Avery Homes Wolverhampton Limited

Newcross Care Home

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

Our inspection took place on 25 May and 2 June 2016 and was unannounced. We last inspected the service on 12 October 2013 where we found the provider was meeting regulations.

New Cross Care home provides care and accommodation for up to 62 older people that may be living with dementia and/or a physical disability. There were 62 people living at the service when we inspected. The service does not provide nursing care.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were well treated by staff .People said there were always staff available to help them when needed. Staff understood when someone may be at risk of abuse and how to escalate concerns so that people would be protected. People said they received their medicine as and when needed. The provider ensured new staff were checked properly before they began work at the service.

People's rights were promoted, and their best interests considered. People had confidence that staff knew how to provide them with safe care that reflected their needs. People had a choice of, and enjoyed the food and drink that was readily available to them. People were supported to access community health care services when needed.

People told us staff were kind, caring and respectful. People said their privacy was consistently promoted by staff. People were consistently offered choices by staff, who respected these choices. People's independence was promoted and people could choose to take informed risks.

People were involved in planning their care and staff were knowledgeable about people's likes and dislikes. People could pursue pastimes they enjoyed. The provider had plans to improve opportunities for people to receive more person centred individual activity, this through use of community links and the use of volunteers. People were able to complain and we saw issues raised were addressed.

People were confident in the provider and felt the service was well led. There were systems to capture people's experiences and monitor the quality of the service. The provider used people's views to look at how the service could be improved and to learn from people's feedback. Staff said the provider supported them so they could do their jobs well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People felt safe and said that staff treated them well. People said there was enough staff to keep them safe. Staff knew what abuse may look like and how to raise concerns. People said they had their medicines when needed. Checks were carried out on staff to ensure they were safe to work at the service.

Is the service effective?

Good

The service was effective

The provider had ensured that people's rights were promoted, and their best interests considered. People had confidence in staff who were skilled and competent. People had a choice of, and enjoyed the food and drinks that were available to them. People's health care needs were promoted.

Is the service caring?

Good

The service was caring

People told us staff were kind and caring. People said staff treated them well and with respect. People's privacy was consistently promoted by staff. People were offered choices by staff before and during the care they were provided. People's independence was promoted.

Is the service responsive?

Good

The service was responsive

People were involved in the care and support they received and staff were knowledgeable about people's individual likes and dislikes. People were able to pursue pastimes that they enjoyed and the provider had identified people's opportunities for recreation could be further improved. People were able to complain and were confident issues raised would be addressed.

Is the service well-led?

Good

The service was well led

People were confident in the provider and felt the service was well led. There were systems to capture and respond to people's experiences and monitor the quality of the service. People's views were gathered and systems were in place to respond to and learn from these comments. Staff felt well supported by the provider and were happy in their work.

Newcross Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 May and 2 June 2016 and was unannounced. The inspection team consisted of one inspector, an 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. The specialist advisor was a practice nurse with expertise in dementia care.

We reviewed the information we held about the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of incidents the provider had sent us since the last inspection. The provider is required to tell us about certain types of incidents such as serious injuries to people who live at the service. We also heard the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 people who used the service, eight visitors and one visiting health care professional. We also spoke with a senior manager, the registered manager, deputy manager, seven care staff, a recreation and leisure organiser and the chef. We observed how staff interacted with the people who used the service throughout the inspection. We also observed a daily heads of department planning meeting.

We looked at six people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at records relating to the management of the service. These included minutes of meetings with people, training records, complaints records, stakeholder survey records and the provider's self-audit records.

Good

Is the service safe?

Our findings

People told us they felt safe and staff treated them well. One person told us, "I know I am safe, Its knowing you'll have help if needed". Another person said, "I feel safe here, it's having people around that makes me feel safe". A third person said, I'm happy here, I'm safe". A visitor told us their relative was safe and told us of steps the provider had taken to protect their relative.

People told us staff responded to requests for assistance, one person telling us when they pressed their call button the staff came, "In a couple of minutes". Another person told us, "They have never kept me waiting more than a few minutes". A relative told us, "There are loads of staff". We spent time in the service's communal living areas and saw there was always a visible staff presence and when people requested or needed assistance staff responded promptly. Staff told us that there were occasions where they may be busier than others but there was always enough staff available to ensure they could keep people safe. One member of staff told us, "Staffing levels are sufficient at the moment, it can be a bit busier if someone is ill and we have them on 15 minute observations". This showed that enough staff were available to keep people safe.

