

Avery Homes Wellingborough Limited

Duke's Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 2 December 2015 and was unannounced. The service was registered in December 2014 and this was the first inspection of the service. It is situated on the outskirts of the Wellingborough Town Centre and provides care for up to 60 older people, including people living with dementia. At the time of the inspection 48 people were using the service.

The service had 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 2008 and associated Regulations about how the service is run.

The staff had a good understanding of what constituted abuse and of the safeguarding procedures to follow should they need to report any abuse.

Risks were appropriately managed to ensure that people were supported to make choices and take risks.

Summary of findings

Staff had been recruited following safe and robust procedures and there were sufficient numbers of suitable staff available to keep people safe and meet their needs.

Systems were in place to monitor accidents and incidents so that preventative action could be taken to reduce the number of occurrences.

Robust arrangements were in place for the safe administration and management of medicines.

Staff had the skills and knowledge needed to support people appropriately and had regular training updates to maintain their skills. A programme of staff supervision and annual appraisals enabled the staff to reflect on their work practice and plan their learning and development needs.

People's consent was sought before providing their care and treatment. People who lacked capacity to make decisions were supported following the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People benefitted from having a balanced and varied diet. Their dietary needs were monitored and advice was sought from appropriate health professionals when needed.

People had regular access to healthcare professionals and were supported to attend health appointments.

Staff treated people with kindness and compassion, dignity and respect.

People had individualised and detailed care plans in place, which reflected their needs and choices on how they wanted their care and support to be provided.

Social, leisure and purposeful activities were provided for people to meet their individual needs and aspirations.

People and their representatives were encouraged to provide feedback on the service; complaints were taken seriously and responded to immediately.

The service was led by a registered manager who continually strived to provide a good quality service. The vision and values were person-centred. People and their representatives were supported to be involved and in control of their care.

Effective management systems were in place to continually monitor the quality of the service.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to provide people's care and support.

Staff had been recruited using a robust recruitment process.

Robust arrangements were in place for the safe administration and management of medicines.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and supported with regular supervision and appraisal.

People were provided with a varied diet that met their needs and preferences. They were supported to eat and drink sufficient amounts to meet their nutritional needs.

People had access to health care professionals and received appropriate care and treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their care and support.

People were treated with dignity and respect.

People were given the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and reflected people's individuality.

People were involved in decisions regarding their care and treatment needs.

Complaints were listened to and responded to appropriately.

Good



Is the service well-led?

The service was well-led.

There was a positive open culture at the home where staff and people living at the home felt included and consulted.

People using the service and their representatives were asked for feedback on the service they received. Their feedback was used to continually review and make positive changes to the service provision.

Robust management quality monitoring systems were in place.

Good



Duke's Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 December 2015. It was unannounced and carried out by 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.

Before the inspection we looked at information from previous inspection reports and statutory notifications

(statutory notifications inform us about important events that providers are legally required to tell us about by law). We also sought feedback from commissioners involved in reviewing the care of people using the service.

During our inspection we spoke with nine people using the service, two relatives, the registered manager, deputy manager, senior care lead, three care staff and a visiting healthcare professional. We also carried out general observations of care practice.

We looked at the care records for six people using the service, three staff recruitment records and other records in relation to the quality management of the service. We also carried out general observations between people using the service and the staff.

Is the service safe?

Our findings

All the people we spoke with said they felt safe living at the home. One person said, “Oh yes, I feel very safe indeed”. Relatives said they had no concerns about people’s safety at the home.

One relative told us their family member was at risk of falls and they felt their safety was well managed. We observed that people could independently move around the environment and staff assisted people with mobility problems to move safely.

The staff told us they had received safeguarding training on recognising and reporting abuse, the training was also documented within the staff training records. Through our discussions with the staff we established they understood their duty of care towards keeping people safe from abuse and fully aware of their responsibility to report abuse.

We saw that a safeguarding policy was in place that highlighted the different forms of abuse and the reporting procedures. Records held at the service showed that the registered manager had made relevant safeguarding referrals to the local authority and had also informed CQC as required by law.

On entering the home all visitors were required to sign the visitors’ book at the reception, which was manned. This was so that staff knew who was within the building and reduced the potential risk of strangers entering the building and further safeguarded people living at the home.

The staff told us they were aware of the accident and incident recording procedures. We saw within people’s care records that staff had completed accident reports and that people’s individual risk assessments were reviewed and updated as required following accidents and incidents occurring. The registered manager told us they closely monitored all accident and incidents to identify any trends and where changes were needed to identify ways in which the risks of harm to people who lived at the home could be reduced.

Potential risks to people’s safety were minimised through comprehensive risk assessments being carried out, that identified the risks unique to each individual person. For example, some people were at risk of leaving the building unescorted.

We saw that risk assessments regarding environmental safety were in place and guidance was available on what to do in emergency situations. People had individual evacuation plans in place in the event of having to leave the building in an emergency situation. We also saw that continuity plans included arrangements in response to major incidents, such as the loss of all power to the building, gas or water supply. The registered manager told us that fire safety equipment was regularly checked and that regular staff fire drills took place and we saw this was documented within the quality management audits carried out by the provider.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. We saw within the staff recruitment files that gaps in employment histories were explored, written references were obtained from previous employers and checks had been carried out through the government body Disclosure and Barring Service (DBS).

