

Avery Homes (Nelson) Limited

Avalon Court Care Centre

Inspection report

Banner Lane
Tile Hill
Coventry
West Midlands
CV4 9XA

Date of inspection visit:
16 October 2017

Date of publication:
30 November 2017

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

We inspected Avalon Court Care Home on 16 October 2017. The inspection visit was unannounced.

The home is registered to provide personal and nursing care for up to 101 people. There were 74 people living at the home when we inspected the service. The home changed to the current provider in December 2016 and this was the first inspection under the new provider. Care and support is provided over four floors and the home has a memory unit on the first floor that supports people living with dementia.

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

Prior to our inspection we had received information of concern relating to the length of time some people had to wait for care staff to attend to them, poor moving and handling techniques and the high level of agency staff used within the home. There were also concerns around the safe administration of medicines. We looked at these concerns as part of our inspection visit.

Staffing numbers were supported by the use of agency care staff. Some people told us they did not always feel confident in the care and support from agency staff who were unfamiliar with their needs. The provider tried to ensure continuity of care by using agency staff that had worked at the home before and robust efforts were being made to recruit new staff. At times some people had to wait for staff to support them with their care at times they preferred.

People were protected against the risk of abuse as the provider took appropriate steps to recruit suitable staff and staff knew how to protect people from harm. Safeguarding concerns were investigated and responded to.

Care plans and risk assessments were in place to protect people and risk assessments were followed to keep people safe. Care plans contained detail about people and how they liked to receive their care. Staff spoken with had a good understanding of people's care and support needs.

Medicines were stored, administered and disposed of safely. People were supported to access healthcare from a range of professionals inside and outside the home and received support with their nutritional needs. This assisted them to maintain their health and well-being.

The registered manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Decisions were made in people's 'best

interests' where they could not make decisions for themselves.

Most care staff treated people with kindness, respect and dignity, and supported people to maintain their privacy and independence. People made choices about who visited them at the home. This helped people maintain personal relationships with people that were important to them.

Most people knew how to make a complaint if they needed to and told us they would discuss concerns with staff directly involved in their care. Complaints received were investigated and analysed so that the provider could learn from them. People who used the service, and their relatives, were given the opportunity to share their views about how the home was run.

Quality assurance procedures identified where the service needed to make improvements and where issues had been identified the registered manager took action to continuously improve the service.

People were encouraged to maintain their interests and hobbies and staff supported their personal preferences. People's care records were kept up to date to reflect the care and support they received each day from staff.

Staff were supported by the registered manager, deputy manager and other members of the management team through team meetings and observation. Staff had regular supervision sessions and felt their training and induction supported them to meet the needs of people they cared for.

People and their relatives felt the permanent staff had the skills and knowledge to support people well, however there were some concerns from people regarding the level of knowledge of some agency staff employed in the home.

The registered manager and deputy manager felt well supported by the provider who visited regularly. The provider carried out audits of the service to monitor the quality and effectiveness of the service provided.

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.

Some people expressed concerns over the use of agency staff. This was because they did not always feel safe being supported by agency staff who were not always familiar with their support needs. Robust actions were being taken to address this. Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The provider's recruitment procedures reduced the risks of unsuitable staff being permanently employed. Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Permanent staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected. People received food and drink that met their preferences and supported them to maintain their health and well-being. People were supported to access healthcare professionals for additional support.

Good ●

Is the service caring?

The service was caring.

People were happy with the care and support they received from most staff who were caring and thoughtful. Staff understood how to promote people's rights to dignity and privacy at all times. People were encouraged to maintain their independence and make everyday choices which were respected by staff. People were able to maintain links with family and friends.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People and their relatives were involved in decisions about their care and how they wanted to be supported. Care plans contained detailed information to inform staff how to support people's needs and preferences. People knew how to make a complaint and the provider monitored complaints to identify any trends and patterns. There was a range of activities for people to be involved in.

Is the service well-led?

