

Avery Mews Limited

Avery Mews

Inspection report

Railway Street
Heckmondwike
West Yorkshire
WF16 0ND

Tel: 01924403001

Website: www.brighterkind.com/averymews

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

About the service:

Avery Mews provides accommodation and personal care for up to 45 older people, including people who are living with dementia. At the time of our inspection there were 45 people living at the service.

People's experience of using this service:

We have made a recommendation about the living environment on the subject of dementia.

There were systems in place to monitor the quality of the care provided although these had not picked up some areas that required improvement as identified in our report.

People told us they received safe care and were happy living there. Safe recruitment procedures were in place. There were enough staff to take care of people and staff received appropriate training. Staff were supported by the registered manager and were receiving formal supervision and annual appraisal where they could discuss their ongoing development needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff training in key areas was up to date.

People were treated with kindness and compassion. Staff respected people's privacy and dignity and people were supported to be as independent as possible. Staff had built positive and caring relationships with people.

People received personalised care that was responsive to their needs and preferences. It was clear from our conversations with staff they knew people's needs well. People knew how to make a complaint, although nobody we spoke with had.

People were supported to access healthcare professionals.

People's feedback was sought regularly and acted upon. We received positive feedback about how the service was managed.

Rating at last inspection:

At the last inspection the service was rated 'good' (report published 11 November 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Avery Mews

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector, an adult social care assistant inspector and a specialist advisor conducted the inspection on day one. A specialist advisor is a person who has specialist knowledge of people who use this type of service. Their expertise was in people who live with dementia who use regulated services. Day two of the inspection was carried out by one adult social care inspector.

Service and service type:

Avery Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 7 and 10 May 2019. The first day was unannounced.

What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested

and received feedback from other stakeholders. These included the local authority safeguarding team, the local authority contracts team, infection control team, the fire service and Healthwatch Kirklees.

During the inspection, we spoke with three people who used the service, three relatives and three friends of people who used the service to ask about their experience of the care provided. In addition, we spoke with two visiting healthcare professionals during the inspection. We spoke with the registered manager, regional support manager and ten members of staff, which included seven members of care staff, an activity co-ordinator, domestic and chef.

We reviewed a range of records. This included care records for four people, a selection of medicine records, recruitment records for three staff and other records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- We observed different practices for management of medicines between the ground floor and the first floor. We observed no concerns regarding the administration of medicine on the first floor and found medicines were safely managed, stored appropriately and medicine records we checked had been completed accurately.
- Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately. There was a controlled drugs medicines policy in place. We observed one instance whereby only one member of staff administered the person's controlled drug. The safe administration for controlled drugs requires two members of staff to administer the medicines at all stages of the process.
- Body maps were not always in place for external medicines such as creams and ointments. There was an absence of signatures to confirm creams had been administered.
- We saw one staff member use the same medicine pot more than one person when supporting people with their medication. This is not good practice due to the potential of cross contamination of medicines.
- One person had a homely remedy available in their room. Records relating to homely remedies had not been completed. The home operated a homely remedy policy. We raised our concerns with the registered manager and regional support manager. On day two of inspection we saw appropriate action to address our concern had been taken. After our inspection the provider stated the home were not aware family members had brought in a homely remedy for the person the previous evening. They also said staff knew to check medicine records to see whether the person had received paracetamol before administering homely remedies.
- Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.
- We observed staff administering medicines on both floors to be patient and respectful when providing support to people to take their medicines.
- Staff who administered medicines had completed up to date training and their competence was checked regularly.

Assessing risk, safety monitoring and management

- Risk was not always appropriately assessed. One person did not have an effective plan in place regarding the regular monitoring of their feet, however, we noted the person was seen by the chiropodist on a regular basis. We saw one person's weight loss assessment was not updated correctly within the care plan although appropriate timely referrals were made to healthcare professionals. We saw the person had a food diary and was weighed regularly.

