

Avery Homes Rugeley Limited

Horse Fair Care Home

Inspection report

Horse Fair
Rugeley
Staffordshire
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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on the 4 November 2014 and was unannounced.

Horse Fair Care home provides accommodation and personal care to up to 72 people, some of whom may be living with dementia.

The home has a registered manager. 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. The registered manager was not available on the day of the inspection.

At our previous inspection in May 2014 we found the provider had insufficient staff to keep people safe. At this inspection we found that improvements had been made. New staff had been recruited and there was sufficient staff to meet the individual needs of people who used the service.

Summary of findings

People were safe. Staff knew what constituted abuse and reported it appropriately through the provider's and local authority safeguarding procedures.

Risk assessments were in place which supported people to remain safe whilst remaining as independent as they were able to be.

Recruitment processes were robust and ensured that prospective staff were fit to work.

Medicines were stored and managed safely. People had their medication at the prescribed times.

Staff had received training and supervision to ensure they were effective in their roles. New staff had a period of induction to ensure they were competent.

The provider recognised the requirement to work within the guidelines of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). Referrals were in the process of being made for people who may have been restricted of their liberty.

People had a healthy choice of food. When people required more support to meet their nutritional needs, plans were put in place to monitor and ensure that people received adequate food and fluids, however people living with dementia would have benefited from having their individual needs assessed.

People's health care needs were met. Records showed that people were supported to see a health care professional when they became unwell or their needs changed.

From our observations and talking to people who used the service, people were treated with dignity and respect. Interactions between staff and people were kind and compassionate.

People and their relatives were fully involved in their own care planning. Where able people had signed their own care plans.

Activities were on offer to support people to participate in their hobbies and interests

People knew how to complain if they were not happy with the service they received. Contact numbers for other support agencies were readily available in the living areas.

Resident, staff and relative meetings took place on a regular basis. Minutes were recorded and we saw examples of where action had been taken when suggestions had been made at the residents meetings.

Staff told us that they felt supported by the management. The registered manager had been absent for some time and the deputy manager was acting as manager. Staff told us that this had not affected the running of the home and they continued to deliver good quality care.

The provider kept us informed of any significant incidents and had systems in place to monitor the quality of care being delivered.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Safeguarding procedures were followed when staff suspected abuse.

There were sufficient staff to safely meet the needs of people who used the service. Checks were made before new staff were recruited.

People had their medicines at the correct times and in a safe way.

Good



Is the service effective?

The service was not consistently effective.

People's nutritional needs were being met, however some people could have benefited from more effective use of available utensils.

Health care professionals were involved when a person became unwell or their needs changed.

Requires Improvement



Is the service caring?

The service was caring.

People told us that they felt well cared for. We observed that staff were kind and compassionate towards people.

Staff respected people's choices and were able to tell us people's individual needs and preferences.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in the planning of their own care.

Hobbies and interests were on offer to all people to keep them stimulated and avoid becoming isolated.

Concerns and complaints were encouraged and acted upon to promote improvement of the service.

Good



Is the service well-led?

The service was well led.

The registered manager was absent however appropriate arrangements had been made to ensure adequate management support.

The provider had made the required improvements following their previous inspection.

Good



Summary of findings

People who used the service and staff were involved in the way the service was run.

Horse Fair 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 checked 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.

The inspection took place on the 4 November 2014 and was unannounced.

The inspection team consisted of two inspectors, a specialist dementia advisor 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

Prior to the inspection we looked at the information we hold about the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports.

We spoke to 10 people who used the service, three relatives, five staff and the deputy and area manager. We pathway tracked four people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Other records we looked at were the staff records, rosters, recruitment procedures and the provider's quality monitoring audits.

Is the service safe?

Our findings

At our previous inspection we found there was a breach of Regulation 22 as there was insufficient staff to meet people's needs. We had observed that people's needs were not always met in a timely manner and people were spending long periods of time unsupervised. At this inspection we saw that improvements had been made. The provider had recruited to a new position of hostess in both areas of the home. The hostess was responsible for serving people their meals in the dining area. This meant that care staff were now free to concentrate on care duties. We saw that there were also additional recreational staff employed to support people to become involved in their chosen hobby or interest. They told us that they also spent time with people who preferred to stay in their own bedroom.

Whereas previously people had to wait an unacceptable amount of time to have their needs met when they had used their call bell, we saw that they were now answered in a timely manner. The provider had purchased individual pagers for staff so they could quickly identify whose call bell it was and respond. We asked one person if their call bell was responded to in a timely manner and they told us: "It's quicker now than it used to be".

Previously people's medicines were not administered at the correct times as staff were involved with other activities and the morning medication was still being administered at 12.30pm. Now that there was a hostess role in place, senior staff were able to start the medication round earlier and ensure that people received their medicines when they needed it.