The service was well-led.

Overall, people and relatives spoke positively about the management team. Staff were supported to carry out their roles by members of the management team who they considered approachable and responsive. The provider had effective systems to review the quality and safety of service provided and to make improvements where needed.

Good ●

Avalon 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 16 October 2017 and was unannounced.

The inspection was undertaken by three inspectors, a specialist advisor and an expert-by-experience. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor who supported us was an experienced nurse. An expert-by-experience is someone who has knowledge and experience of using, or caring for someone, who uses this type of service.

We spoke with ten people who lived at the home and four people's visitors or relatives. We spoke with 17 members of staff (including care workers, a team leader, a unit manager, the deputy manager, the head chef, a house keeper, maintenance worker and the registered manager).

Before our inspection visit we also reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had asked for information from the provider, regarding information of concern that had been received prior to our inspection. This related to the length of time some people had to wait for care staff to attend to them, poor moving and handling techniques and the high level of agency staff used within the home. There were also concerns around the safe administration of medicines.

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 used this information as part of our inspection planning. We found the information

reflected the service we saw.

We observed care and support provided in communal areas and we observed how people were supported to eat and drink at lunch time. We looked at a range of records about people's care including eight care files; daily records which described the care people received each day, and fluid and food recording charts. This was to assess whether the care people needed was being provided.

We also looked at three staff files, staff training records and staff rotas to check that safe recruitment procedures were in operation and that staff received appropriate support to continue their professional development. In addition we requested information from the provider about audits conducted within the home to see what improvements were being made.

Is the service safe?

Our findings

Prior to our inspection we had received information alleging people were unhappy with the use of agency staff, and they sometimes had to wait when assistance was required. Some people had said they were not being moved and handled correctly by some staff and there were concerns around the administration of medicines. We looked at these areas during our inspection visit. The provider had also carried out a detailed investigation into these concerns.

To support staffing levels within the home the provider employed several agency staff. We received mixed feedback from people and their relatives about staffing levels at the home and the use of agency staff. Some people told us at times, they had to wait for staff to be available to support them, and some spoke of feeling unsafe because they were receiving care and support from people they were not familiar with. However other people told us they felt safe and were well supported by staff.

Comments people made were, "There are so many different staff, they are short staffed and use agency, it's not always good for us, why can't they get the staff to stay?" And, "People walk in my room and I don't know who they are." This person went on to tell us this made them feel unsafe. A relative we spoke with also told us their relation had been upset because staff, who they were not familiar with, came into their room at night.

Some people commented they did not feel safe when being moved and handled by some agency staff or confident they knew how to manage any change in their support needs. One person told us, "If I want a bath I will wait until the girls I know come on duty, they know me best. I only let the others (agency) do the bare minimum like fetching me a cup of tea." However other people we spoke with, who required the assistance of staff to move around, told us they felt safe being supported by all staff.

One relative told us they felt their family member was safe because there were long corridors they liked to walk up and down and staff were available to watch and support them if they needed help. They commented "The professional support given to [person] and the family has been invaluable."

During our inspection visit we observed an agency worker incorrectly supporting a person to move from one chair to another. We saw the unit manager acted immediately and went to support the person. Following the incident the unit manager told us they had spoken to the staff member involved and the manager of the agency they were employed by. To ensure people's safety the member of staff was not allowed to assist with any further moving and handling during their shift, and the unit manager updated the registered manager of the actions taken.

We discussed this with the registered manager who told us they requested profiles of all agency staff prior to them working in the home to establish what training they had received in essential areas, such as moving and handling people. They told us any agency staff who did not demonstrate the required standards set by the provider were not asked back into the home.

Staff we spoke with told us they felt under pressure supporting agency workers, one told us, "I work with lots of agency staff. It brings morale down because people want familiar staff. I have to show the agency staff the ropes which takes up a lot of time I could be spending with people."