- People told us they felt safe. One person said, "Oh yes, I feel safe here."
- Care plans contained risk assessments and provided instructions to staff to reduce the likelihood of harm to people when being supported.
- Where people were unable to verbalise feelings of pain, we saw a pain support assessment was included in their care plan; this guidance enabled staff to understand facial expressions to better understand a person's needs regarding pain management.
- Regular safety checks took place to help ensure the premises and equipment were safe. One stair well was being used to store wheelchairs and hoist equipment underneath. We found two items had encroached into the exit pathway due to how they had been stored. We raised this concern with the registered manager who immediately organised for some of the equipment to be moved to more permanent storage.
- Practice fire drills were held to check potential risks to people from an emergency evacuation. Personalised fire evacuation plans were in place to guide staff and emergency services about the support people required in these circumstances.

Preventing and controlling infection

- We did not observe residents being asked if they wished to wash their hands before mealtimes and we did not see antibacterial hand gel available for people to use. We fed back these observations to the registered manager on day one of inspection. On day two of inspection the registered manager told us warmed lemon wipes were now provided on the dining room tables for people to use before and after meal times and initial feedback from people had been extremely positive. They further told us hand gel dispensers would be installed where appropriate.
- People told us staff wore gloves and aprons when providing personal care and all staff we asked told us they had access to adequate supplies.
- Staff had received training in infection control. One person said, "Yes, staff use gloves and that when helping me. They chat to me all the time, tell me what they are doing. They are friendly and helpful." A relative told us, "The cleaning is really good here. The home never smells."
- The service was awarded a five-star rating by the local authority environmental health department. Five is the highest score available.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of the people using the service. The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required during the day time were deployed. The dependency tool indicated five staff members were required during the night and we saw instances where the rota recorded only four staff members working. We saw staff level risks were appropriately assessed and there was a night time on-call management rota in place. The registered manager also told us they had successfully recruited for two additional night staff and were waiting for final employment processes to be completed.
- Staff we spoke with did not have any concerns around staffing arrangements; they told us there were enough staff to meet people's needs.
- We asked people, their relatives and a friend of someone who lived at the home whether there were enough staff. One person told us, "Yes, there are always staff around to help me." A friend of a person who used the service said, "There's always someone about."
- Recruitment practices were of good quality and suitable people were employed.
- The management team had established a 'recruit with a resident' scheme which empowered residents to have a voice in the service by giving an opportunity to be involved with the staff recruitment and induction process.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when abuse occurred.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had reported abuse to safeguarding when it was identified.

Learning lessons when things go wrong

- The registered manager was keen to develop and learn from events. We saw accidents and incidents were appropriately recorded. These were reviewed and monitored for any themes or patterns to take preventative action.
- The registered manager shared lessons learnt to ensure best practice was maintained with staff at handover meetings, team forum and team meetings.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The first floor of the home was dedicated to support people who lived with dementia. The floor had recently been redecorated and the carpets in communal areas had been replaced. We saw some picture signage was in place to assist people to navigate around but these had not always been placed in prominent places. For example, signage to direct people to the dining room and lounge was located on corridor doors which were kept in an open position during the day and therefore it was not easy to see the signs. Bedroom doors had memory boxes beside them, however, every door was painted white and the handrails and lower wall area were painted a shade of brown which may not be easy colours for people to identify. Pictures hung in the two corridors were of a similar colour and image and were not dementia friendly.
- We observed there were 16 comfy seats within the first-floor lounge and two armchairs on the corridor outside the lounge available for 23 people. On both days of inspection, we found all the seats were taken in the lounge and on the corridor. We observed staff crouching down to speak to residents. We asked staff where visitors would sit when they came to visit people. They told us they would take a chair from the dining room to put into the lounge or utilise the dining room area.
- We fed back our observations to the registered manager and regional support manager who told us the provider had used a consultant to put together three potential schemes and the style and colour scheme reflected corporate identity. The registered manager told us residents had been asked to choose their preferred colour between the three schemes; We noted these had been verbal conversations and there was no additional written evidence available to demonstrate people had been consulted.

We recommend that the service finds out more about dementia friendly environments, based on current best practice, in relation to the needs of people living with dementia.

- Avery Mews was clean, bright and warm on both days of inspection.
- The ground floor residential environment although waiting to be redecorated and refreshed, was pleasant in appearance.
- Risks in relation to premises and equipment were identified, assessed and managed.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- People were supported by staff who had ongoing training. A relative told us, "Staff have the right skills to support [person]. There is friendly banter between staff and [person] and this helps them." We observed one member of staff who was supporting a person to sit at a dining room table use an inappropriate moving and

handling manoeuvre whereby they could have caused harm to themselves. The person they were supporting was not put in any danger of harm. We fed back to the registered manager so they could take appropriate action to reduce the risk of potential harm to the member of staff.

