

## Avery House Healthcare Limited

# Avery House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Avery House is a residential care home providing personal and nursing care to 77 people aged 65 and over at the time of the inspection. The service can support up to 86 people. The home is divided over four floors, each of which has separate adapted facilities.

### People's experience of using this service and what we found

People were happy with the care home and the staff that provided their care.

People felt safe living at the home because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. There were enough staff, and the senior staff also spoke with people regularly. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the home's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. Complaints and concerns were dealt with and resolved.

Systems to monitor how well the home was running were carried out. Concerns were followed up to make sure action was taken to rectify any issues. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked their view of the home and action was taken to change any areas they were not happy with.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 30 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Avery House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

Two inspectors and an inspection manager carried out this inspection.

### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. However, there was a manager in post and they had submitted an application to register with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We also sought feedback from the local authority and professionals, such as Healthwatch, who work with the service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two visitors about their experience of the care provided. We spoke with nine staff members, including the manager, deputy manager, care workers and senior care staff, housekeeping and activities staff.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality of the service.

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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I feel safe here, I have a bell and staff come if I need them." A visitor also said, "It's nice to know [family member] is safe."
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, falling, continence and the risk of developing pressure ulcers. They followed actions to reduce risks and reviewed assessments regularly to make sure any changes were identified.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. People told us that staff attended to them quickly. One person said, "There are enough of them [staff]." A visitor said that staff always attended when their family member rang the bell. We found that staff were available when called and they responded quickly.
- There was a system in place to recruit new staff to make sure there were enough staff on duty at all times. Staffing levels were determined through the use of a dependency tool. Staff all told us there were enough of them and this allowed them to spend time with people in conversation or just to be with them.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

Using medicines safely

- Staff had received training in how to safely give medicines, they administered medicines safely and maintained records to show this. One person told us, "I have medicines on time each day." There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams and where on the body these were needed.
- Medicines were stored securely, and staff continued to make sure medicines were secure.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, tidy and smelled pleasant when we visited.

#### Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the manager took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff also put actions in place following visits by stakeholders, such as health and social care organisations. This was designed to improve people's experience of living at Avery House.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed assessments of people's needs before they started using the service. This helped them to make sure they had enough staff with the right skills to meet their needs.
- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed and it helped them better understand how people's specific needs should be met.
- Staff supported people to exercise their right to vote and had arranged for postal votes to be made available for those people who wished to exercise this right.

Staff support: induction, training, skills and experience

- Staff received training when they first started working at the home and this was updated each year. One staff member told us, "The training here is very good." They went on to tell us they had been able to complete more advanced training in some areas. Staff told us that they received other training, such as for specialised care needs. A staff member said their training in dementia care had given them, "Much more in depth knowledge," and understanding.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt supported to do their jobs.

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

- People said they liked the meals they received. A person told us, "The food is good." People told us there was a choice available and they could have their meal with whom they wanted.
- People chose where they sat, they were able to eat at their own pace and courses were appropriately spaced apart. Staff provided good support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them.
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it did happen.

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

- Staff completed a hospital admission form, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

- People were referred to health care professionals for advice and treatment, for example to dentists, dieticians or community mental health teams. Staff followed the advice given and told us they had a good working relationship with visiting health professionals.

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

- The provider had made adaptations to the home to ensure people were able to move around safely. A hand rail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently. Some areas had specific adaptations for people living with dementia. These provided an environment that provided people with well-lit areas and items that gave sensory stimulation.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff still involved them as much as possible in the process. One visitor told us, "Staff understand that people still have the right to say no."
- Where people did not have capacity, best interest decisions were recorded in care records. This meant that staff would easily know how to support people with specific decisions.
- The deputy manager gave us clear explanations of the DoLS applications that had been authorised with conditions. Staff followed the requirements of these conditions and meetings had been held with staff prior to our visit to ensure they were all aware of this.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said that staff were kind and caring and they commented positively about staff members. One person told us, "The care staff are lovely," and another person said, "Staff are brilliant ... They are very kind and compassionate. A visitor said, "They understand that it could be their mum and treat people like this."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. People confirmed that staff knew them well. People were comfortable in the presence of staff, they were able to express themselves and staff listened to them.

