

Avery Homes RH Limited

# Aran Court Care Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



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?

Requires improvement



### Overall summary

This inspection took place on 2 and 4 September 2015 and was unannounced. This was the first inspection since a change of provider took place at Aran Court in February 2015.

Aran Court provides accommodation and nursing care for a maximum of 86 people. At the time of our inspection 84 people were living at the home.

There was a registered manager at this home. 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.

We found people were not always fully protected against the risks identified as staff were not consistent in their response to our questions regarding the support people required. We found specialist lifting equipment had not received a service to ensure they were safe to use and it was unknown whether issues identified when the equipment was last serviced had been actioned.

# Summary of findings

Staff knew how to keep people safe from the risk of abuse and harm. They were aware of the action they would need to take if they were concerned about the treatment people received.

Staffing levels were sufficient to meet people's needs and could be adjusted to reflect changes in needs. Agency care staff were not used to ensure consistency in care provision. Staff were kind and caring and we saw people's privacy and dignity was maintained. People were supported to remain as independent as possible.

The registered manager had followed the principals of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when assessing people's ability to make specific decisions.

People were supported to have their medicines safely and routine healthcare needs were met by involving appropriate professionals.

People were supported by staff who were knowledgeable and received regular training. Staff were supported by the

registered manager and nurses to provide them with information needed to provide care to people. People had access to food and drink they enjoyed. Meal times were relaxed and people received the support and guidance needed.

People who lived at the home as well as their relatives were aware of how to raise concerns or complaints and felt these would be listened to and action taken to improve the service provided. The registered manager encouraged relatives to be involved and share their comments about the service provided. Relatives were made welcome and could visit their family member at any time.

The registered manager had systems in place to monitor and improve the quality of the service provided. However, these were not always effective in identifying changes in people's healthcare needs and in ensuring the environment and equipment were kept clean.

# 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 not always safe

People were always not kept safe because staff were not always aware of suitable action needed taken when risks were identified. People were supported by staff who knew how to protect them against abuse. People were supported by a sufficient number of staff.

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People enjoyed their food and were supported with food and drink when needed. People were consulted before care and support was provided and received appropriate routine healthcare intervention.

Good



### Is the service caring?

The service was caring.

People were positive about the care they received and found the staff to be kind and caring. People's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive

People were involved in their care and how this was delivered. People were able to engage and enjoy pastimes which were important to them. People living at the home and their relatives were able to raise any comments or concerns and these were responded to appropriately.

Good



### Is the service well-led?

The service was not always well led.

People were not always safe as internal audits and monitoring systems were not effective to ensure the environment and equipment were well maintained. People and staff found the registered manager to be accessible and open to comments and ideas to improve the quality of the service provided.

Requires improvement



# Aran Court Care Centre

## 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 2 and 4 September 2015 and was unannounced. The inspection was carried out by a total of three inspectors, two expert by experience and a specialist advisor. 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 looked at the information we held about the service and the provider. We looked at statutory notifications the provider had sent us. Statutory notifications are reports the

provider is required to send us by law about important incidents that have happened at the service. We also looked at safeguardings and concerns raised about the service provided.

We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 people who lived at the home as well as 11 relatives or visitors. We spoke to seven care workers, three nurses as well as the deputy manager, the registered manager and the regional manager. We also spoke with one healthcare professional.

We looked at seven people's records to check they had received care according to their needs and two staff records. We also looked at complaints, quality assurance audits and records associated with the management of the home such as service history records.

# Is the service safe?

## Our findings

We looked at how people were kept safe and the systems in place to ensure this. We spoke with staff on duty about how they kept people safe. We found staff were not always knowledgeable or consistent when we spoke with them about the use of specialist equipment or aids. For example we spoke with four members of staff regarding one person and received four different responses regarding the equipment to be used or the technique to be used.

People we spoke with and staff described the care provided to keep them safe. Risk assessments were in place for other areas of people's care. Some people were identified as at risk of weight loss. The registered manager had systems in place to monitor people's weight to ensure appropriate action was taken when concerns were highlighted. We saw examples when these audits had identified people at risk.

People told us they received their medicines as prescribed by their doctor. We spoke with care staff who confirmed the nurses always administered the medicines. On one occasion we found a bottle of tablets left on the top of a medicine trolley. The nurse had left these while they were administering medicines to other people. We were told they intended to return the medicine to a fridge where it needed to be stored. This was brought to the attention of the registered manager once the medicines were made secure. At other times we saw nurses check people's individual medicine records before they were administered. We checked some medicines held in storage for use if needed. These were in date and an accurate record of these medicines was maintained. Medicines which required cool storage were held at a suitable temperature in line with manufactures recommendations.

