Avery Homes (Nelson) Limited

Clare Court Care Home

Inspection report

Clinton Street
Winson Green
Birmingham
West Midlands
B18 4BJ

Tel: 01215549101

Date of inspection visit:
29 August 2018
04 September 2018

Date of publication:
08 October 2018

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 was unannounced and took place on 29 August 2018. We agreed with the registered manager to return on 04 September 2018 to complete the inspection. This was the first inspection since the provider had registered the location on 09 December 2016.

The home is registered to provide accommodation and personal care, for a maximum of 80 people and there were 70 people living at the home on the first day of the inspection and 71 people on the second day of the inspection.

A registered manager was in place. A 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 felt safe living at the home. Staff were available to people and demonstrated good knowledge about people living at the home.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were supported by staff to have their medicines and records were maintained of medicines administered. Staff maintained good hygiene and used protective clothing when appropriate.

Staff attended regular training to ensure they kept their knowledge updated to support people living at the home. The principles of the MCA (Mental Capacity Act) had been applied. Deprivation of liberty safeguarding (DoLS) applications had been made and reviewed appropriately. Staff understood the importance of gaining people's consent to care and supporting people's choices.

People enjoyed a good choice of meals with menus reflecting people's cultural heritage. People were supported to access professional healthcare outside of the home, for example, they had regular visits with their GP and any changes to their care needs were recognised and supported by staff.

People said staff were caring and treated them with respect. We saw people were relaxed around the staff supporting them and saw positive communication with staff. Staff showed us that they knew the interests, likes and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.
People knew how to raise concerns and felt confident they could raise any issues should the need arise and that action would be taken as a result.

People, relatives and staff were positive about the overall service and complimented the registered manager and the improvements made under their management. The registered manager demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. The quality of service provision and care was monitored by the management team and actions taken where required.

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 received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns.

People were supported by sufficient staff to meet their needs and provide support when needed.

People were supported by staff to take their medicines when they needed them to support their health needs.

People were protected from harm by the prevention and control of infection. Staff had access to and used protective clothing when appropriate.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People enjoy the meals provided and menus we saw offered variety and reflected people's cultural heritage.

Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People said they liked the care staff who supported them and staff provided care that took account of people's choices.

People were supported by staff who respected their privacy and dignity.

Relatives were free to visit whenever they wanted and felt welcomed and supported by staff too.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

People chose how they spent their day and were supported to enjoy a range of activities.

People and relatives felt supported by staff to raise any comments or concerns about the service.

Plans were in place to support people at the end of their life to receive the care they wanted.

Is the service well-led?

Good

The service was well-led.

People liked living at the home and told us it was well managed. Relatives said improvements had been made by the management team and gave positive feedback about the service.

People were cared for by staff that felt supported by the management team. Staff were clear on their roles and responsibilities and said the registered manager had a clear vision on improvements for the home.

The management team had systems in place to check and improve the quality of the service provided and take actions where required.

Clare Court Care 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 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 the 29 August 2018 and was unannounced. The inspection team consisted of one inspector, two specialist advisors and an expert by experience. A specialist professional advisor is someone who has a specialist knowledge area. One advisor was someone who had nursing expertise and the second was an occupational therapist advisor looking at equipment and manual handling practice and assessments. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We agreed to return and complete the inspection on 04 September 2018, when the inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also contacted the clinical commission group (CCG) and the local authority about information they held about the provider. This helped us to plan the inspection.

During our inspection we spoke to nine people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We also spoke with four relatives of people living at the home during the inspection. We also spoke with four relatives by telephone.

We spoke to the regional manager for the provider, the registered manager, the deputy manager, three nurses, four care staff and the assistant chef. We also spoke to the provider's dementia care lead by telephone. We looked at records relating to the management of the service such as, care plans for nine people, incident and accident records, medicine management records, three staff recruitment files and quality audit records.

Good

Is the service safe?

Our findings

People we spoke with told us they enjoyed living at the home and they felt safe with the support of staff. One person told us, "I feel safe because they [staff] are patient, they take their time with me." Staff told us they had received training in safeguarding and knew the different types of abuse. All staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe. Staff confirmed the provider had a whistleblowing policy in place.

