West Midlands Residential Care Homes Limited

Avenue House - Wolverhampton

Inspection report

26 Clifton Road
Tettenhall
Wolverhampton
West Midlands
WV6 9AP
Tel: 01902 774710
Website: None

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Ratings

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

Overall summary

Our inspection took place on 6 and 7 August 2015 and was unannounced. We last inspected the service on 9 April 2014 and found that the provider was not meeting the law in respect of ensuring there was sufficient staff available to meet people's needs and people's consent to care was not consistently sought. In addition there was no system in place to ensure the quality of the service was managed. After the inspection, the provider wrote to us and told us how they were going to make improvements to ensure these matters were addressed. During this inspection we found the provider had made some improvements to the service.

Avenue House is a care home that provides care and accommodation for up to 21 older people who may have dementia.

Summary of findings

The service did not have a registered manager at the time of our inspection, although the manager has since registered with the Care Quality Commission (CQC). 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 at the service. Staff were knowledgeable as to how to escalate any allegations of abuse although there had been one occasion where an incident had not been escalated in accordance with local safeguarding procedures. The incident was reported after our inspection.

People told us they received their medicines when needed although systems for the management of medicines were not always robust enough to identify where people may not have received their medicines as prescribed, or that medicine records were always accurate. Other risks to people's individual health and safety were assessed and we saw action was taken by staff to minimise risks for example, where people were at risk of weight loss appropriate action was taken.

The provider had recruited additional staff since our previous inspection so they could ensure safe staffing levels could be maintained. People told us that there were sufficient staff available to meet their needs.

People told us, and we saw care and support was provided at the time of the inspection in a way that showed staff were caring. Staff were knowledgeable about people's care and support needs, and were supported with appropriate training, although the staff awareness of caring for people living with diabetes could be improved.

People told us there were supported by staff to make decisions about their day to day care and staff understood how to promote people's rights and work in their best interests. People's healthcare needs were promoted and regular appointments with healthcare professionals were maintained.

People told us they enjoyed the foods that were available and had enough to drink. People who were identified as having a preference for specific cultural meals did not have these provided by the service, with provision of these by relatives.

People told us that they felt well cared for and said staff understood what was important to them. They told us the way care and support was provided reflected their individual wishes. Staff had a good knowledge of what was important for people.

People had access to planned activities and told us they were happy with how they spent their time. Relatives told us stimulation for people could be improved and their views were shared with the manager during the inspection, who made a commitment to respond to these.

People knew who to speak with if they had any concerns and felt staff listened to them.

The provider had introduced a system for monitoring the quality of the service. However, there was still scope to develop this further to so that risks were consistently identified and areas for improvement were identified and acted upon. People we spoke with were happy with the quality of the service they received although some relatives told us of areas that could be better and some were not always fully confident that these would be addressed. People and staff told us they found the manager and other senior staff approachable and were able to share their views about the service with them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People told us they felt safe but could not always be assured any incidents of abuse would be consistently escalated to the local authority for investigation.

People's medicines were not always managed in a way that was safe.

People were protected by systems to manage other potential risks to their individual health and welfare. People were supported by a sufficient number of staff.

Is the service effective?

Requires Improvement

The service was not always effective

People's meal time experiences could have been better, due to having to wait for their meal. Some people did not have meals provided by the service that reflected their cultural preferences. People told us they enjoyed the choice of food and drink they were given however.

People told us that they had confidence in staff who they felt were skilled and well trained although there was scope to improve staff awareness of the risks for people living with diabetes.

People's rights were promoted, and any decisions considered in their best interests.

People's health care needs were promoted.

Is the service caring?

Requires Improvement

The service was not consistently caring

People told us that staff were consistently kind and caring but there had been occasions where people's privacy and dignity had been compromised.

People's choices were explained to them at the point they received support from staff.

People received care in a way that showed staff knew their individual preferences were. People's independence was promoted.

Is the service responsive?

Good

The service was responsive

People were involved in planning their care. Staff were knowledgeable about people's needs and preferences.

People told us they were able to spend time how they wished and enjoyed activities the provider had introduced.

Summary of findings

People told us they were able to talk to staff and they listened to them.

Is the service well-led?

Requires Improvement 

The service was not consistently well led

People told us they were happy with the service they received.

Some relatives said issues of concern were not always addressed and they did not always feel the service was always well led. People were not always consistently protected by robust systems that routinely identified risks to the safe running and quality of the service.

Avenue House - Wolverhampton

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 6 and 7 August 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. There was also information of concern we received before our inspection that we were aware the provider had been asked to investigate by commissioners that we considered. We looked at all the information received from other stakeholders and notifications of incidents that the provider had sent us since the last inspection. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur, like serious injuries to people who live at the service. We considered this information when we planned our inspection.