The registered manager acknowledged that the use of agency staff was unsettling for people and we saw in a recent relatives meeting that people had expressed their concerns about this. Robust efforts were being made by the provider to recruit permanent staff to the home.

We asked people if staff responded in a timely way when they pressed their call bell. Most people told us they did, but some had experienced delays in staff responding to their needs. The registered manager acknowledged this and told us a new 'twilight' shift was being introduced to provide extra support for people between 18:00 to 22:00 hours. Several people told us this was a time when staff sometimes took longer to answer their call bells for assistance to go to bed. During our inspection visit we observed there were sufficient numbers of staff to support people and call bells were responded to in a timely way.

Prior to our inspection visit we contacted the provider as we had concerns regarding the number of falls notifications we had received, with some people sustaining serious injuries. The registered manager told us they analysed the information relating to falls and had identified several were occurring during the night time. As a result they had carried out unannounced visits during the night to ensure risk management plans were being followed by staff on duty and that observations of those people at risk were increased. As a result the number of falls taking place had reduced.

We asked if there were sufficient numbers of staff at night to support people safely. The registered manager told us they were confident there were, but they regularly reviewed staffing levels to ensure staff could meet the needs of people. They told us they were in the process of reviewing the level of staffing again as some people's needs had increased, which meant they required additional support.

Risk assessments and management plans were in place to identify potential risks to people's health and wellbeing. We looked at the records of some people who were at risk of falls and saw preventative measures were in place. For example, one person's records indicated new footwear with firm soles had been purchased to make walking safer and we saw they wore a call alarm around their neck so they could summon assistance from staff. The person was checked every hour during the night by staff, and they had been offered a sensor mat to alert staff when they were getting out of bed.

Another person had their bed placed at the lowest level and crash mats placed next to it in case they fell out of bed. There was also a sensor mat to alert staff when the person moved. We observed staff were vigilant and walked with people who were at risk of falling. One person, who had a history of falls had chosen to move to a smaller bedroom. This meant they had less distance to walk from their bed to the toilet during the night as this was when most falls had occurred. A night light was also located in their room so they could see where they were walking.

Staff were knowledgeable about the risks to people and how to manage them, comments made were, "[Person] can wobble a bit when trying to stand so we say, 'Stand tall, look up', we check her every half hour if she is in her room." Another said, "We encourage her to walk slowly and to take her time."

Staff understood their responsibilities to keep people safe from the risks of abuse. They told us they had completed training to identify abuse and knew the signs to look for which demonstrated their learning. One member of staff said, "I know how to recognise abuse. Things like people being withdrawn or having bruised skin." Another told us, "I have had safeguarding training; we know to report everything so it can be

investigated. If the manager didn't do anything I would phone CQC."

We checked to see if medicines were administered, stored and disposed of safely and observed staff administering medicines. We had mixed views from people when we asked if they received their medicines on time. Comments included, "They are very precise." However, one person commented, "There are too many different people doing them... it would be a lot better if it was the same person, then they would know what they are doing."

Prior to our inspection visit we had received information stating the administration of medicines was not consistently carried out safely and the medicines trolley was left unattended. During our observations we saw staff took their time when administering people's medicines and gave people enough time to take them. There were medicine plans for those people prescribed medicines on an 'as required' [PRN] basis, which detailed when the person should receive their medicine and the times given. However we could not locate three people's PRN plans and discussed this with the senior care worker who told us they would address this immediately. They said plans were in place and they would investigate were they had been put.

The medicines trolley was not left unattended during our visit and the registered manager showed us the investigation carried out following the information of concern received. An agency worker had agreed the trolley was temporarily left unattended however it was locked. The unit manager had addressed this with all staff to remind them to secure the trolley away in a clinical room.

One person received their medicine covertly (disguised in food), in their best interests to maintain their health and well-being. We saw the GP had completed the correct paperwork however this had not yet been completed with the family. The deputy manager told us the family were fully aware and in agreement with the decision and they would complete the paperwork with them at their next visit.