People who used the service told us they felt safe living at the home. One person told us, "I feel safe here". One person who was visiting told us, "The residents are very safe here I have never noticed anything of concern when I am around. I am confident." A relative told us they felt safe in the knowledge knowing their family member "Would not be safer anywhere else".

Staff we spoke with were clear about their responsibility to report any abusive practices within the home. Staff were able to described different types of abuse which people

could potentially be subjected to. One member of staff told us, "I would see the nurse or manager" if they had any concerns and added, "We are encouraged to report anything". The same member of staff told us they had never seen anything which gave them cause for concern. Another member of staff told us, "I have never witnessed any poor care. If I did I would tell the manager." Staff were aware of the provider's whistleblowing policy. A whistleblower is a person who raises a concern or wrongdoing in their place of work. Staff were aware of who they could bring their concerns to both within the organisation and of other agencies.

The majority of people we spoke with told us they believed there were sufficient staff on duty to be able to effectively meet the needs of people who lived there. One person who lived at the service told us, "There are enough staff". One relative believed staffing was at times low which caused delays in service delivery.

Staff confirmed they were able to have additional staff on duty if needed to meet people's needs. The registered manager told us they had the number of staff needed on duty to meet people's needs on each of the three floors. The manager regularly assessed the care needs of people to make sure sufficient staff were available. The number of staff on duty at any one time were confirmed by the nurses as well as care staff we spoke with. We were informed some people had a member of staff working with them on a one to one basis to ensure their needs were able to be met.

The registered manager had a team of 26 staff members who were able to cover other staff members during absence such as holidays and sickness. As a result agency staff were not used. Staff we spoke with confirmed they generally worked on the same area of the home. They told us this helped to provide consistency in the care delivered to people.

We saw the provider carried out recruitment checks before they commenced work at the home. These included a Disclosure and Barring Services (DBS) check. The DBS is a national service and helps employers make safe recruitment decisions. We spoke with a recently appointed member of staff who confirmed they attended an interview and understood a DBS check had been carried out before they could work with people.

# Is the service effective?

## Our findings

All but one of the relatives we spoke with were confident staff had the necessary skills to care for their family member. One relative told us, "They seem to know what they are doing. I think they do get training." Another relative felt staff were good at caring for people because they had received training.

Staff we spoke with were positive about the training available to them. Staff told us they had received training since the change in provider to assist them carry out their work. Staff confirmed some of their other colleagues had undertaken training to enable them to train other members of the care team. As a result staff had access to other workers who were trained to train people in areas such as moving and handling people safely. A new member of staff told us about the induction training they had received prior to them working on their own with people. They confirmed they had received hands on experience, training and guidance about the care provided to people who lived at the home. One member of staff told us they received regular training in areas such as moving and handling. As a result the member of staff was confident they would recognise poor practice.

Staff told us they worked well as a team and received support from the registered manager and the nurses. Staff told us they received themed supervisions such as on mouth care and hand washing to ensure they had the necessary skill level.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA). We spoke with nurses and care staff who also had an understanding of the importance of the MCA and of gaining people's consent before they provided personal care and support. During our inspection we heard staff seek people's consent. For example people were consulted before any moving and handling took place such as when using a hoist. We heard staff guide people such as the need to lean forward and the use of footrests on wheelchairs. In addition we heard and saw staff offer choices to people and wait for a response or their agreement such as the provision of personal care. When people were unable to make informed decisions we saw staff use alternative forms of communication such as gestures or showing people examples of the choices available to them. The registered manager and staff we

spoke with were aware of the need to hold best interest meetings. These involved people best suited to assist in decision making such as family members and healthcare professionals.

We looked at the Deprivation of Liberty Safeguards (DoLS) which is in place to make sure people are looked after in an appropriate way and does not inappropriately restrict people's freedom. The registered manager had submitted applications to the necessary local authority where it was assessed this was needed. For example when people were not able to leave the part of the home they were living on or the home itself unescorted. The registered manager and staff we spoke with were aware of the applications granted. The registered manager had a system in place to alert to when granted DoL's authorisations expired and further assessment would be needed.

People who lived at the home and their relatives we spoke with were complimentary about the food provided. One person told us, "If the food they offer to me I don't like, they would offer me something else, normally sandwiches." Another person told us, "We have plenty of food". The same person told us they liked the cooked breakfast and liked the fact they had sauces and mustard available. One person told us their relative was underweight when they were admitted to the home and that they had put weight on. We saw good interactions take place between people and staff members while the meal time took place. Staff checked people felt comfortable and were enjoying their meal. People we spoke with told us they had a choice of food and they could change their mind if they wished.

