

Avery Homes (Nelson) Limited

Bowood Court

Inspection report

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Redditch, Worcestershire

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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



Overall summary

The inspection took place on 19 January 2015 and was unannounced.

The home provides accommodation for a maximum of 59 people requiring nursing or personal care.

There were 43 people living at the home when we visited and there was a registered manager in post. 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.

People were positive about the care they received and about the staff who looked after them.

People told us that they felt that felt safe. Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs.

People received their medicines as prescribed and at the correct time and medications were safely administered and stored.

Summary of findings

We saw that privacy and dignity were respected. There were lots of examples seen where people were treated in a manner they would expect to be treated, regardless of whether they were in a care setting or not.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs and families told us that they felt that further help was sought when needed.

People were supported to eat and drink enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training that was continually updated. Staff told us that this gave them the confidence to look after and care for people. The registered manager told us that all staff training was regularly reviewed and regular checks were made to ensure that everyone received the right training.

People and staff told us that they would raise concerns with senior staff, the registered manager or the provider and were confident that any concerns would be dealt with.

The manager undertook regular checks to ensure that the quality of the care could be monitored and improvements made where required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People and their family members told us they had no concerns about their safety. People felt that there were always staff available to support them and that staff knew how to look after them. People's medications were administered and stored appropriately.

Good



Is the service effective?

The service was effective

Staff told us they received appropriate training and this helped them understand people's needs when looking after them. People were supported to access healthy meals as well as health services they may require.

Good



Is the service caring?

The service was caring

People thought highly of the staff that cared for them. They thought care staff involved them in deciding how they were cared for and that they treated them with dignity and respect.

Good



Is the service responsive?

The service was responsive

People received care that was individual to them and people and their families felt they could feedback to the service any issues they may have.

Good



Is the service well-led?

The service was well led

Care staff were positive about working at the service and the registered manager led a team that were clear of expectations of them. The registered manager was also looking at ways to continually improve the service.

Good



Bowood Court

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 19 January 2015 and was unannounced.

Before our inspection we looked at the notifications that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as an accident or a serious injury.

During the inspection, we spoke with people who lived at the home. We also spoke with four care staff, four sets of relatives, and the registered manager.

We observed care and 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 looked at four records about people's care, staff duty rosters, complaint files, questionnaires, communication with families and audits about how the home was monitored.

Is the service safe?

Our findings

People we spoke with were very clear that they felt safe. One person told us, "Its 100% safe." All staff we spoke with told us how they would respond to allegations or incidents of abuse.

Staff we spoke with told us that they understood how to keep people safe and that in addition to the registered manager; they could approach external organisations for help such as the local authority and the CQC. We also reviewed notifications that had been sent through to us. The provider by appropriately notifying us of issues illustrated that there was a system in place at the service to both manage risk as well as keep people safe.

During our observations we noted that staff had a good understanding of people's individual risks. Where people had known risks of falling, staff were observed gently assisting people to use their walking aids. Where a risk had been identified, care records detailed how to minimise or manage their risk appropriately. When a new person was admitted to the service, care staff told us they would read the care plans, speak to the family and chat to the person as much as possible to gain an understanding of how to care for person. They could then share that information with the team and record the information in the care plan, so that others could learn how to care for that person.

People were supported by staff when they needed assistance and call bells were answered promptly. We saw

that staff responded to people's requests in an unrushed manner. For example, people asked staff for support so they could sit in a quieter area. Relatives also told that they felt that there were enough staff on duty and that they had not encountered any difficulties in requesting staff help. The registered manager looked at people's needs to understand staffing levels and were flexible in increasing staff as required. The registered manager told us that they had an increase in people requiring nursing care and that Nursing care staff had been increased accordingly.

The Medicine Administration Records (MAR) had been completed correctly to show when people had received the medicines. The provider had systems in place for the appropriate storage and disposal of medicines which were regularly reviewed. The competency of staff to administer medication was also routinely assessed by the registered manager to ensure that safe practices were observed.

Where people had been prescribed medicines as and when required, there was guidance for staff to follow on administering them. We checked care plans which detailed how often people could use them and any limitations on their use. The pharmacy that provided medications to the service also completed their own audit to ensure people received the correct medications. When we spoke to care staff about medications and when and if there were limitations on their use, the staff member had a very thorough understanding of the people they were caring for as well as the medicines. This helped the care staff care for people and ensured people received what was needed.