All staff we spoke with who administered medicines told us they had undertaken training and had their competency checked to ensure they could administer medicines safely. We asked how they monitored people for pain if they were unable to verbally communicate. Staff told us they would look for any changes in a person's body language, facial expression or mood.

The provider's recruitment procedures minimised the risk to people's safety. Potential new staff members were subject to checks to ensure they were of good character and suitable to work at the home. Records confirmed these checks were in place before they started work. They included a Disclosure and Barring Service (DBS) check and written references. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

The provider checked the premises were maintained to minimise risks to people's safety. Records showed the maintenance team checked that essential supplies and equipment such as water, gas, electricity, the lift and hoists were tested and maintained.

Is the service effective?

Our findings

Staff new to the home received an induction to ensure they understood their role and responsibilities, and had the knowledge to support people effectively. One member of staff told us, "Yes, it was good, we had face to face training for safeguarding, I learnt to report everything if I am ever worried about someone." They went on to say they had 'shadowed' (worked alongside) more experienced staff which had helped them to get to know people and understand their role and responsibility.

Staff spoke positively about their training and developmental opportunities. One commented, "I have had lots of training, how to use a hoist, food safety, fire (procedures). If the alarm goes off it's important not to panic and to follow instructions from the most senior person in charge."

There was a system in place to implement the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. To obtain this staff are assessed against a specific set of standards. Our discussions with the registered manager confirmed that all care staff working at the service would complete the Care Certificate. They acknowledged that some of the staff refresher training had been slightly behind schedule but was now back on course. In addition the provider employed an 'in-house trainer' to provide support and training to staff within the home.

Staff told us they received individual meetings with their line managers called supervision meetings. These were opportunities for them to discuss how they were performing and what additional support they required. One told us, "I have supervision with [team leader] she is really supportive, a lovely person."

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. 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).

The registered manager had a good understanding of the MCA and DoLS legislation. Staff had undertaken capacity assessments to determine which decisions each person could make themselves and which decisions should be made in their best interests. Where people's care plans included restrictions on people's rights, choices or liberties we found applications had been made to the supervisory body.

Staff had a good understanding of the principles of the Act and how this affected their practice. Care workers understood the importance of obtaining people's consent prior to providing care and support. Staff told us, "It's about people making their own choices and not making assumptions. Some people have a DoLS because it's not safe for them to leave the home alone, we have a duty to keep people safe."

Staff told us they would always ask people for their consent prior to undertaking care tasks and most people we spoke with confirmed this. One person told us, "I think they are trained well, they are always polite and ask if I need anything."

People were able to access food and drinks throughout the day however; we had mixed views from people about the quality of the food. One person told us, "On the whole it's good and we get plenty to eat and drink." However some people had commented that the food was not always warm enough or cooked properly. One person told us, "The dinners are terrible and there is lots of waste... they have good food but don't know how to cook it."

We spoke to the Chef, who told us there had been some issues with food being delivered to one floor of the home which did not have a hot trolley and some people had complained food was not warm enough. This had been rectified and the provider had purchased a new trolley so each floor could have food served directly from a hot plate. We saw minutes from a recent resident's meeting where the registered manager had reminded people that they could always ask for extra helpings of food if they wanted more, and encouraged people to speak to the chef if there were other food items they would like to see on the menus.

People were supported to maintain a nutritious diet that met their preferences. There was good communication between the cook and staff regarding specific diets people required, for example, some people required soft diets as they had difficulty in swallowing.

We observed the lunchtime experience for people and observed they had good support with eating and drinking. On the memory unit there were two hostesses who supported people all day with their food and fluids. We saw people having a cooked breakfast or cereals until late in the morning, at the times they chose, as there was no fixed time for breakfast. At lunchtime people had a choice of meals, and we saw two plates shown to a person in their room to help them decide what meal they wanted. People had a pleasant lunch time experience with choices of meals and drinks, including wine for those who wished to have alcohol.