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

- People said that staff asked about how they preferred to have their care and support provided. One person told us, "My keyworker is [staff name], we sit and chat and talk about my care." A visitor also told us that staff communication with people's relatives had improved and they were always contacted if needed.
- Staff told us they provided care to people in a way that each person preferred, but they still encouraged people to do as much for themselves as possible. Staff had enough time to support people and in the way they wanted. People were supported to make choices about their care throughout the day. One person told us, "I have to have someone to get me in bed, but I can go to bed and get up when I want."
- Information about advocacy services was available for people in the reception area. People were supported to contact an advocate if they needed an independent person to support them with their affairs.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and they made sure people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.
- Staff encouraged people to do what they could for themselves to maintain their independence. They worked with health professionals to increase people's ability to care for themselves with the aim of returning home or to live as independently as possible.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were met and they were happy with the care they received. One person told us, "Staff are brilliant, they do everything we ask." A visitor also commented that their family member was always "smartly dressed." Staff always made sure items that the person used, such as continence aids, were available.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. We saw this particularly applied to people's mental health or psychological health needs. There was clear information about how to recognise deterioration and the actions staff should take to support people. Staff had built good relationships and knew people's likes, dislikes and preferences.
- Each person's care plan was reviewed each month unless there were any changes before that time. This ensured reviews were completed and staff monitored people's health and well-being regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided people with information in formats and ways that supported their individual communication needs. People had information in visual formats to help them understand, especially when staff needed to describe items, such as meals. Interpreters or staff who spoke other languages supported people who did not speak English. Staff used a combination of hand gestures, simple words and phrases, and miming to communicate with one person. This was effective and provided the person with interaction in a warm friendly way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Dedicated staff members were employed to organise things for people to do each day. A program of these activities was available on noticeboards around the home and people were encouraged to take part. Activities were available throughout the week and weekend, so that there was no lull when staff were not able to spend time with people.
- A visitor told us, "There are lots [of activities] available," and went on to say that staff always offered to support their family member to take part, although they often declined. People who were taking part in

activities during our visit were happy and engaged in what they were doing. We spoke with a person who told us they liked to sit in the secret garden and listen to the radio. While another person said they preferred their own space but took advantage of staff visiting on a one to one basis, so they could talk about the news.

#### Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. However, none of the people we spoke with felt they had ever needed to make a complaint. One person told us, "I've no complaints, it's good here." A visitor told us, "If I have a problem I can email but the door is always open. I have made a complaint and it was dealt with properly."
- Complaints had been investigated and responded to by the provider. Concerns raised by people living at the home were also recorded and responded to appropriately. People had a complaints procedure to follow if these were raised.

#### End of life care and support

- Guidance was available in people's care records about their end of life wishes, although no-one was receiving end of life care at the time of our visit. A staff member told us that they would also speak with people's relatives if the person was unable to tell them details if they needed this care.
- Staff had received training in caring for people at the end of their lives. Additional guidance was available for staff in the form of an end of life policy and the support of community nursing staff.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and senior staff were passionate about developing a person-centred culture within the service. A visitor told us, "It's much better now, it changed when [the manager] started. The level of caring increased, the consistency and knowing people improved." They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed. One staff member told us, "Since [manager and deputy manager] have been here, they've made it much better."
- Staff were also committed to providing high-quality care and support. Staff told us they loved working at the home, one staff member said, "I enjoy working here - love it." Another staff member commented, "The management is great here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things. They displayed their inspection rating and told people and visitors what they had done to improve the service.

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

- Staff were positive about the skills and abilities of the manager. One staff member told us, "[Manager] is lovely, very helpful." A person also said, "[Manager's name] is the manager, she's very good." A visitor echoed their feelings and said they often saw the manager around the home, "The manager knows her staff, she has the right people in the right place."
- Staff understood their roles and any extra responsibilities they had, such as a senior care assistant position or keyworker role. They explained these to us and we found that people were also able to explain the different roles and what this meant for them. One person told us how this provided them with a specific staff member that they could discuss their care with. A staff member told us, "I get positive feedback about my role."

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

- People and staff had completed a survey, which was still being collated by the provider organisation

before being shared with the home. Meetings were held for people and any action identified was addressed. One visitor told us that action was taken as, "The same issues did not crop up again and again."

- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us that they attended meetings each month, which gave them regular support and information was shared quickly with them.

#### Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This enabled the manager to take action where needed and reduce reoccurrence.
- The manager had taken action to identify where improvement may be needed, and we found there was a positive and enthusiastic atmosphere and work ethic in the home. We also found that staff were happy, they liked coming to work, and they liked and respected the manager and deputy manager. The culture of the home was one that felt positive about change and improvements.

#### Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team. The provider and senior staff contacted other organisations appropriately.