- The service gave people and their relatives and friends the opportunity to be involved in staff training sessions to see how staff were trained to look after themselves or their loved ones. We saw information displayed detailing the training sessions and dates.
- There was support from the management team provided to staff regarding appraisal and supervision.

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

- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services, such as GPs and district nurses. A visiting healthcare professional told us, "Staff are good at contacting us at the first stages of anything developing. For example, pressure areas."
- Information was shared with other agencies if people needed to access other services such as hospitals. For example, the service had established a hospital passport document which contained important healthcare information for hospital staff should the person be admitted to hospital.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
- Staff had received appropriate training and could explain what it meant.
- The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lack the mental capacity to make decisions were respected.
- Care plans were developed with people and where appropriate, their authorised representative. We saw consent had been sought for people to receive care and treatment.

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

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.

- Following the initial assessment, risk assessments and individual support plans were developed with the person and their representative where appropriate.
- The registered manager used evidence-based guidance, utilised the CQC website, email alerts and information provided by the provider's head office to gather knowledge. The management team attended local networks to share good practice to assist them to continuously improve their service.

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

- People had choice and access to sufficient food throughout the day. Food was well presented and looked appetising. The meal time experience was pleasant and relaxed. Background music was playing in the dining rooms.
- People were asked for feedback on food and the dining experience on a daily basis by the chef. A comments book was available for people to leave feedback
- We received mixed feedback from people and a relative around the quality of the food. A person told us, "On the whole it's nice food, sometimes it is all similar stuff." Another person said, "The food is nice." A relative told us they did not think the food choice was provided at a level it should be and also commented the same meal would often be repeated again in the week.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We overheard two instances where staff were discussing people who lived at the home by names in the reception area. On both instances, we observed no one else was within the vicinity of the area however, it is important to ensure people's privacy is maintained at all times. We discussed our observations with the registered manager who told us they would immediately address.
- Staff we spoke with understood the importance of maintaining people's privacy and dignity when supporting with personal care and gave examples of how they would implement this. One member of staff said, "I ensure doors are closed and people are covered up as much as possible." A second member of staff said, "I talk through what I am doing and keep the door shut and person covered."
- We observed staff respected people's privacy by knocking on bedroom doors and asking if they could enter the room.
- People's private and confidential information contained in care plans were appropriately stored in lockable cupboards.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated respect and care when providing support to people. We observed staff consistently spoke to people at eye level to engage fully with the person and give their undivided attention. Staff were consistently polite, courteous and engaged.
- Staff we spoke with described how they always promote people's independence and choice when providing care. Consent was always gained, choices and explanations always offered, and reassurances given at all times.
- Staff were kind and affectionate towards people and knew what was important to them. One member of staff said, "We put the resident at the centre of everything we do. You will not see our residents without their hair combed or looking untidy."
- Staff knew people well and we saw established, caring relationships between people. Staff spoke fondly of people and demonstrated a high level of knowledge of individual care needs.
- People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well. A relative told us, "I know that they [referring to members of staff] are all doing their best and all are really lovely and caring." A friend of a person who lived at the home said, "We always feel very welcome here and always offered tea and cake."

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

- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

- Staff told us they always gave people choices around their care and support delivery. We observed people being offered choices throughout the inspection.
- The service had a scheme whereby one person from each floor was selected to be the 'resident of the day'. The person's care plan would be discussed with the person, fully reviewed and updated where appropriate and involved staff from across the service. For example, a member of care staff, chef and the maintenance person.
- Staff told us people's care plans were reviewed monthly and rewritten every 12 months to ensure these were kept up to date.
- People who required it, had been supported to access advocacy services. Advocacy services are independent of the provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager was not aware of the Accessible Information Standard (AIS). All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. We discussed the requirements of the AIS with the registered manager and regional support manager and will check that this has been progressed at the next inspection. On day two of inspection, people's care plan contained a communication information sheet stating their communication needs and both floors had a photographic communication book. After the inspection, the provider confirmed a communication staff champion had been put in place to support the team with communication and accessible information.