We spoke with 10 people who used the service and five relatives. We also spoke with the manager, the deputy manager, two senior care and four care staff. We observed how staff interacted with the people who used the service throughout the inspection. We also observed a meeting with people and their relatives and a staff handover. We looked at seven 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 looked at three staff recruitment files, service quality audits, management action plans, training records and minutes of meetings with people and staff.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 9 April 2014 we found that due to staffing vacancies staff were working over their normal contractual hours to maintain safe staffing levels. This had not always been with the agreement of staff. The provider sent us an action plan after our previous inspection telling us how they would make improvements. They told us that they would recruit additional care staff so that existing staff would not have to work excessive hours.

At this inspection we found that the manager had ensured that any staff vacancies were recruited to as they arose. People we spoke with said they did not have to wait for assistance from staff and we saw care staff were visible and provided appropriate support to people, for example responding to their requests in a timely way and caring out regular checks on people identified at risk. We found there was now sufficient staff to ensure there was no need for care staff to work excessive hours. Staff we spoke with confirmed and said there was sufficient staff available to ensure people's needs were met and they were safe. This showed the provider had taken the actions they said they would in their action plan and made improvements to ensure there was sufficient staff employed to maintain safe staffing levels.

Staff told us about an incident where a person had suffered harm that had not been reported to the local safeguarding authority. The staff had taken action to ensure the person harmed was safe, and their minor injuries were promptly attended to by a health professional. When we discussed this with the manager they acknowledged it was their responsibility to have raised a safeguarding referral. The alert was reported by the manager to the local safeguarding authority following our inspection and they told us they would ensure that any future incidents or allegations of abuse would be promptly reported. Staff we spoke with were able to describe what potential abuse may look like and how they should escalate their concerns to ensure people were kept safe. The manager was well informed as to how to report potential abuse and we saw an earlier allegation of abuse had been reported promptly to the police.

People we spoke with told us they received their oral medicines when needed and they had no concerns about how these were given to them. One person told us, "I get my tablets when I need them". We found that most people received their oral medicines as prescribed by their doctor. However we found some limited instances where it was not always possible to verify people had their medicines as prescribed. We found a person's medicines were recorded as administered by staff on the medication administration records (MARs) and they were still present in the packaging medicines were stored in. We spoke with a member of staff about why these were recorded as administered when not given. They said they had completed the MARs before finding the person was unable to take the medicine, and not corrected the MARs. We spoke with the manager about this and they said they would discuss the importance of accurate recording of medicine administration with all staff. In addition we found that the amount of medicines in stock on occasion did not reflect what was recorded in people's MARs. The manager was aware that there were some difficulties with recording stock they had identified due to the contracted pharmacist and as a result they were changing pharmacist.

We found the provider had systems in place for the safe recruitment of staff. We found these were robust and made sure that staff were of an appropriate character to care for people. 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 barring list checks for persons whose role is to provide any form of care. We spoke with members of staff that had recently commenced working at the service and they confirmed that the provider had carried out all the appropriate checks needed before they started work, this including two professional references.

People we spoke with told us they felt safe. One person said, "Yes I feel safe" and another, "They [my relatives] know I am safe". We saw risks to people had been identified, assessed and recorded in their care records. For example, where there were risks identified due to people having fragile skin we saw appropriate equipment was in place, such as specialist mattress and chair cushions, to address this risk. Staff we spoke with were able to tell us about the risks to specific people which reflected those recorded in their individual records, and what steps they needed to take to keep people safe.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 9 April 2014 we found that there were occasions where decisions were made by people's relatives when the person had capacity to make these decisions. In addition we had found staff had a poor understanding of how people's rights should have been promoted in accordance with the Mental Capacity Act 2005 (MCA).The provider sent us an action plan after our previous inspection and told us where people had capacity they would make decisions about their care. We found the provider had made improvements to ensure that people's consent or that of an appropriate representative was sought.

At this inspection the manager and staff were able to demonstrate they now had a good working knowledge of the requirements of the Mental Capacity Act 2005, this reflecting training they had received. Staff we spoke with understood how they should ensure a person consented before they offered any care or support. We saw these methods were put into practice so as to ensure people's human and legal rights were respected. We did not see any person subject to any restrictions of their liberty. The manager was aware if restrictions may be necessary to promote the safety of people without capacity they should make an application to the local authority for authorisation. Some people we saw were assessed as not having capacity by the provider and in these cases the manager had involved other parties, for example health care professionals and representatives for the person who were able to legally make decisions on the person's behalf. We saw these decisions were recorded to show that steps taken in the person's best interests. We saw that staff routinely offered people choices and respected the decisions people made about their day to day care. One person said, "You can have a bath when you like and where you like".