Some people needed encouragement to have their medicine, when this was the case, staff were kind and patient. We observed a medication round and saw that people's medicines were administered safely. Senior staff knew people well and how they liked to have their medication. We found that medicines were kept in a lockable trolley in a locked clinical room in both areas of the home. Only staff who were trained appropriately were able to administer medicines.

We asked people if they felt safe. One person told us: "Oh yes, I don't know how many staff there are but they are very, very nice", another person said: "Oh yes, I trust the staff as well". The management and staff knew how to keep people safe if they suspected someone had been harmed. Care staff told us they would report any concerns they had to their senior staff or manager. The manager and deputy manager followed the guidance of the safeguarding procedures and had raised safeguarding referrals to the local authority for them to investigate.

We saw that people had the equipment they had been assessed as requiring. People used walking frames, pressure cushions and pressure mattresses. There was assistive technology in place such as pressure mats which alerted the staff to the fact that someone was moving about in their room when they had been assessed at being at high risk of falls. The staff knew why these were in place and responded to any alerts. We saw risk assessments to ensure that people were supported to walk safely and for people who were at risk of falls and staff knew about how to support these people.

Is the service effective?

Our findings

People had a choice of food and drink throughout the day. The dining rooms were laid out nicely and it was evident that the provider was thinking about the 'whole dining experience' being a pleasant one. However, the setting did not meet everyone's needs. We observed that some people who were living with dementia were struggling to use the utensils available to them. We saw three people who would have benefited from specialised eating utensils such as plate guards and adapted knives and forks to prevent food from falling off their plate. Everyone was offered a wine spritzer in a small glass at the beginning of their meal. Some people were seen to have difficulty in tipping the glass as the opening was too small and the stem too difficult to hold for them. We saw one person who due to their health condition was shaking. We saw that although they were given a two handled cup they still kept spilling the drink on them every time they took a sip. We saw that there was a beaker with a lid available to use, however staff told us that the management discouraged people from using it to promote their dignity, although the cup used did not meet their needs.

Staff we spoke with had knowledge of the Mental Capacity Act 2005 and how to apply it. The Mental Capacity Act (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. We saw that some people's capacity had been assessed to reflect their ability to make specific important decisions for themselves. Care staff were able to tell us how they supported people to make decisions and that they followed their plans of care. We observed that staff offered people's choices throughout the day. People were able to get up when they wanted, join in activities or not, choose what to wear and what to eat and drink and their choices were respected.

We saw that Deprivation of Liberty Safeguards (DoLS) applications were being made where the manager had considered that a person's liberty may be restricted. The Deprivation of Liberty Safeguards (DoLS) ensures that when people have their liberty restricted this is done in a manner that protects their rights.

Some people had complex needs and behaviour that challenged. We saw that there were clear plans to inform the staff to support people when they became anxious and that the appropriate external support such as a mental health nurse was involved when it was required. Records were kept to ensure that patterns of behaviour were identified. The staff told us that this information was used to help inform the health professionals that were supporting people to manage their behaviours.

New staff had a period of induction before being able to work alone. Staff we spoke with told us that they felt supported and had regular meetings with a line manager to discuss their personal development and support provided to people. They said this helped them to understand how to support people in the right way.

People received health care support when required. There were two GPs visiting people due to health concerns. People could choose whether to receive a home visit or go to the GP surgery. We saw that people had chiropodist and optician appointments and they were supported to attend other health appointments when necessary. We saw when people's needs changed and they required a change in their care routine, short term care plans were put in place. In one person's records we saw that when they were prescribed a course of antibiotics a short term plan was put in place to ensure that staff were aware and people received the care they needed.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind and caring. One person told us: “Yes, it’s very good here; I don’t think I’ve been unhappy”. One person told us: “They’re [staff] pretty good”. All staff interaction with people was observed to be of a kind and caring nature.

We saw lots of visitors to the home. Relatives and friends were free to visit at any time except meal times which the provider had protected as time for people to enjoy their meals without interruption. This arrangement was not rigid and we saw that relatives were able to visit their family member at mealtimes if they were supporting them to eat and drink. One person’s relatives came every day at lunch time to help and support their relative to eat. This meant that the service recognised people’s individual needs in relation to flexibility in visiting times.

Some people had become friends since living at Horse Fair. One person told us that they had met someone who had lived close to them in the community and who knew lots of the same people they knew. They enjoyed spending time

talking about the ‘old days’. Group activities were planned and people were able to choose whether they joined in or not. One person told us: “I like to play dominoes with my friend in the evening, they have a little glass of wine too”.

Regular meetings took place with people who used the service. We saw that only six people attended although everyone was invited. One person told us: “We have resident’s meetings and relatives meeting too, I find them quite interesting, if I have any grievance I don’t waffle it, I air it”. We saw minutes of the meetings and saw that actions had been taken when issues had been raised in the meetings. For example, people had requested more salt and pepper condiments and these had been purchased.