- People's care plans contained information about people's needs. For example, information relating to personal preferences, life and social histories. Records evidenced the person and where appropriate their relatives were invited to the care plan review and any changes in the person's care needs were discussed and recorded. We asked members of staff whether they routinely looked in the care plans to familiarise themselves with a person's requirements and support needs. One staff member told us, "Everything is written in the care plan. I regularly look to see what has changed."

- Staff told us communication was good; they were kept informed when people's needs, or care choices changed.

- The home employed two activities co-ordinators who managed the 'magic moments club' activity programme. We saw a variety of activities individually tailored to people's needs. For example, a monthly church service. We spoke with one activity co-ordinator who clearly knew people well. They told us monthly activity meetings were held with residents to discuss and decide the activities for the following month and to get feedback on the previous month's activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. The registered manager told us they had not received any formal written complaints regarding the service. We saw informal complaints had been investigated and satisfactory resolved.

- Information on how to make a complaint about the service was also displayed in the home's entrance.

- People and their relatives we spoke with all confirmed they knew how to make complaints should the need arise. They said, "Absolutely, I feel I could make a complaint" and "I would have no hesitation in complaining;"

End of life care and support

- Care plans contained details of people's end of life preferences where people had felt able to discuss this

sensitive matter.

- The provider was caring for one person who required end of life care. This person's care plan indicated their care needs and support required and we saw evidence this had been reviewed recently.
- The registered manager had put together a selection of thoughtful and useful items that were available to support people, their families and loved ones at end of life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We saw audit processes were in place to monitor the quality of the service. For example, medicine management and care plan audits. However, we found some areas as identified earlier in our report which needed to improve and had not been picked up on through the existing quality audit systems.
- The deputy manager and staff understood their roles and responsibilities.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- Registered providers have a legal duty to display the ratings of CQC inspections prominently in both the home and on their website. We saw the previous inspection rating was displayed in communal areas and the rating, along with a link to the CQC report was also available on the registered provider's website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and staff had confidence in the management team.
- The registered manager was supported in their role by two regional support managers who alternated their monthly visits to the home. The regional support managers carried out monthly provider audit visits and we saw areas of improvement were identified and action taken.
- People and staff said the management team were approachable and they would raise any concerns with them straight away.
- All staff we spoke to were extremely positive about the senior management team and told us they felt supported by the registered manager. Comments included, "[Name] is brilliant. They are very approachable" and "The manager is fantastic. Their door is always open and can go to them for anything."
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company.
- Staff told us they worked as a team to deliver high standards of care.
- Duty of candour was met. People's families were communicated with appropriately.

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

- Feedback from people and relatives was sought via a survey. Positive feedback about the quality of care was received.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service.

- The registered manager operated an open-door policy and made themselves easily available to people using the service, relatives, staff and visiting healthcare professionals.
- The service had received several thank you cards which contained numerous positive comments from relatives about the service. A friend of one person who lived at the home told us, "We feel the staff here are good and the home is 'a cut above' other homes."
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.

Continuous learning and improving care

- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- The service had appointed 'champion' and 'dementia friends' staff roles. For example, dementia, falls and infection control champions. These staff members were responsible for becoming knowledgeable about their topic and sharing information with the rest of the staff team. Monthly champions meetings were held to address any concerns and consider best practice. Twelve members of staff had undertaken additional training to become dementia friends and were available to talk about living with dementia and advising on ways the team and family members could support people.
- The registered manager and regional support manager were proactive throughout the inspection in demonstrating how the service operated. They were open during the discussions about the areas of concern identified at this inspection. During the inspection, they kept us up to date of the actions they were taking to address the areas that required improvements. We found areas of improvement identified on day one had been rectified by day two of inspection.

Working in partnership with others

- The provider had forged close links with a local nursery whereby children visited the home on a monthly basis. The registered manager told us the feedback from everyone involved had been very positive.
- The service had an established dementia café, held regular coffee mornings and 'sing with us' sessions whereby local people were invited to come into the home and regularly joined in.
- People benefitted from the partnership working with other professionals, such as GPs, specialist nurses and a range of therapists.