Is the service effective?

Our findings

People told that they liked the staff and they knew how to support them. One person said, "I'm satisfied...I wouldn't want to be anywhere else." Relatives that we spoke with were also very positive about the staff and told us, "You won't get anywhere better." We spoke with staff who told us that they felt supported in their roles.

Staff told us that training was regular and future training courses had been booked. One staff member told us, "My training is up to date...but if I need training I can just go up to the manager and request it." The registered manager reviewed staff training and ensured knowledge had been up to date by observing staff practice. A number of people at the service suffered from Dementia and staff had received training to care for people with Dementia. We saw staff apply this training. We saw when people spoke about past life experiences as if they were current, staff would continue with conversations and allow the person to continue with their sense of reality.

People at the service were supported when needed and in line with the requirements of the Mental Capacity Act (2005). This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguards (DoLS) which aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

All staff we spoke with told us they were aware of a person's right to choose or refuse care. They were able to tell us about what steps to take when people could not make decisions for themselves. Staff had recently had MCA and DoLS training and told us their understanding of the law.

They also told us they would refer any issues about people's choice or restrictions to their senior carer or the registered manager. All people living at the home had a DoLS application submitted to the local authority. All had been assessed and the registered manager had consulted the local authority and had submitted applications based on their advice.

People told us they enjoyed the food and were offered a choice at mealtimes. One relative told us their family member, "Loves the food, there's definitely variety." During the meal people chatted to each other and ate their food enthusiastically. We saw people comment on the food positively and finish what was on their plate. People chose where they wanted to sit and most sat within groups where they had friendships or in their room. Care staff had lists of people's dietary requirements and so provided special diets to people who required them. Where required people had softened food whilst others had higher calorie diets to support weight gain. People on purified diets had their meals presented in the same manner as the others so that the distinction between meals was kept to a minimum and everybody was served to the same standard.

People and their relatives told us that they were able to access other professionals such as dentists, opticians. Hospitals and other appointment letters were noted from people's care plans and where required people were supported to attend them. Some people told us they were accompanied by care staff, whilst others were chosen to be supported by their family. We observed a person getting ready to attend hospital appointment and awaiting ambulance transport to take them. Where we saw that there were concerns about health, appropriate steps were taken. For example, staff were concerned that a person had a urine infection and so they took steps to take a urine sample and refer to the GP.

Is the service caring?

Our findings

People told us that they felt well cared for and we saw people interacted very positively with the registered manager and care staff. All the people we spoke with were happy with the staff that cared for them. One person described the staff as, "Very good." One relative told us, "I do think [name] gets good care." There was a relaxed atmosphere in the home and staff chatted with people and people responded to their presence with a smile. People responded very positively and affectionately to staff. People stopped and chatted to staff whilst they went for short walks around the building.

People had their needs and requests met by staff who responded appropriately. One person told us, "They're always around." Staff supported people with their mobility or responded to other requests. We observed staff responding quickly to requests to take people to the bathroom as well as accompany them wherever they asked to go. Another person was observed asking a staff member to help change a top which had a drink spilt over it, which was responded to immediately.

People were supported by a consistent staff team that had worked at the service for a long period of time and who understood people's care needs. Staff we spoke with gave positive feedback on their working environment and the management within the home. People were made to feel comfortable and staff said, "It's good here". Staff were also able to tell us about how they cared for people and had a good understanding of people's care needs.

Different activities were happening in different rooms, staff regularly checked on people to make sure they were alright. One person had started walking somewhere and had stopped confused. Staff were observed engaging that person in conversation and getting the person going again to where they were going.

People told us that they were supported to make choices. For example, people told us they could choose when they could get up and go to bed. People continued their cultural practices, eat the food they chose and dress in a way that they preferred.

When we asked people whether they were treated with dignity, one person told us, "I treat them [care staff] with dignity and they treat me with dignity." We saw that some people were supported to have their hair done and people told us about how they were able to shop for toiletries and personal items that they had selected.

People were addressed by their name or by a name preferred by them. When we spoke to people and we asked them their name, they expressed to us the same name as the name they were addressed by staff. Staff clearly explained what dignity and respect meant. They were able to give us examples such as knocking before entering bedroom, ensuring the door was closed when offering personal care as well as stating, "I treat the residents how I would want my nan treated."