People told us that they were satisfied with the food they received and we saw that people had a choice of food and drink during our inspection. One person told us, "Its excellent food". Another person said, "The food is great and I thoroughly enjoy it". However, a relative told us, "Food, there is not usually a choice. Menu rotation does not seem to happen". Some relatives told us there could be more options for people that were vegetarians and one person was identified as liking specific Caribbean foods, which based on food diaries we saw were not offered to them recently. We discussed this with the manager and they said that there had been a meeting with catering staff where a new draft menu had been discussed and agreed. The manager told us that they were cooking one of the meals off the new menu on the day of the inspection. They said that relatives did bring in foods for some people that met their cultural preferences. The manager told us one person had a poor appetite and the family bringing in food was to encourage them to eat. The manager also told us that they had cooked meals that reflected the person's cultural choices but these had been declined. The manager said they would continue to look at how they could review how differing options could be offered to the person. We saw people's views about food were shared at a meeting with people during our inspection, where people were told about the menus that were to be introduced.

We saw lunch served in the dining room on the first day of our inspection. People were seated from 12:30pm onwards although the first meal was not served until 1:10pm. We saw one person after they were sat down decided to get up again after waiting a while as there was no stimulation to occupy people while they waited. This showed the timing for serving of the meal could have been better on this occasion. The manager told us that the cook was off duty and they were cooking meals on this occasion, which they told us was an exception. We saw there was a substantive cook on duty on the second day of our inspection. We did see people had the option of three main course choices and two puddings. Where people did not want these options, people were additional options. We saw where people needed assistance to help them eat, this was provided by staff. Staff assisted them at the person's own pace.

People we spoke with were happy with the staff and the care they received. Some relatives we spoke with were confident in the staff team. One relative told us, "The care is good and we know she is safe here". However, some relatives were not as confident with all the staff. One relative commented, "The level of care depends on who is on shift". Reference was made in respect of some of the newly employed staff who we found were still on induction. We did see some occasions where these staff were not as familiar with people's preferences but we did see saw established staff took action to ensure any gaps in staff knowledge did not impact on people.

Requires Improvement

Is the service effective?

We saw that staff provided people with care and support in a way that that ensured people were comfortable and relaxed. Established staff had a good knowledge of people's individual needs. Newer staff told us they were well supported by existing staff and they told us how they had commenced their 'care certificate' as part of their induction. The care certificate is training and education that prepares staff to work in their jobs. Staff told us that they were well supported with the training they needed and spoke of planned training. We saw that the provider had a system for monitoring the training staff received and this showed that the staff had, or were receiving input in areas of knowledge and skill that were important. There were some people living at the service who had diabetes. Some staff we spoke with only had a basic knowledge of some of the factors that were of import in caring for people living with diabetes, which included symptoms that may present as a result of this disease and the potential risk factors to people's health. Only a small number of staff that had received training in providing care to people with living with diabetes however. We discussed this with the manager and they said they would explore options to source training for staff in this subject so as to enhance their knowledge in this area.

People told us they were supported with the health and wellbeing through contact with external healthcare services. One person told us, "The doctor was in last week to see me, you just have to ask and it's sorted". Another person told us that they were going to see the doctor for a health complaint and we found that this took place, and prompt treatment was prescribed. We saw that an optician was seeing people during our inspection. When we checked people's records these showed that people's health was monitored and, when there was a concern, the appropriate healthcare professionals were contacted. An example of this was where monitoring of a person's weight had shown a continued weight loss. This matter had been referred promptly to the person's doctor for advice.

Requires Improvement

Is the service caring?

Our findings

People who used the service were positive about the caring attitude of the staff. One person told us, "I have liked it ever since I came here. They [staff] are golden to me, everything is great". Another person said, "Everything is great I am very happy and they look after me. They [staff] can't do enough for me". A third person said, "Our life is worth living now". Most of the relatives we spoke with said some staff were caring but some told us they felt some staff were more caring than others. One relative said, "It's a very caring place but there is a lack of attention to detail". They gave examples including a person's dentures being left in and spectacles left on when the person was in bed sleeping. These issues were raised by relatives with the deputy manager on the day of inspection, and the manager informed us they had been made aware and would be investigating why this happened and would ensure it did not reoccur.