People told us staff knew how to keep them safe. For example, one relative told us, "[Person's name] used to be prone to falls but hasn't had any while they've been here. They use a [walking] frame and has rails in the bedroom." Staff we spoke with knew the type and level of assistance each person required. For example, the number of staff required to support people on different activities to keep people safe.

All people we spoke with told us staff were available when they needed them. One person commented, "Yes there is always someone [staff] around. If I press the buzzer they come within a few minutes." All staff we spoke with told us they felt there was enough staff to support people living in the home. Staff also said there was a consistent staff team. One member of staff said, "There are enough staff to meet people's needs. If someone [member of staff] is off work we cover from within the team." The registered manager told us staffing levels were set by the provider at the start of the year but if the needs of people increased the provider would support additional staff. They advised that following feedback from a relative they had also changed staff allocations on one floor to ensure staff were available to people's personal care needs during mealtimes.

We checked three staff files and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited.

People we spoke with said staff supported them with their medicines. We spent time with a member of the nursing staff during a medicine round and looked at medicines. We saw people were offered their medicines with the nurse offering support and guidance. We checked that medication was stored and disposed of appropriately and that records were maintained of medication administered.

We did find that although prescribed skin creams were being administered by staff, consistent administration records were not being maintained. We discussed this with the registered manager and the regional manager; they advised that this had previously been highlighted in quality audits and action taken. They both confirmed this would be immediately addressed again following the inspection.

People were protected from harm by the prevention and control of infection. We saw that a housekeeping audit was completed monthly to ensure the required standard was maintained. Staff told us and we saw they were supplied with uniforms and there were stocks of personal protective equipment such as gloves

and aprons. Clare Court was awarded a Food Hygiene Rating of 5 (Very Good) by Birmingham City Council on 16 June 2017.

The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. A copy of the record was also sent to the provider's regional manager for information and to assess the actions taken by the home and any lessons learnt. There was also shared learning across the providers' homes at manager meetings and via the home's computer system.

Good

Is the service effective?

Our findings

People were supported by staff that received regular training and knew how to meet people's needs. The staff we spoke with explained how their training increased their knowledge and improved their practice. For example, one member of staff told us manual handling training had provided them with the confidence they were supporting people correctly and was put into practice every day. Two nurses we spoke with also confirmed they received ongoing training.

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. Staff understood the importance of asking for people's consent before providing support. We saw that when one person refused support, the staff member respected this. Staff told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices and we saw examples of this throughout our inspection. We also saw records of best interest meetings when decisions had been made on behalf of people.

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). We checked whether the service was working within the principles of the MCA and saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. The registered manager also had a process in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed. Staff we spoke with confirmed they had received MCA and DoLS training.

People enjoyed a good choice of meals. One person said, "You get good food and there is always a choice. You get asked what you would like on the menu." We saw menus reflecting people's cultural heritage; people told us Caribbean meals choices were available and two relatives also confirmed that Asian food was available for their family member.

We saw that although people made meals choices from a menu for the next day, at each meal people were also given a visual choice of the meals available to help them choose. We saw that people were supported with a choice of drinks throughout the day.

On the first day of our inspection we observed the lunchtime meal. Although people enjoyed their meals and gave positive feedback about the food, we found that the dining experience could be improved for people. We noted a number of people needed staff to assist them to the dining room, this meant some people were left seated in the dining room for over 30 minutes before their meals were served and there was no background music or chatting. On the second day we saw improvements had been made and meals were served to people waiting whilst other people came through to the other tables. Music was also played

in the background, which staff discussed with people to ensure it was music they enjoyed.

We saw some people were supported with specific diets to meet their health care needs, for example, softened food where they may have difficulty swallowing. The assistant chef was knowledgeable about people's preferences and dietary needs. For example, where people required softened meals or disliked certain foods. They advised they talked to people during mealtimes to get immediate feedback and menus were also discussed in resident meetings. This was confirmed by one person we spoke with who said, "We have meetings where we go and discuss food or what should go on the menu."