Is the service responsive?

Our findings

People were involved in the planning of their care at the time of admission through discussions with the manager, staff and family members. These discussions covered a wide variety of aspects of their care ranging from likes and dislikes about food to preferences for clothes. Care plans we reviewed were individualised to meet that person's care needs. We noted from one person care file, that they had specific cultural preferences and carers had met with the person and their family in order to work out a method of responding to those care needs. This included dietary as well as personal care requirements. One person and their family member also told us about a specific request which was responded to and had a positive outcome.

People were supported to make choices about what they would like to do. Staff were observed asking people whether they were alright and prompting them about things they could get involved with that were going on in different areas of the service. Some people participated with a gentle exercises class as well as taking part in crafts. Other people were observed reading books and magazines. Whilst others were observed choosing to

remain in their room and watch TV. People were seen to be enjoying the activities. People were chatting to one another and laughing. They were also talking across the lounge to one another so that everyone felt part of the group.

People had identified key workers who were responsible for their care and communicating with families. Key workers are members of the care team who take responsibility for caring for certain people. Systems were in place for the key worker to review and update care plans as well as ensure that concerns regarding the person were appropriately dealt with. For example, concerns about a person's change in health or requesting any personal items they may require, such as clothing.

People told us that they knew how to raise concerns or complaints. They told us they would speak to the registered manager or that they could speak to a member of staff. One relative told us, "I can speak to anyone and I know it can be resolved." The family member also told us about an example where an issue had been raised and it was resolved. During our inspection, we also observed family members dropping into the manager's office to discuss issues of concerns to them. We reviewed the comment and complaints folder and noted that all concerns raised with the manager were recorded, acknowledged and responses offered. Where appropriate, action plans and solutions were offered.

Is the service well-led?

Our findings

One staff member told us “I get on with the management and there are just no issues.” The registered manager also shared with us that they regarded themselves as part of the caring team. Staff had a clear understanding of each person’s individual care and social needs. We observed throughout the day people engaging with the registered manager and staff about things that were important to them. There was an open culture between people and staff and people spoke fondly of staff.

One family member told us “I feel I could speak to anybody. No qualms. It’s a big decision to place someone, but I made the right decision”.

Staff we spoke with told us that the registered manager was approachable, accessible and listened to them. Staff told us they felt able to tell management their views and opinions about the running of the service or any concerns they may have about people living there. They could do that either at staff meetings, speaking to the supervisor or speaking to the manager directly and that their contributions to team meetings were valued. For example, one staff member told us about some of the suggestions for improving the service that had been made. Staff also spoke highly of the registered manager and their approach was “firm but fair” with staff.

Staff also stated that they felt that communication was good within the service. Care staff described how team leaders would keep them updated and team leaders also described how they felt that information from the management also flowed. Regular team meetings and supervisions enabled staff to have a strong sense of identity with a team and a better understanding of their role and expectations of their role.

The provider had a system in place to ensure that people received care that met their needs. Staff training and

competency was regularly audited to ensure standards were maintained. A monthly audit took place to review people’s medicines, whether they had received the correct amount and which needed reordering. A monthly environmental audit also took place which included reviewing people’s bedrooms, furniture and any equipment used. The provider also undertook their own audit of the service, sampling care records, the manager’s audits as well as reviewing the environment. A written action plan was produced documenting any improvements the provider expected the manager to make and also to ensure that the requested improvements were made.

We were able to review questionnaires and emails used to keep relatives engaged and informed. We were also able to review a comments and compliments system. We also noted regular minutes of meetings with relatives to keep them informed about updates to the service, such as recent changes in the ownership and proposed changes in some of the ways the service would be delivered. The provider also used this opportunity to address some of the comments they had received. One person had made a suggestion about the meals and certain items they would like added, and the provider has responded to this. This demonstrated to us the provider’s willingness to engage and listen to suggestions in order to improve the service delivered.

The registered manager told us about ways in which they were looking to develop the service further. For example, looking at using a computer for video calls so people could keep in contact with family members. The registered manager recognised that some uncertainty had been created when the ownership of the service changed hands. However, the manager felt that with the uncertainty over, the focus remained on continuing to improve the quality of care for people at the home and felt supported by the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.