One visitor had some concerns about their relative having had some falls. We saw the provider had assessed the risk of the person falling and the person chose to mobilise independently without asking staff for assistance on occasion. We saw the risks this presented had been considered and escalated to the person's doctor. Another relative told us of ways the provider had taken steps to protect a person from falls, with their risk assessment reflecting use of appropriate equipment. We looked at other people's risk assessments and these reflected steps taken to protect people. For example where people were at risk of fragile skin we saw measures identified within risk assessments were in place and staff understood what they needed to do. Staff demonstrated they were well informed about managing individual risk to people. They were able to tell us how they identified changes in people's health and whether this presented an increased risk. This showed risks to people due to their health or choices had been identified, assessed and acted upon.

The registered manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff were able to tell us how they would escalate these concerns to ensure people were kept safe. The registered manager was well informed as to how to report potential abuse, and had demonstrated this knowledge by alerting the local safeguarding authority and ourselves when they had concerns. This indicated systems were in place to ensure that any allegations of suspected or actual harm would be promptly and appropriately escalated.

We looked at the systems in place for recruitment of staff and found these were robust and made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and baring list checks for persons whose role is to provide any form of care or supervision. We spoke with staff who confirmed that these checks had been completed before they started work at the service telling us the provider, "Insisted on a new DBS check".

We found the provider ensured medicines were managed consistently and safely. People we spoke with told us they had their medicines at the times they needed them. One person told us they had regular medicines saying, "They are pretty regular with medicines". Another person told us, "I'm on medication at home, so here they do the basics which I'm happy with". We observed the administration of medicines on a number of occasions and saw staff took time to check medicines so they were given to the right person and as prescribed. We found people's care records contained details of the medicines they were prescribed, and how people should be supported in relation to medicines. Staff we spoke with were aware of information about medicines in people's care records. We found medicines were stored securely and steps were taken to ensure the temperature sensitive medicines were kept correctly.

Good

Is the service effective?

Our findings

We found staff were well trained and were knowledgeable about people's individual needs. People said staff were able to provide them with care in a way that met their expectations. One person told us, "The staff are pretty good" another, "I think the staff do the job they should be doing". A third person said staff, "Are excellent from the top to the bottom". A relative told us, "The staff look after [the person] very well actually". We saw that systems were in place to ensure staff completed, and then updated training in core skills and knowledge. Staff felt well supported with training. One staff member said the training they received "Was good" another, "Training very good, feel I do learn a lot". A number of staff said the provider's use of face to face training helped them understand what was discussed, when compared to online training. We spoke with newer members of staff who confirmed they had been well supported through their induction by the provider and staff. They said they had shadowed a number of shifts as an extra member of staff, this including nights and days and this had given them enough preparation to be confident in their job. One of the newer staff said, "Everyone was really supportive during my induction".

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. The registered manager and staff had a good understanding of the MCA and the need to gain people's consent. We saw staff consistently respected people's wish to make their own decisions, and we saw people were asked about these on numerous occasions. We saw people's capacity was considered and where there was possible restriction their consent was sought. Decisions were made with the person and all other relevant parties. For example we saw instances where people made choices that may not always promote their safety or choices that were different to those they made prior to living at the service. Staff told us they would advise people so they were able to make an informed choice, but if they had the capacity to make that specific decision they would support them to do so. We saw that the provider had a system for assessing people's capacity so any support they may need with specific decisions was identified.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw where the provider had identified there were possible restrictions in place for some people, to promote their safety; they had made the appropriate applications to the local authority for a DoLS authorisation. The provider had systems in place to identify where people had representatives with power of attorney and what decisions they could legally make on behalf of the person.

