their family member's care was planned and given. The relative said they did not have to wait for their family member's care reviews if they had any suggestions to make, as they were encouraged by staff to make suggestions at any time. The relative gave us examples of the actions staff had taken based on the suggestions they made, so their family member had received their care in the best way for them. These included suggestions they had made so their family member was less anxious and their health needs would be met.

A visiting health professional told us the staff had been proactive in seeking their advice so risks to people's health would be reduced and people's care would be planned in the best way for them. The visiting health professionals gave us examples of improvements which had been made in the way people's risks were managed and their care arranged. The visiting professionals told us staff had followed the agreed plan and this had led to improvements in people's care and well-being. Staff told us people's risk assessments and care plans gave them clear guidance on the best way to support people.

We saw people's care had been planned in ways which reflected their preferences and their individual needs. People's care plans provided staff with information on possible risks to people's well-being and guidance on the best way to support people. People's risk assessments and care plans had been regularly reviewed and advice from external professionals was taken into account, such as speech and language specialists, so people received the care they needed in the best way for them.

The person we spoke with told us staff knew the things they liked to do, and staff supported them to do things of interest. The person told us staff supported them with shopping, eating out, meeting up with friends, bowling and going to the theatre. The person showed us some of the photographs which had been taken which showed how they enjoyed spending their time. The relative we spoke with told us the manager and staff had recognised their family member had enjoyed going out and had made arrangements for this to be done on a daily basis. The relative went on to tell us staff had recognised their family member's love of music. The relative told us the manager and staff took action so their family member had regular opportunities to enjoy listening to music with manager and staff. The relative also gave us examples of events and parties which had been held at the home. The relative told us people living at the home enjoyed these events.

Staff explained how much some people living at the home enjoyed sensory experiences, and gave us examples of how these had been introduced into people's care. This included putting equipment in place so people could enjoy sensory experiences in their own rooms, and arranging time for people to enjoy local sensory experiences. Staff also recognised when people preferred to spend time quietly. One staff member told us, "You ask people, or watch their reactions, so they do what they want and go where they want." All the staff we spoke with told us people had lots of opportunities to go out and do things they enjoyed. We saw this happened on the day of our inspection.

The person and relative told us they had not needed to make any complaints about the care provided. Staff we spoke with knew what action to take to support people to make a complaint, if this was required. We saw a complaints procedure was in place, so staff had guidance on how to support people or their relatives to make any complaints they wished to raise. No complaints had been made in the previous twelve months. We saw systems were in place to investigate complaints and take action, so any lessons would be learnt.

Is the service well-led?

Our findings

A registered manager had not been in post since April 2015, however, people living at the home had benefited from consistent leadership since June 2015, through the appointment of the manager. Following our discussion the manager has sought to understand why their application to become the registered manager for service has not progressed.

The relative and the health professionals we spoke with told us there had been improvements in the way the home was now managed. The provider has been supported by the manager to further develop the quality of the service and to improve the experiences of people living at the home. The manager told us about some of the checks which were in place. These included checks so they could be assured people were receiving their medicines in a safe way and that people were being supported to move in the best way. There were also checks undertaken so the manager could identify if the environment was safe for people and staff. The manager had put plans in place and taken action where shortfalls had been identified.

Plans to further improve the checks were being developed. The manager told us they had recently sent out questionnaires to external professionals so they could gain their views of the quality of the care provided. The manager told us they would develop an action plan to address any areas which required development when these were returned. The manager told us about other developments which were being planned. This included refurbishing some areas of the home based on any preferences new people coming to live at the home had.

The manager and one staff member told us the provider regularly visited the home and talked to people and staff to gain assurances that people were receiving a good standard of care.

The relative and visiting professionals told us there had been improvements in the way the home was managed since the new manager was appointed. The relative and visiting professionals gave us examples of how the care people received had developed further under the guidance of the manager. These included improvements in people's health and well-being, and increased opportunities for people to do things they enjoyed.

The person, relative and staff told us the manager was approachable, and they were able to contact the manager or senior staff promptly when they needed advice. One staff member told us, "You can't fault the support, [manager's name] works really well, is only ever a phone call away and often pops in when not on shift, to check everything is ok." We saw the manager spent time chatting to people and that people enjoyed the manager's company. We also saw the manager spent time talking to staff and supporting them to provide the care people needed.

Staff told us they were provided with clear expectations about the way they were to work with people. One staff member we spoke with said the manager's approach meant they were encouraged to think about different ways to care for people, so their own skills developed and people received the care they needed in the way they wanted. The manager told us, "We put the people living here first, above everything else." The

manager gave us an example of how one person living at the home was able to help order the food shopping for the home, with support from staff, so their independence increased and they were involved in helping to run the home.

People living at the home needed support from relatives, professionals or staff who knew them well to make suggestions for how the home was managed and their care developed further. The manager gave us an example of how by encouraging staff to support people in this way and by following the suggestions staff made, one person's physical health had improved. The relative and staff said they were encouraged to make suggestions so the service people received developed further. The relative and staff told us they felt listened to.

One staff member gave us an example of how suggestions for developing people's care further had been acted upon. This related to how people were supported by new staff when they first came to work at the home. The staff member told us because their suggestion had been adopted, people were always supported by at least one experienced member of staff who knew them well. Another staff member told us about suggestions they had made for fun and interesting things for people to do. The staff member told us the manager had supported them to implement their suggestions. All the staff we spoke with were confident if they made suggestions which would improve the quality of the care people received or the way the home was managed the manager would take action to make the improvements suggested.

The visiting health professionals told us communication between them and the staff was open, and this helped to make sure people received the best care as their needs changed. Staff members we spoke with told us about the culture in the home. One staff member said the way they were managed encouraged them to be open, so people received the care they needed. The staff member told us this was especially important when they were anxious or upset. The staff member said, "It's about being honest, it goes a long way." The staff member gave us an example of how this culture change had resulted in people living at the home receiving their support in the best way for them.

The manager said they felt supported by the provider and explained they were able to keep up to date with their own practice in a number of ways. This included sharing best practice when they regularly met with the provider's other managers and by following national guidance when they developed the services people received further. The manager gave us an example of how the guidance had been implemented. The manager explained this guidance had been used when changing how staff planned people's care with them, so people would receive support in the way they preferred.