People who needed pureed food or fortified food received this. We saw milkshakes given to people and tea trollies stocked with cakes. The home responded to people's differing eating habits. If people did not want a hot meal at lunchtime, the chef made extra meals so there were hot meals for those who wanted them in the evening. Also sandwiches and snacks were available if people were hungry. We saw staff sit with people whilst they ate and gave support at the pace of the individual. No one was hurried, or rushed, to eat their meals.

People at risk of weight loss were monitored regularly and there were plans in place to increase the calories they ate. One person with diabetes told us staff encouraged them to eat a healthy diet to maintain their health and well-being but they did not always want to accept the advice given. Staff we spoke with told us, "We encourage [person] to limit his sugar intake but we can only advise. [Person] has full capacity and knows what is not good for him, but it's his choice."

The provider worked in partnership with other health and social care professionals to support people's needs. People received additional support when required from healthcare professionals such as opticians, dieticians, speech and language therapists and District Nurses. People were supported to maintain good health and to access healthcare services when needed. All the people we spoke with told us the staff would get a doctor if they needed to see one.

One person told us the staff sorted out all of their medical appointments. They went on to tell us they had an appointment in the upcoming weeks at the local hospital and a staff member was going with them. In

addition staff had organised transport to take them to the hospital and the person commented, "It's a weight off my mind knowing it is all sorted out."

Is the service caring?

Our findings

People and relatives told us, and we observed, that all of the provider's staff were kind and caring to people. Comments made were, "They are really lovely to me." And, "It's ok here, I like the staff they are kind." And, "Yes, I am happy here. I like my room and the staff are good."

A relative we spoke with told us they felt staff were very caring and not only looked after their relation but also supported them as well. One carer had shown kindness to them in helping to buy clothing for their relation because they had found difficulties in obtaining the correct sizes. They told us their family member was well cared for and during our inspection visit we saw people were well presented, with clean clothes and bedding.

However, some people told us they preferred to be cared for by staff they knew. One person told us, "The majority of staff are caring and they take time to listen, it's only really agency staff who don't do this." A relative we spoke with told us their relation had been upset at the attitude of some agency staff who did not fully understand their support needs.

We discussed these concerns with the registered manager who told us any concerns regarding any staff member's attitude were dealt with robustly, and if an agency staff member was involved they would not be asked to work again at the home. In addition the relevant agency manager would be contacted to inform them.

We saw compliments from relatives to the registered manager praising staff for 'superb care' and staff described as 'warm, compassionate and caring'. We observed both permanent, and some agency staff, being kind and supportive to people and we saw people's privacy and dignity being respected. One relative we spoke to told us, "The team leader understands the world of dementia. She always talks about preserving [persons] dignity." They went on to say that when their relative first came to the home they would suddenly undress and the staff had towels ready to make sure their relation's dignity was maintained and they were covered up quickly.

They also told us how helpful the provider's receptionists were. They commented, "Receptionists can make such a difference." They told us when they were feeling low about changes in their relatives condition, it was important to have 'kind and supportive people greeting you' on entering the home. They went on to say the registered manager had told them, "We don't do miserable; we do reassurance," and the relative agreed with this.

People told us most staff knocked and waited before they went into people's rooms. One person told us, "They do tap on the door before they come in to me." We asked people if they felt staff treated them respectfully, they told us most staff did.

People's privacy and dignity was respected and we saw doors were shut when personal care was being delivered and staff supported people to maintain their independence. One staff member told us, "I cover

people with towels when I wash them; it's the right thing to do. I encourage people to do as much for themselves to promote their independence. For example, giving people a flannel to wash their own hands and face and cutting up their sandwiches so people can eat them without assistance." Another told us, "We encourage people to be independent. We got [person] a new walking frame with wheels because they couldn't use a push along one. This made it easier for him to get around. We have adapted cups for people who can't hold cups very well so they don't need help to drink."