On the notice board in the living areas we saw contact numbers for advocacy services and the local authorities. These were available if people required extra support in raising any concerns they may have had about the service. One person told us: “If I’ve got a complaint I can go to any of the staff or the boss”.

We saw that people’s dignity was respected. People were supported in a discreet manner when being assisted with their personal care needs, toilet and bathroom doors were shut when people were being supported. We did not see anything during the day that compromised a person’s dignity.

Is the service responsive?

Our findings

People who used the service told us that they were actively involved in their care planning and had daily choices. One person told us: “My quality of life since I’ve been here has never been better, the activity lady has created the opportunity for me to be creative and I haven’t looked back since”.

The provider had increased the activity coordinator hours so that there was now someone available to support people with their chosen hobby or interest seven days a week. We saw a weekly activity plan which was in an easy to read format for people who required it. People were encouraged to participate in their chosen hobbies and interests but if they refused their choice was respected. There was a gentle exercise class in the morning and one person who used the service facilitated a bingo session in the afternoon. Some people liked to spend time in their own room, they had daily papers delivered or enjoyed watching television or listening to the radio. The activity coordinator told us that they tried to speak to everyone every day to ensure that they knew what activity was going on that day. A relative told us: “My [relative] has more opportunities here than they ever had at home, they were stuck at home”.

We saw some people were being visited by members of the local church. There were planned religious services for people wished to attend that met people’s diverse needs. The home facilitated concerts and the activity coordinator told us that they were always looking for new ideas to involve the local community. Some people told us they would like to go out more often. One person told us: “We don’t get out much which I miss, there’s not a great deal of

choice for me personally, there’s a lot to do if you don’t want to go out”. The activity coordinator and the management team recognised this was an area that required more work.

Prior to admission into the home the manager completed a pre admission assessment to ensure that they could meet the person’s needs. Care plans and risk assessments were then completed which informed the staff how to best support the person and highlighted their individual preferences. When people were able to they had signed their own care plans agreeing to their care. We saw that the care plans were regularly reviewed with the person to ensure that care being delivered was appropriate.

Some people required extra support to maintain their independence with the use of walking frames or assisted technology such as mats that would alert staff to the fact that people were moving about unsupervised in their bedroom. There were risk assessments for the use of these in place and staff knew how this equipment should be used to support people. Some people used call bells to call for assistance. We saw that these were available to people. People told us that the staff came quickly when they called. One person told us: “It’s got quicker” and another person said: “If I’m in any trouble I just press my buzzer and they come”.

People knew how to raise any concern. One person told us: “Oh yes, I know how to complain I wrote to the management about a problem and they are dealing with it”. The complaints procedure was visible in the living areas for people to refer to. We saw that complaints were dealt with according to the providers policy. People were able to tell us who they would complain to if they needed to.

Is the service well-led?

Our findings

Meetings for people who used the service, their relatives and staff were planned and held regularly. They were clearly advertised within the home. We saw minutes of the meetings and that action had been taken when areas for improvement had been identified. One person told us: “Most times you’re attended to quickly, they’re very good actually. You’ve got to look to find a genuine complaint”.

Staff we spoke with told us that they felt supported by the management and were able to contribute to how the home could improve. Staff had regular supervision and annual appraisals to discuss their personal development and any of weakness that they may require further support in. One staff member told us: “Avery Homes spend on whatever’s needed here, they don’t skimp if things need improving”, another staff member told us: “The management are very visible”. We saw that the manager kept a record of when staff supervision and appraisal was due to ensure that everyone received the support they required.

The registered manager had been absent from the service for a few weeks. The deputy manager was acting as manager in their absence. We had received notifications of any significant incidents and we were aware that the home worked within the guidelines of the safeguarding

procedures and liaised with the local authority when they suspected someone had been abused. There was a clear record of open and closed safeguarding investigations and the outcomes.

Care records were clear and comprehensive and regularly reviewed. When people required short term plans of care these were put in place. Plans and risk assessments were in place for people with specific health care needs. If people required their health monitoring for example; with their food and fluid intake we saw that this took place and that these were checked by the manager to ensure that the appropriate action took place if someone’s needs changed.

The area manager showed us that the provider had a recent internal quality inspection. There was a clear action plan for identified improvements. The deputy manager and area manager demonstrated openness about the areas that required further improvement. There were audits in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified an action plan had been put in place to improve. This demonstrated the home had a culture of continuous improvement in the quality of care they provided.

Complaints and compliments were actively encouraged with the use of a suggestion box. The complaints procedure and a book for compliments were available throughout the home for people to use. This meant that the provider was looking to seek people’s views to continue to improve the service being delivered.