People told us they experienced positive outcomes regarding their health and this was promoted in partnership with community healthcare professionals. One person said, "They do contact [health professionals]" when they needed them. They told us about having seen the dentist and having a hearing test recently. A visitor said, "Tests were done here by the doctor. The home took over control. They moved much more efficiently. The [person's] blood pressure was treated. Their health care was good". Another

visitor told us how staff had involved the memory clinic in respect of the person's mental health. The deputy manager told us how they were involved with a pilot scheme with a local doctor's surgery where there would be regular visits from the doctor to review people's overall health. We were told this was to improve management of people's health in a proactive way rather than responding to specific issues. A visiting health care professional told us, "The home is good, they follow my care instructions. I like coming here". We looked at people's care records and saw that any identified concerns in respect of people's well-being had led to prompt involvement of the appropriate health care professionals.

People said they received a choice of good food and drink. One person told us, "I've got no complaints about the food. There is a choice on the menu and you get alternatives. You get quite enough to eat". Another person said, "The meal was nice, I can't say I don't like it". A third person said, "The food is very good, very good indeed". A visitor told us, "The food is lovely". People were served their lunchtime meal in a way that created a pleasant dining experience, with a relaxed atmosphere. We saw people had various choices and the meals were well presented and looked appetising. Staff were attentive to people's needs, offered various choices and ensured people had support where needed. People were given a choice of wine at lunchtime and were offered tea or coffee after lunch. Where people were identified at risk of choking; their meals and drinks were prepared in a way that reflected advice sought from speech therapists. We saw staff supported people with drinks, a choice of these offered to people on a regular basis throughout the day. One person told us they were offered plenty of drinks and said, "I don't have to ask for a drink, it's just there". This showed that people had a choice of food and drink that was made available in a way that reflected their personal requirements.

Risks to people's health due to weight loss were monitored, with staff recording people's weight, diet and fluid intake when this was identified as needed. We saw referrals were made to the person's doctor if necessary, for example, we saw where people had significant weight loss their doctor was contacted. We saw that staff had provided the dietary supplements that were recommended. A visitor said, "Apparently the food is very good but [the person] is not very good at eating. I have seen staff sitting with [the person] encouraging them to eat". Another relative said the person was not eating well and had lost weight. They said the person, "Has small meals, and has fortified puddings and drinks. They have snacks and I have seen staff sitting with [the person] encouraging them to eat". We saw that there was a separate 'chit chat café' on the top floor and there was ready access to a range of high calorie foods if people wanted a snack, for example homemade cakes.

Good

Is the service caring?

Our findings

People who used the service were positive about the caring attitude of the staff. One person told us the staff, "Are friendly enough" another, "It's nice to be looked after, you can relax a bit". A third person said the staff, "Seem genuine", another, "The staff are lovely to me". One visitor told us the staff, "Are really patient with [the person]". Another visitor said their relative, "Gets one to one attention, they really look after them, the carers do care". A third visitor said, "There are lovely staff here". We saw staff consistently approached people in a caring way, for example when speaking with people we saw they were friendly, respectful and polite.

We saw the staff consistently gave people choices, for example when staff assisted people they explained what they were going to do and waited for people to respond. We saw staff listened to what people said, and they respected their choices. We saw people offered drinks during the day and they were offered a choice. We saw one person who was sitting quietly looking out the window. A member of staff told us this was their choice, and when we spoke to them they confirmed staff had asked them about having some time on their own, which was what they wanted. A relative told us staff, "Leave [the person] in the morning if they don't want to do anything". They told us this helped the person as there were times when they preferred their own company.

There were good relationships between staff and people they cared for. Staff promoted people's dignity and consistently showed them respect when providing care and support. We saw staff approached people who were anxious in a kind and calm way. For example there were occasions where one person was anxious and a member of staff spoke with them and they became more relaxed. A visitor told us staff were, "Really patient" with the person. Another visitor said, "To me this is the best care. There is always someone nearby. I have never seen anyone say a bad word". They also told us staff would give people a hug when this was appropriate, as we saw on some occasions during the inspection where touch was used appropriately to convey warmth. We saw numerous occasions where staff talked with people and they were smiling and laughing during their conversations.

We saw staff promoted people's privacy. Staff approached people discretely and ensured when asking people things of a private and personal nature that other people could not overhear. People's choice of having their bedroom doors closed was respected by the staff and we saw staff knocked on people's doors and asked before they entered the room. Staff were able to describe to us how they promoted people's privacy, for example if people were having assistance with a wash they said they would ensure their dignity was preserved by the use of towels to cover them. There were a number of staff that were 'dignity champions' and one told us they saw this as important as they had a responsibility to ensure staff were motivated, and learnt from observations of their practice. The member of staff told us it was the, "Little things" that were sometimes important to ensure staff treated people like they would want their own relatives treated.