Some people required their food to have a soft texture to enable them to swallow it safely. We saw specialist advice had been sought to provide staff with suitable guidelines to prevent choking. One person told us, "I am on a soft diet. It is varied and tastes okay."

We were informed people who lived at the home were able to see a medical practitioner on a regular basis. One person told us, "Only have to say and I can see the GP". As part of our inspection we spoke with a healthcare professional. We were informed people who lived at the home were usually seen once every two weeks or more frequently as needed. The healthcare professional confirmed they were contacted when needed and were positive about the arrangements at the home for meeting people's healthcare needs. A relative told us, "I am always informed of any changes in [family member] health and when the doctor is

## Is the service effective?

coming". Another relative told us staff, "Let me know if a GP is needed". We were informed by the healthcare professional that requests for visits were managed appropriately. Specialist advice had been sought regarding aspects of people's healthcare needs. For example in relation to people who had had a number of falls.

We spoke with people about access to other healthcare professionals. One person told us, "The optician and dentist have been". Another person confirmed they visited their own dentist as they wished to maintain contact with the dentist they had seen previously.

# Is the service caring?

## Our findings

People we spoke with and their relatives told us staff were kind and caring. One person told us, "I think they are very kind". Another person told us, "The staff are all very good". A further person told us, "The nurse is very good. She always comes to see how I am getting on." A relative told us, "Staff are very caring and welcoming they always greet you with a smile." Another relative told us, "All needs are cared for" and added the staff are, "Brilliant. I have every confidence in them."

Throughout our inspection staff responded to people in a kind and caring manner. We saw staff offer people reassurance when they were felt anxious. Staff members sat with people while they had lunch and encouraged people to eat. Throughout our inspection there was a relaxed atmosphere throughout the home. We saw staff support people at their preferred pace and respond to people's needs appropriately. When staff spoke with people they bent down and rested on their knees so they could maintain eye contact. Staff were cheerful and engaged in friendly banter with people. Staff were aware of different communication styles such as facial gestures and body language as a means of understanding people and their needs.

Some people we spoke with told us they were involved in their own care. One person told us, "I do some things for myself" and added, "I grew up independent". People told us staff listened to them and provided care as they wished. We spoke with relatives and they told us they were involved in their family member's care. Staff we spoke with told us they promoted people's independence as far as possible. For example they encouraged people to assist with their personal care where possible such as choosing clothing

and make up. One member of staff told us, "We concentrate on things people can do rather than on the things they cannot do." The same member of staff told us they placed importance on knowing people as an individual.

One person who needed assistance with their personal care told us, "Staff make uncomfortable processes bearable" due to the way staff managed their privacy and dignity. Another person told us, "Staff treat me with respect, close the door and close curtains to administer personal care at all times". We saw staff close bedroom doors before they provided any personal care.

One person was heard asking a member of staff to assist them to the toilet. The member of staff replied, "I'll help you". Once at the toilet we heard the same member of staff say, "There you are I'll wait out here for you". This showed regarding for the persons privacy and dignity having assisted the person in a caring way.

We saw staff use specialist equipment to assist people with their mobility. When this was done we saw staff were aware of potential dignity issues and made sure people were not compromised. We spoke with staff and they were able to demonstrate any awareness of how their practice affected people's privacy and dignity.

We saw relatives and friends were able to visit at any time. Some relatives assisted their family member with their mid-day meal. We saw visitors were able to see their family member or friend in the privacy of people's own bedroom. We saw staff knock people's doors before they entered. People we spoke with confirmed staff knocked on their door before they entered. Some bedroom doors were open. We saw staff call to people in their bedroom asking if they could enter before they did so.



# Is the service responsive?

## Our findings

People we spoke with as well as their relatives confirmed people's care needs were assessed and reviewed as needed when these needs changed. Relatives confirmed their family member's care needs had been assessed prior to them staying at the home to make sure their care needs could be met. People who lived at the home and their relatives confirmed they were involved in the development and the reviewing of people's care plan. One person told us, "My care plan was adapted to meet my needs" and confirmed staff spoke with them about their care plan. Another person told us, "I was involved in my care plan" and confirmed staff discussed changes needed with them. A further person told us, they were involved in adapting their care plan when their needs changed. One relative told us, "I am more than happy with the care my [family member] is receiving" and confirmed they had involvement in the care plan.

We saw examples of staff responding to people's needs as required. For example we saw one person who appeared uncomfortable in their bed. After a short period of time this observation was also made by a member of staff. The staff member was heard supporting the person appropriately to ensure their immediate needs were met.