People's healthcare needs were monitored to make sure any changes in their needs were responded to and people had access to healthcare professionals. One person said, "If I want to see the doctor I just have to ask them [staff]. I have told them I want to see the optician. The chiropodist does a good job." Another person commented, "There is no problem. The staff arrange all that [healthcare appointments] for you."

The home was bright and well-lit and communal areas were well decorated. We saw that consideration had been given to the wall pictures so that they would reflect people's cultural heritage. For example, we saw British seaside pictures alongside Caribbean beach pictures. We also saw people's rooms were personalised and reflected their life histories and interests.

However, we found that all floors of the home were uniformly decorated, therefore we spoke with the provider's dementia care lead to ask how the environment supported people living with dementia. They advised the provider was introducing a new programme of dementia support across all of their homes. Based on research the provider was looking to make homes 'object rich environments' to reflect people's life histories and interests and they also planned to introduce new signage into the home.

Good

Is the service caring?

Our findings

People spoke positively about staff that supported them and described them as respectful and caring. One person told us, "They [staff] are always kind and helpful even when I am moaning….especially when I am moaning at them." Relatives we spoke with also said staff were caring. One relative commented, "The staff are absolutely brilliant. I'd give them 10 out of 10."

During our inspection we saw that staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member of staff talk to them and offer reassurance. We saw the person become more settled in response.

We also saw people had developed positive relationships with staff. For example, we saw a member of staff had a good knowledge about one person as they chatted to them about their interests and activities. The person smiled and laughed and appeared happy with the conversation. One relative we spoke with commented, "The staff are very good, they know more about [person's name] than I do."

We saw people were supported to maintain their independence. One person told us they valued their independence very much. They commented, "I get up when I want to….. as long as someone comes with me I can go out to the shops." We also saw that at meal times staff supported people by asking if they would like their help to cut their food before encouraging people to eat their meals themselves. Staff then returned a little while later to offer further assistance if this was then needed.

The service had six dignity champions in place; these were staff who provided guidance on dignity for other members of staff. Staff told us the dignity champions provided feedback in staff meetings and had also made a video for the home's Facebook page.

People told us they were involved in the day to day planning of their care and they were able to make choices about their care. People told us they chose how and where to spend their day. One person told they chose to stay in their room. They commented, "I keep myself to myself. They [staff] understand that and leave me alone when I need to be." However, we found limited evidence of people being involved in more formal reviews of their care. We saw one care plan had been signed by the person to confirm their agreement, however, care plans for other people contained less information regarding the people's input. We discussed this with the regional manager and they showed us that internal audits had identified this issue and in response letters had been recently been sent to relatives advising them of forthcoming reviews and encouraging their participation in support of their family member. This initiative was new therefore we were not able to comment on its effectiveness at this inspection.

People's relatives told us they were able to visit when they chose, and they felt welcomed by staff. One relative told us they visited frequently and always felt welcomed, they added, "The atmosphere is very good. I always have a laugh with the staff."

All staff we spoke with spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I like to work for people and like to see them happy. That's the best part of my job."

Good

Is the service responsive?

Our findings

Staff were responsive to people. One person said, "They know me well and keep me informed about what is going on." Relatives we spoke to also told us staff supported people's individual needs. One relative commented, "Staff know [person's name] very well. They know their day to day routine and they support them to do things they want to do each day." Another relative told us of the progress their family member had made since living in the home. They said, "You should have seen [person's name] when they first came. Look at them now. They [staff] have put them back on their feet."

Care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care. Life story boards had also been developed as part of the provider dementia care programme. The boards contained information on the person's life history and included images of things that were important to them. For example, images reflecting their occupation, favourite football team or hobby. Two relatives told us how they valued the life story board. One relative said, "There was lots of things from [person's name] earlier life that I didn't know so I learnt things too." Staff also told us the boards had been used by visiting professionals as a conversation point when they met with people.