People we spoke with told us they were happy with how their privacy was promoted, although some relatives raised concerns that the toilets and bathrooms did not always provide sufficient privacy. One relative told us, "There is a lack of privacy in the bathrooms at the moment if my [person's name] is on the toilet and the door is opened people can see [the person]". We discussed this with the environment manager who acknowledged there had been concerns raised and they were reviewing the types of locks on toilets and bathrooms so these could be safer and easier for people to use. We were made aware that these issues had been discussed with staff by management and the importance of ensuring people's privacy during personal care highlighted to staff. We did not see people's privacy compromised due to open toilet doors during the inspection. We spoke with care staff and they were aware of the need to ensure people's privacy was promoted when they used the toilet or bathroom, this including ensuring doors were not opened in a way that compromised a person's dignity.

We saw people were able to use their bedrooms when wished, and all the bedrooms were single occupancy. We saw that people's wish to have private time in their rooms was documented in their care plans and staff we spoke with were aware of these wishes. We saw staff respecting these preferences.

We saw some staff were caring in their approach to people, talking kindly to people, offering choices and spending time listening to what people were saying. For example, we saw a member of staff encouraging people to eat their breakfast, sitting with them for a chat and discussing things of interest to them. People showed they appreciated this by the smiles and responses we saw them give to this staff member. We saw people were offered choices, for example people were asked about their choices before staff offered them support. We observed a person showed signs of anxiety. A member of staff calmed the person by talking to them and providing appropriate physical contact with their consent. We saw this person became calmer almost immediately and looked comfortable with the member of staff. We spoke to staff who were able to describe how they showed respect to people and promoted their dignity.

We saw that staff promoted people's independence. For example we saw people had freedom of movement and we saw people were encouraged to complete tasks for themselves. Where there were risks to people, for example, of falling we saw steps were taken to minimise the risks without restricting people's independence or choice.

We saw a number of visitors during our inspection and they told us they were able to visit at any time. We saw that visitors were made welcome by staff. We saw that relatives were supported to take an active part in the care of people they visited so as to maintain relationships and support people's emotional well-being, for example taking people out into the community.

Good

Is the service responsive?

Our findings

People's care plans reflected the care people told us they received and what their preference and choices were. One person said, "The staff are great you can always talk to them about what you need". Another person said, "Everything is great, I am very happy and they look after me". We also saw staff providing care and support to people which we saw detailed in people's care plans. We spoke with staff and they were well informed as to what people's assessed needs were and how people preferred these to be met.

We saw people's needs were assessed prior to admission to the service. We saw there were reviews of people's care involving relatives and other appropriate persons (such as health care professionals) on an on-going basis. One person we spoke with told us about the support they needed and how staff provided this saying, "They can't do enough for me". We saw that staff reviewed people's care at least monthly to ensure that any significant changes were identified and appropriate action taken. For example changes in people's mental health were reviewed and we saw issues had been referred to the appropriate health care professional as well as shared with the person's representative. We observed a staff handover and saw that all significant information, such as changes to people's health, was shared between staff so that they were aware of any changes in people's needs and requirements.

We spoke with staff about how they involved people who at times may not be able to clearly present their views. Staff told us how they would observe people to gauge their non-verbal reactions and responses to enable them to gain an understanding of their likes and dislikes. We saw staff used this approach with people who were not able to clearly verbalise their views on a number of occasions. Staff involved people in their care by explaining what they were doing and asking people before they completed any tasks. Staff understood that people communicated in a number of ways. One staff member told us, "People's communication is not just verbal, always need to ask them, for their choices are always best".

The manager told us how they had developed some group activities that included for example film afternoons, tea dances and craft sessions. People told us that they enjoyed these activities. One person said, "I love to dance and enjoy the films and food as well". We saw there were group sessions in the afternoons that people were able to get involved with. We saw there was a film afternoon with a large screen and age appropriate movie during our inspection. While people said they were happy with how they spent their time some relatives we spoke with told us that individual stimulation for people could be better. Relatives shared their ideas about developing individual stimulation for people with the deputy manager during the inspection, with a commitment given by the deputy to try these out and see if people enjoyed them. One person did tell us how they liked looking out into the garden and watching the wildlife they pointed out to us in the garden. We saw some staff engaged with people and would stop and talk with them when able. One person told us they could always talk to staff and they would, "Have a laugh and a joke" with them. There were however occasions where we saw people siting with little stimulation for periods of time. We spoke with the manager and they said they would use the views of people and relatives to improve ways in which people could access pastimes they found enjoyable if wished. One of the suggestions they made was providing items of interest that people living with dementia may find interesting, for example household items that they may have used during their life.