People's independence was promoted. We saw people were able to move around the building independently when they wished and staff encouraged people's mobility where this was their choice. The

staff told us of some people who were at risk of falls, but still expressed a choice on occasion to walk. Staff told us they would advise people to be as safe as possible, for example using mobility aids, but would respect their wishes. One person told us, "The staff let you do what you can. When I have a bath I fetch my own clothes off and they let me do what I can". Other people told us they were able to be independent but one person told us, "If you want help from them [staff] they will help you". Staff knew how they could encourage people's independence and understood the importance of this for people's well-being.

People told us their families and friends were able to visit when they wished although there were protected mealtimes in place to ensure people's privacy was not compromised at this time. We saw people had space to meet their visitors in private if wished and hospitality was provided. One person told us their relatives "Can visit anytime". A visitor told us, "This is a wonderful place, the staff are very welcoming" another that, "I can always help myself to tea and coffee". We saw staff made themselves available to people's visitors and people were welcomed. This helped people maintain relationships with friends and family.

Good

Is the service responsive?

Our findings

People said the care and support they received from staff reflected their expressed preferences and needs. They told us they were happy at the service and staff provided help and support as needed. One person said, "I'm as happy as could be". Another person said staff, "Are attentive, there is no fuss". Visitors told us their views were listened to by staff although some expressed some concerns about people's choice to be independent in respect of the risks this may present. One relative said excluding this one issue, "Everything is 100%. Everything is marvellous". Another visitor told us they had some concerns about a relative's care but a review was booked and they knew they would be able to share and discuss their views at the review. We saw and relatives told us they were able to talk to staff whenever they had queries. One visitor told us the registered manager, "Was very good to us because when we were upset, they helped us understand". They told us how the care for one of their relatives had responded to their changing needs when, "They were caring for [the person] intensely. They were checking them every 15 minutes. [The person] was very well looked after". We saw that people's records showed there were regular reviews of people's care and any changes in need were recognised and led to changes in response to their need. This showed people's changing needs were responded to. When we spoke with staff they were able to demonstrate a good awareness of what people's needs, likes and preferences were. For example staff told us how people's outlook may influence their choices on different days. This showed people received care that responded to their changing needs, with their involvement.

People and their representatives were involved in decisions around moving into the service and planning the person's care before admission. One person who had moved in shortly before the inspection told us, "A lady (from the service) came to see me before I came in. They asked me lots of questions about my health, how my accident had happened, what my likes and dislikes were, what I like to eat, how I sleep and so on". They said their family visited the service on their behalf and the told them the place was the right one for them. They said on admission they felt, "So lucky" and the care they had received since had reflected what was important for them. For example they told us they should elevate their leg and staff had promptly ensured a footstool was available. We looked at the assessments and care plans for other people and found information was documented about people's likes, dislikes and needs. We found this information reflected what was important for people, and also mirrored how we saw staff provided care for specific people.

The provider promoted people's involvement in pastimes they enjoyed. One person said, "They have a lady vicar come in, she always brings magazines". They told us they were not interested in hobbies but told us with the better weather they could go out in the garden, as we saw during the inspection. A visitor told us, "There are always activities, there is always something going on" and another visitor said that staff recognised their relative was unhappy and took the person out to coffee and other shops. They also told us the person, "Made friends with staff and the hairdresser and they had lots to talk about". A number of people told us how friendships they had made with other people were important and they sometimes were happy just to spend time talking with other people. People and relatives told us the provider was good at organising large social events and these were well received, for example a 'black and white ball' and visiting singers.

One person said, "I do nothing; I haven't done anything in detail", although added they had little interest in pastimes. We spoke with a member of staff, who expressed a passion for developing one to one activities for people. They said the provider was making changes to ensure there were more resources to develop one to one activities with people. We were told there were plans to develop the use of volunteers and ensure more staff time for facilitating people's pastimes. This would be beneficial as there were some occasions where people living with dementia could have been better supported with individual activity and diversion that may have relieved their anxiety. This showed that the provider had identified the barriers to ensuring everyone had access to meaningful individual pastimes and was developing strategies to improve their access to these.