Staff we spoke with were committed to provide good care. Comments made were, "I love working here and with dementia, I just love them (people living with dementia) and talking to them." Another told us, "If I genuinely didn't agree with the care I wouldn't be here and wouldn't be able to do my job well if the company didn't have the right values – with Avery [the provider], it is the resident that matters."

However one staff member told us they did not always have enough time to sit and talk to people, they commented, "I really care about people here, I look after them as though they were my mum or dad, that's how I know I do a good job. I don't always have enough time to sit and talk to people which is a shame."

During our inspection visit we saw staff sitting and talking to people and joining in with the activities. The hostesses also knew people well and were supportive of their needs and we heard lots of laughter and saw smiling faces. People told us staff seemed genuinely interested in them and they were able to talk about their lives.

We heard staff giving explanations to people before providing assistance and saw several examples of staff touching people's hands and placing their hands on their shoulder to offer reassurance. People appeared to enjoy this contact and we heard positive interactions between people and staff. People told us staff checked on their welfare regularly, one person commented, "[Staff name] is always there, he will pop in and check we are all ok, he is a proper gentleman." Another told us, "They keep popping in to check I am ok and if I need anything."

People told us they were able to choose how they spent their day and received their care, and care records showed people and their relations were consulted about how they would like their support provided. For example, we saw one person had informed staff they would only accept care from female staff and staff we spoke to were aware of this and respected the person's wishes.

Staff were aware of the importance of respecting peoples equality and diversity. For example, one staff member told us they would be 'extremely respectful' if people chose to let them know of their sexuality. They told us if people felt sensitive to disclose personal choices freely, they would hope that in time, the person would feel safe enough with staff to speak openly. They went on to say, "Whatever (support) we provide we shouldn't be discriminatory." Another member of staff told us, "I did equality and diversity training a while ago, it's important that peoples different ways are recognised."

We saw confidential records were stored securely and we observed staff speaking discreetly to people when discussing personal matters.

Relatives told us they were able to visit whenever they want and there was a café on the ground floor where they could spend time with their relation. There were also several lounges and quiet areas throughout the home where people could spend time with their family members.

Is the service responsive?

Our findings

People told us they felt staff responded well to their needs. For example, one person told us they had requested some new pillows for their bed and these had been provided 'within minutes'. They went on to say, "If I ask for something it's provided to me."

The registered manager told us they tried to ensure continuity of staff so people could be supported by familiar staff. They told us this was important so people living at the home could build relationships with staff that could understand and support their needs.

During our inspection visit one person became unwell. Staff had been monitoring them closely as their health had deteriorated during the previous days and they had been seen by a doctor. However, staff remained concerned about the person and called an ambulance to attend as the doctor was unable to visit the person soon enough. This demonstrated that staff were responding to people's individual needs and providing the appropriate support.

We saw care plans were based around the person's individual needs. They informed staff of people's personal care requirements, their likes and dislikes and gave an understanding of people's life history and how they wanted to spend their leisure time. Plans we looked at gave detailed information about people's preferences. For example, one person enjoyed late evening snacks and a glass of wine, another person liked to have their window open at night and a biscuit next to their bed. Staff we spoke with were aware of these preferences. One person told us they enjoyed reading the newspaper and these were provided free of charge each day. They told us they liked this and said 'It's a nice little touch.'

There was detailed information about people's lives before they moved in to the home and staff used this information to engage with people. For example, one person had enjoyed dancing to a particular style of music. On the day of our inspection this music was being played and staff reminisced with the person about their life and how they had enjoyed dancing. Care staff we spoke with told us they read people's care plans. One care worker told us they found them useful to obtain important information about people, for example if they had any allergies.

The unit manager told us in response to supporting people whose first language was not English, they had asked an agency worker, who could speak certain languages to become a permanent member of staff.