The provider used a range of ways for people to feedback their experience of the care they received and raise any issues or concerns they may have. We observed a meeting with people and some relatives during our inspection where the deputy discussed various issues related to the running of the service. We saw that satisfaction questionnaires had also been used to gain people's views, and copies of survey forms that relatives could pick up and complete at any time were available in the service's reception area. Completed survey forms we saw showed positive comments about the service people received none of these containing any comments in respect of possible areas for improvement.

We saw information about how to make a complaint was available and accessible within the service. We saw that the manager had received some complaints in the last year and there was a record of these and the responses to the complainants following an investigation. We received a concern prior to our inspection and saw that the provider had investigated this concern. The findings from this investigation, which had not substantiated the concerns,

Good

Is the service responsive?

were fully documented. The concerns were raised anonymously meaning that the provider was unable to feedback to the complainant but the findings were reported to the manager.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 9 April 2014 we found that the provider did not have suitable arrangements in place for assessing and monitoring the quality of service and managing risks. The provider sent us an action plan after our previous inspection telling us they told us they would introduce audits to ensure any risks to people were assessed and action taken to address these.

At this inspection we found that systems for the assessment of individual risks to people were improved and where risks were identified action had been taken to promote people's safety, although there was still some scope for further improvement.

Incidents, accidents, and complaints were recorded and monitored for trends and patterns, so that risks to people could be identified and we saw the manager took action to address these risks. For example we saw that steps had been taken to minimise the risks to people from falls and weight loss. This showed the provider had made improvement since our previous inspection in how they managed individual risks to people due to their health and well-being. There were, however, areas during this inspection where we found some audits were not always effective. We found discrepancies in stock related to people's medicines and a lack of monitoring of medicine storage temperatures had not been identified. In addition systems had not been robust enough to ensure that an incident where abuse had occurred had been referred to the local safeguarding authority promptly. This showed that while the provider had made improvements in their systems for identification of risk this were not consistently effective and needed further improvement. Discussion with the manager showed they accepted there was a need to continue improvements and were able to tell us what actions they were taking to address for example shortcomings in auditing of medicines, in this instance making a change to another pharmacist for support with medicines. Areas for development were not however always shown in a documented plan that identified what improvement was needed, who was responsible for the actions and by when they would be completed. Such a plan could be shared with stakeholders and identify the provider's accountability.

People we spoke with said they were happy with the service one person telling us, "Yes I'm happy here" and another saying, "I have been here a good few years now and am quite contented. The food is great and I thoroughly enjoy it and the girls are great". A third person said, "I'm alright, keeping well, my children are happy I'm here". None of the people we spoke with expressed any concerns with the service they received and they told us staff listened to them and would respond to what they said.

Some relatives expressed satisfaction with the care people received, others however feeling their views were not always responded to by management. For example we heard of a repair that was needed in a person's toilet. The relative told us they had reported this in January 2015 and we saw it had not been repaired at the time of the inspection. The manager had arranged a planned meeting with people and relatives on the day of our inspection. People said they were happy with the service in this meeting, while relatives raised their views with the chair. We saw the relative's views were acknowledged and commitments given to make changes based on the points raised. We saw this meeting was documented and shared with the manager who when asked was aware of the points relatives had raised and they gave a commitment to make changes based on these. A relative we spoke with said if changes they suggested were made they would be satisfied, but said this had not happened in the past and had consequently had an impact on their confidence in how well led the service was. People did show that they had an awareness of who in the management team had responsibility for specific areas however, and who to speak with regarding any specific comments.

Staff told us they understood their role, what was expected of them, and were happy in their work. Staff expressed confidence in the way the service was managed and some said they had seen a lot of improvements since the new manager had taken over. Staff told us the management were available when they wanted to talk with them and that managers and other staff were supportive. The staff told us they received regular one to one meetings with the management team to discuss their performance and reflect on their practice. They told us staff meetings were held to ensure any changes needed at the home were communicated. One member of staff told us, "I feel well supported and all the staff are really helpful". Another member of staff told us they felt able to share their views saying the manager was, "Very approachable to staff". Staff

Requires Improvement

Is the service well-led?

did say that the manager worked alongside them on a number of occasions, this in part to observe their practice. They told us that the manager informed them when they worked well, or when their practice could improve.

The manager told us how they were used the findings from other agencies to inform their learning. They recognised and were honest about areas they had identified for improvement based on the findings from commissioners.

We saw that some of the improvements identified by commissioners after their last visit to the service earlier this year had been addressed. The manager told us that they were open to feedback and was looking forward to a visit from a commissioner (the Clinical Commissioning Group) as they saw their input as helpful in identifying how the service was able to improve.