We saw people's views were sought through a variety of methods including meetings, questionnaires and one to one contact with the management; this confirmed by people and visitors that we spoke with. We also saw documented evidence of meetings with people and relatives as well as completed surveys forms showing that people were overall, satisfied with the service they received. One relative told us, "I can have long conversations [with staff] about how [the person] is getting on". People told us they knew how to complain and we saw information about complaints was available within the service. People told us they had no concerns and relatives told us they knew who to speak to if they wished to make comment. We saw the service had received some formal complaints in the last twelve months and these had been logged and investigated, with feedback to the complainant detailing the outcomes. We saw that the provider had learnt from these complaints, for example improvements had been made in the way people's valuables were protected. This showed people and their relatives could be confident any concerns would be taken seriously and resolved wherever possible.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a deputy manager. The registered manager and deputy had a good understanding of their responsibilities. Both were able to tell us how they ensured they kept themselves up to day with current developments, whether national or local, and said they received good support from the provider. The registered manager and deputy were able to summarise the provider's ethos for the service and what the expectations of them in achieving these were.

People told us they were happy living at Newcross and visitors told us people were well looked after. One person said, "They all seem to know what they are doing" and, "I think it is pretty well run". Another person said the service, "It is not bad at all". A visitor told us, "This is the best home I've been in, I rate this one", another, "Its Brilliant, I find [the deputy manager] is always accessible, I would recommend this home". We saw the service had received numerous positive comments over the last twelve months that were indicative of people's or other stakeholders satisfaction with the care people received.

The registered manager told us how they were planning to involve the service with the wider local community. For example they had links with a voluntary organisation called 'Attends friends' who were supporting the development of a committee. This committee was to include people and relatives and was to be central to the recruitment of volunteers to work with people. We were told the formation of this committee would give people and relatives a structured way of influencing the development of the service. The registered manager told us that development of the service would involve using volunteers for to support activities such as a dementia café for people and relatives. We saw initial meetings about this initiative had been held with families and there was a development plan in place. We also saw the provider had used people's views to influence on-going planning for the service. We saw there was a detailed action plan in place that collated improvements people and relatives had suggested with identified dates for completion of these actions. We saw this had been progressed, for example recruitment had been undertaken to fill vacant staff posts following concerns expressed about staff turnover. This showed the provider gathered and used people's views to maintain and improve the quality of the service.

There were systems in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw incidents, accidents, safeguarding and complaints were recorded and monitored for trends and patterns, to inform how risks were managed. For example we saw falls were audited and the registered manager looked for any trends that may contribute to these, and what steps they could take to minimise risk to people.

We saw copies of regular audits the registered manager completed, and we saw documented records of regular provider visits where they checked on the quality of the service. The registered manager and deputy also told us how they would look to get involved with other services in the area that would test out how care for people could be improved. For example a local doctor's surgery had chosen to work alongside the service to develop a weekly ward round visit to review their patients within the service. This was to see if the management of long term health conditions could be better managed to reduce movement to other services. We also saw the provider, and management were proactive in finding areas where there was scope

for improvement, with clear aims setting out how and when these would be achieved.

Staff we spoke with expressed confidence in the way the service was managed. They said they were well supported by the provider and told us they were expected to provide a high standard of care. One member of staff told us, "This is the best home I have worked at, all the equipment and the services are good and there is no shortage of food and drink for all the residents". Another member of staff told us of the manager's high standards, and how this ensured they were proud to work there. Staff told us they received one to one supervision which involved looking at how they could develop their skills and improve their practice. One member of staff told us, "Supervision is a reflective session on your performance". Staff said they were well supported by the provider. One member of staff told us, "I do feel supported".

Staff told us they felt able to raise concerns and while they all said they were able to approach the registered manager, they also said they would be able to contact the provider or external agencies and 'whistle blow' if needed. They were confident the registered manager and provider would take the right action if they were approached. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public.

We found the provider had met their legal obligations, for example the registered manager, and provider were aware they were required to notify us and the local authority of certain significant events by law, and had done so.