We saw people and their relatives were involved in reviews of their care plans and the support they required. For example, one person had a fear of falling and decided they would no longer like to walk around the home. Instead they used a motorised scooter and during our visit we saw them using this about the home. Staff told us using the scooter was important to the person because it meant they could move around the home as they chose to. However, one person we spoke with told us they would like more assistance with moving out of their chair from staff. We looked at their care plan and saw there had been a recent review, which the person had signed, stating they required assistance from one member of staff to move. They told us they felt they now needed more help and we discussed this with the deputy manager who immediately

went to speak with the person.

In order to share information about people and their needs there were handover meetings each morning which care staff told us they were fully involved with. Agency staff we spoke with also told us they were given a detailed handover at the start of their shift and we saw they were also given written information about people. For example, if they were diabetic or needed to be hoisted when being moved. They told us they found this information helpful so they could understand people's support needs.

Staff told us there was a communication book on each floor that contained specific information that staff needed to be aware of. One staff member told us the communication book was helpful as it contained messages that had been left by the team leader for staff to follow and complete specific tasks. Once these were completed staff signed the book to show they had been done, for example booking transportation for people to attend hospital appointments.

The home had a wellbeing and activity team comprising of five staff. The team booked entertainers to visit the home and organised special events for birthdays and important dates for people. There were opportunities for group activities such as a dance group. One of the team was a physiotherapist and they arranged activities to support people's mobility. Another explained they tried to support people's social, physical and emotional well-being and provided one to one activities for those who did not want to, or could not, join in with groups.

There was a comprehensive activities calendar on display throughout the home. This showed a tea dance was being organised later in the month and relatives were invited to attend. We observed people enjoyed either joining in with the sessions on offer, or just watching those who were taking part. In the afternoon of our inspection visit there was an organised activity which required people throwing hoops over a target. There was a lot of hilarity as people tried to throw the hoops, and jokes about the 'cheating' to hit the target. We saw that people were able to take part in yoga and tai chi sessions and these were armchair sessions so people felt safe. There was a pantomime group being formed so that people could be part of the upcoming planned Christmas pantomime, and quiz nights.

On the day of our inspection some of the people in the home attended the activity on the ground floor where African drumming was taking place. There was a lively atmosphere and we heard people singing and clapping and there was much laughter. The provider employed a driver to support people to have outings outside of the home. The registered manager told us they were in the process of recruiting more drivers so there would be more opportunities for people to access the local community.

People and relatives told us they knew they could make a complaint if they had concerns and several told us they would speak to a member of the management team. Some people told us they did not know about the formal complaint procedure but added they would have been told about this at some point. One person told us they would be comfortable making a complaint and they had made some 'minor complaints' which had been looked into by the registered manager. Another told us they had once complained that their medicines had been late on occasions and commented, "It has improved, at one stage it was very late, but it's only late sometimes now." One person told us they had never complained but would speak to the registered manager if they had any concerns.

Staff told us they would support people to make a complaint and there was information in the main foyer informing people how they could make a complaint. Records showed the registered manager had responded to and investigated complaints received.

Is the service well-led?

Our findings

We asked people if they felt the home was well led and most people were positive. Comments made were, "Avery [provider] equipment and everything they use is first class and quality," and, "It's very clean" and, "The best thing is security and cleanliness, and being cared for."

Whilst most people were happy with the care they were receiving, several told us they did not feel they had enough contact with the registered manager.

We had mixed views from staff when we asked if they felt supported and valued by the management team. Comments made were, "I feel a bit distanced from the registered manager, I don't really see them much, but I get great support from the team leader." And, "The team leaders are good but the senior managers are not around very much, no one ever says thank you."

However, one staff member described the registered manager as, "Fantastic." and another commented, "The manager is approachable but I would go to the team leader if I had to raise any issues." One member of staff described the deputy manager as, "A wonderful caring and kind nurse who loves the residents." Staff told us whilst enjoying their work, at times there was not enough praise, re-assurance or thanks given to them for working so hard.