People, relatives and staff we spoke with told us that people enjoyed a range of activities. People told us how they enjoyed both group and individual activities which they felt had improved under the new management. A notice of activities was available to people and was included in the monthly newsletter. One person pointed out the notice to us to say how much activities mattered to them. People told us they chose whether or not to participate. One relative also told us how they had enjoyed the royal wedding in a marquee especially erected for the occasion for people and their visitors to enjoy.

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover and a diary of medical appointments. Relatives we spoke with said communication was good and they were updated with any changes in their family members health.

People and relatives told us they felt able to raise any concerns they may have with staff. One person told us, "I have been on the radio to speak out about elderly care. I have a circle of friends who wouldn't hesitate to speak up if something was wrong." One relative told us when they did have a concern they had spoken to the registered manager, who took action and responded. We saw that the complaints procedure was available throughout the home and was also printed in the monthly newsletter. We saw where written complaints had been received during the last twelve months, these had been investigated and the supporting documentation showed the progression and conclusion of the complaint.

At the time of the inspection no one was currently being supported on end of life care, however we saw care files included information on advanced decisions to give guidance on the support people wanted to receive at the end of their life. We also saw that staff received end of life care training. We spoke to one relative who said good support had been given to their family member. They told us they had used their family members

life story board at their funeral as it captured so well information on all the things that were important to them and the things they enjoyed.

Staff were aware of the individual wishes of people living at the home that related to their culture and faith. The registered manager advised they were not formally aware of anyone living at the home who identified themselves as being Lesbian, Gay, Bisexual or Transgender, (LGBT) but the home was an inclusive and anti-discriminatory environment and all relationships were respected. We also saw that the monthly newsletter signposted people to community and support services such as ageing better and the Birmingham LGBT organisation.

Good

Is the service well-led?

Our findings

People and relatives spoke positively about living at the home and the way it was managed. One person said, "No doubt it's well run, all the staff know what they are doing, and the manager is great." One relative also commented, "I would recommend the home to anybody. The new management have made improvements."

There was a registered manager in place who was present during 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.

People and relatives told us they liked the registered manager. One relative said, "[Registered manager's name] is brilliant; you see them walking round making sure everything is OK. They get themselves involved. Things have improved under their management." Staff also told us they felt supported by the registered manager, who they said encouraged an open culture and had brought improvements to the home.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a programme of regular checks in place to review areas such as infection control, equipment and care plans. We found that where areas requiring improvements had been identified, action had been taken.

In response to feedback the registered manager held a weekly manager surgery so people and relatives could come and talk to them. The registered manager held the surgery the same time each week, so people knew in advance when they could see them either by calling into their office or by telephone. Two relatives told us this was a good idea and worked well but confirmed they saw the registered manager around the home and felt they could approach them anytime.

A detailed newsletter was produced each month giving people and relatives updates on activities and menus plus monthly feedback from the registered manager. We saw regular residents and relatives meetings were held for people to give feedback on the service provided and also share information such as the schedule of activities, the outcome of internal reviews and staff updates.

The registered manager told us they had a clear vision of the way they wanted the home to be. They said, "We are here to learn and take the service forward." They also told us of some of improvements put in place. For example, a new weekly risk meeting was in place to ensure timely action was taken when people's health changed. We saw copies of the notes from meetings held and the regional manager told us the meeting was working well. We also saw that WIFI was being fitted throughout the home to support online activities with people such as reminiscence activities and to enable people to maintain online contact with friends and relatives.

Records we saw showed the staff team worked with other agencies to support the well-being of the people living at Clare Court. For example, we saw referrals to GP, dentists, opticians and the registered manager advised they worked closely with the clinical commission group (CCG) . The management team also produced a 'useful information booklet' for people and their relatives which had been developed to include information on the local community services including the local post office and shops, transport routes, ring and ride services and local places of worship.

We spoke to the provider's regional manager. They told us they received weekly management reports from the home summarising all events within the home. If they identified an area requiring more information a full report would then be requested. If further actions were then required, an action plan would be put in place to log and record the actions taken. They advised they were happy with the improvements made in the home.