People we spoke with were happy with the opportunity to participate in activities. One person told us they participated in coffee morning and entertainment. Another person told us, "We have bingo, music and coffee mornings." A further person told us they had previously had, "Fun days in the garden". A member of staff told us, "Usually something going on" and spoke about the art and craft activities available to people. One relative confirmed activities took place at the home. However, they felt these usually took place on the first floor of the building rather

than the floor where their family member lived. During our inspection we saw a group exercise activity take place. This event involved 17 people from each of the different floors. Everyone joined in and we saw people interacting with each other while smiling, laughing and having fun.

We saw staff engaging in activities on an individual basis with people. One person showed us their newly manicured nails and smiled when we commented on how good they looked. We saw staff sitting with people looking at books and engaging in conversations about the contents of the books. One member of staff was heard asking a person about their favourite flower while looking at a book. The same member of staff was seen reassuring the person and reducing their anxiety.

Systems were in place to seek the views of people who lived at the home as well as their relatives. Regular meetings took place. We saw minutes from these meeting showed people believed improvement had taken place for example regarding the food provided to people. The registered manager informed us questionnaires had not been sent out to people to seek their views since the change in provider earlier in the year.

One person who lived at the home told us, "If I have a concern it is dealt with promptly." Another person told us "If I was concerned about anything I would speak to my family, they come and visit me". One relative told us, "I have no complaints" adding that their family member, "Is very well looked after". Another relative told us, "If I had any problems I know who to contact but I have no complaints." The registered manager told us no recent complaints had been received. The registered manager held an audit of complaints and the actions taken following investigation and how the matter was resolved. We saw feedback was given to people who had raised a concern.

# Is the service well-led?

## Our findings

Audits were in place however these had not always identified certain shortfalls or suitable action had not taken place to improve earlier findings.

We saw a recent audit carried out by the regional manager on behalf of the provider had identified the need to improve some areas of the home including bathrooms which were found to be cluttered and at times dirty. We looked at toilets and bathrooms and found the environment and items of equipment were not always clean and free from clutter. We saw one toilet where soiled continence pads were in close proximity to clean linen and therefore a risk of cross infection. Staff confirmed some toiletries found on shelves were people's personal possessions however they were unable to say who they belonged to. Although no direct impact on people their personal possessions had not been valued and staff could not tell us who they had used them on

We looked at the cleanliness of hoisting equipment. We found them to have had hard dried substances on them. In addition we saw other dirt and hair on the footrest and the hoist frame. We asked the registered manager who was responsible for cleaning these pieces of equipment and what systems they had in place for monitoring the cleaning of these pieces of equipment. We found the cleaning of equipment did not form part of any cleaning schedules and was not part of any maintenance schedule. The registered manager confirmed no member of staff had responsibility for ensuring hoists were kept clean. This shortfall had not been previously identified by the provider or the registered manager and meant people were having to use equipment which was not clean.

Systems for ensuring slings used on hoists were suitable to meet the needs of people were insufficient. We found confusion amongst the staff we spoke with regarding which sling belonged to who. We found a dirty and stained sling was in use although staff were unable to tell us who it belonged to. Another sling was also found to be stained. Staff and management lacked clarity about the safe arrangements for the use and maintenance of slings including the washing of these.

Hoisting equipment was available for staff to use to assist people with their mobility. Some items of equipment

carried a sticker which showed the date when the equipment was examined and tested for its safety. Information on the lifting equipment highlighted when a further test was required to ensure its safety in line with relevant legislation. We found the date for re-examination had expired on seven pieces of equipment. We spoke with the registered manager and the regional manager about this. Upon investigation it was confirmed none of the hoists at the home had received the required test. We saw the most recent certificates following the servicing of hoists identified a deficit on one and recommendations for others. The registered manager was unable to confirm the necessary action had taken place. Once these shortfalls were brought to the attention of the management arrangements were made to have all items of lifting equipment tested as soon as possible to ensure their safety.

Nursing staff and the registered manager had carried out regular audits medicines. These audits showed a high level of compliance with the provider's internal standards. Any shortfalls identified within these audits were brought to the attention of the nurses for suitable action to be taken.

One relative described the registered manager as, "Approachable". Another relative told us, "Manager and deputy are both brilliant. Never had a problem". A further relative was complimentary about the management of the home due to their communication with people who lived there. A member of staff told us they believed the home to be well led. Staff we spoke with told us they could speak with the registered manager when they wanted to and told us of an "Open door" approach. Staff confirmed the deputy manager worked alongside the nurses on each of the floors in order for them to monitor the service provided to people. Staff we spoke with told us they liked working at the home.

Staff told us they are able to attend regular staff meetings and they enjoy working at the home. Staff told us they were listened to and their comments acted up for example when new items were needed such as towels. We saw the deputy manager working as one of the nurses. Staff confirmed that both the registered manager and the deputy manager were visible and assisted with the care and support needs of people.