We discussed this with the registered manager who acknowledged that due to the demands on their time in running the home, they were not always visible enough to people or staff. Although there were registered with us as the manager their role was more of general manager. They told us they were supported by an extensive management team who were always available to respond to concerns or questions. Only when there were issues or concerns that could not be dealt with by the team would they usually become involved. However, to address the views identified they told us they would speak to the people who used the service to hear their views and remind them of who was available within the management structure to support them.

Members of the management team told us they encouraged an 'open door' policy and encouraged honesty amongst staff. This was achieved through team meetings and support by the deputy manager, floor managers and team leaders being available to speak to staff if they had concerns. Staff told us having various levels of managers within the home made it easier to discuss issues or concerns they had.

The management team were aware of their roles and responsibilities. Staff we spoke with commented they were well supported by the team and could discuss any concerns with them. The deputy manager was always available for support and one staff member told us, "She is totally honest, I will get 100% honesty whether I like it or not."

Low staff morale had been identified by the provider, and the registered manager agreed that staff had been working hard to support people and the use of agency staff had placed additional pressure on them. They

told us a staff survey was being planned so they could gather the views of staff and an employee of the month scheme was being introduced along with recognition of staff birthdays. They told us they would discuss the feedback from staff regarding praise from the management team to ensure staff were thanked for their hard work. Staff received regular one to one meetings with a member of the management team and this would be discussed to ensure staff could share their views and thoughts.

To address the concerns around the high use of agency staff, the provider was making extensive and robust efforts to recruit new staff to reduce the reliance on agency staff. The registered manager agreed there was a large turnover of staff but they told us this was because the provider set high standards and staff who did not meet the required levels were not retained. They went on to say the recruitment of permanent staff was the biggest challenge currently faced by the provider, particularly for night time vacancies and recruiting from the local regional area.

To attract more applicants the provider had recently increased the pay on offer and also employed some suitable agency staff from 'temporary to permanent' contracts. To ensure new staff were inducted quickly into the home, a new training programme had also been introduced which was repeated every two weeks. This meant that staff received their initial training quickly, in order for them to be able to independently support people as soon as possible.

Staff told us they felt they supported each other well and there was a strong team spirit, comments made were, "We all work together which is good for people." Staff told us they thought people were well cared for, one commented, "I feel residents are safe here, they have a really good quality of life."

Staff were supervised using a system of supervision meetings, observations, and annual appraisals. Regular supervision meetings (one to one meetings) provided an opportunity for staff to discuss personal development and training requirements to keep their skills up to date. One told us, "I have supervisions every couple of months to discuss how I am doing. I can ask for more training."

Staff told us they could speak with a manager when they needed to, and there was always support available from a member of the management team 24 hours a day by telephone. The provider also had a whistle blowing policy so staff could report any concerns anonymously. Staff we spoke to were aware of this, one told us, "We were told about the whistle blowing 'hotline' and were encouraged to speak up."

The deputy manager told us she received excellent support from the registered manager and that they worked well together. There was a mutual respect between both and they shared the same vision and values on how the service should support people and progress. The registered manager told us they felt well supported by the provider's regional manager and commented, "They are really helpful."

Regular resident meetings were held for people to share their views and opinions on the service they received. People told us they found these useful and we saw minutes from a recent meeting. Topics discussed were the use of agency staff, what additional ideas people had for activities and the quality of the food. The registered manager had informed people the purpose of these meetings was to see what improvements could be made within the home.

Staff meetings were held and each day a '10 at 10' meeting was held. This was an opportunity for heads of departments and a representative from each floor to meet and share information or discuss any issues that needed support. There was a 24 hour on call system for staff to speak with a manager if they had concerns.

The provider completed regular audits to assess the quality of the service. For example, they checked

people's care plans were completed and regularly reviewed, and that medicines were administered safely by staff who continued to be competent to administer them. They monitored and analysed accidents, incidents and falls to identify themes and trends to reduce the likelihood of them re occurring. This ensured the service continuously improved.

The registered manager told us which statutory notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications from them.