The staff considered there was enough staff to support people appropriately and we observed on the day of the inspection there was sufficient staff available to meet people’s needs. People said the staff were always on hand to provide help when needed. One person said “They’re all lovely here and they are all very helpful”. We spoke with a hairdresser that visited the service twice a week, they said. “I love it here, the staff are brilliant, they are very helpful and always make time to bring people to see me for their hair to be done”.

People’s medicines were safely managed. People told us that they had no problems regarding their medicines. One person said, “I get my medication given to me twice a day and I have never had any problems with it”. Medicines were only administered by staff that had received medicines training, which were followed up by having competency assessments carried out that involved observing and assessing that they followed the correct procedures for administering medicines. The staff said they had received full training on medicines administration and this was supported in the training records seen.

We observed staff administering medicines to people and noted they took the time to give people their medicines carefully, supporting them in a calm and relaxed manner and people were receptive towards the staff approach.

Is the service effective?

Our findings

People said they thought the staff providing their care were trained to meet their needs. One person said, “The staff all work well together, they don’t seem to think any job is beneath them, they cover for one another on all the floors”. Another person said “It has surpassed all my expectations”. A relative told us they were very impressed by the care and attention given to their family member.

The staff confirmed they completed induction training when they first started working at the home. One member of staff said, “The training is excellent”. The registered manager told us that all staff were assigned a mentor to guide and coach new staff during the induction process. The training records showed that topics covered in the induction included safeguarding, fire safety, moving and handling, food hygiene and infection control. We also saw that service user specific training was provided to ensure staff could meet the range of needs of people using the service. This included areas such as dementia care, pressure area care and nutrition.

The staff told us that training on dementia awareness was provided by the organisations dementia support advisor. They said, “The dementia training is very good”. One member of staff said, “We do ‘bite size’ training sessions that cover different aspects of dementia care and how we can support people to lead fulfilling lives”.

Relatives spoke highly about the care their family members received. One relative said, “The staff really know what they are doing, I have every confidence in them”. During our inspection we observed staff providing people with care; their actions demonstrated they had the right skills and knowledge to care for people living at the home.

The senior staff confirmed they had completed training in order for them to carry out their roles and responsibilities, for example training on medicines management, emergency first aid at work and supervising and staff management skills. The staff confirmed they had regular meetings with their supervisors to provide them with the opportunity to reflect on their work performance and identify any further training needs. Records seen also evidenced that staff received regular supervision.

People told us that staff always sought their consent and offered them choices before supporting them with their care. One person told us, “Staff always ask me what I would

like to wear, whether I want a wash or a shower”. Another person said, “The staff never assume anything, they always ask first”. The staff confirmed that they asked people for consent before providing any care, even if they were providing a routine care element, to ensure their actions were reflective of people’s current opinion. Throughout our inspection we observed staff providing people with choices and asking for their consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS and whether conditions on authorisations to deprive a person of their liberty were being met. The manager and staff were aware of their responsibilities under the MCA and DoLS codes of practice. They informed us of people using the service who had their liberty restricted and we found that related assessments and decisions had been properly undertaken.

People were complimentary about the food and drink they received at the service. One person said, “The food is very good, there is always plenty of tea, coffee, juice or water”. Another person said, “There’s plenty of choice, plenty of food and you can have as much as you want, if you don’t like what’s on the menu you can have something else”. Another person told us they could choose whether they wanted to take their meals in the dining room or in their own room”.

During the inspection we observed a member of the catering team serving people with beverages. People were offered a choice of hot and cold drinks and a selection of biscuits to choose from and it was evident the member of staff knew people’s individual preferences. We also saw that jugs of juice and water and bowls of fresh fruit were made available for people to help themselves.

Is the service effective?

We made general observations over the lunchtime and saw that the dining tables were nicely set with mats, cutlery, glasses and small flower decorations. When being seated at the tables the staff offered people a choice of fruit juice, water or glass of wine. The meals were brought up in a heated trolley and were served by a member of the catering staff. We noted that two sample dishes were plated up for staff to show people to assist them in choosing which meal they preferred. Whilst this was a positive step we also noted that staff had automatically poured sauce and gravy over the sample meals, which could make it difficult for some people to fully recognise the actual meal that was being offered.

We observed that staff offered help and provided discreet assistance for people to eat their meals. We saw that people who needed assistance to enable them to maintain their independence with eating and drinking were provided

with adapted plates and cutlery. We also saw within people's care records that support was provided for people to access appropriate health professionals, such as the dietician and/or speech and language services to meet their nutrition and hydration needs.

People said they could see their GP whenever needed. One person said, "The staff don't hesitate to contact my doctor if I am not feeling well". Another person said that their relative took them to see their GP whenever they needed to. During the inspection we spoke with a visiting healthcare professional who expressed that there was a good relationship and good communication between the service and the local surgery. We saw records within people's care plans that evidenced the staff promptly contacted the GP or relevant healthcare professional in response to any concerns about people's physical and mental health conditions.

Is the service caring?

Our findings

One person said, “All the carers are lovely, I like it here, I like the company”. Another person said, “The staff always have time to talk if you want a chat”. We observed the interactions between people living at the home, there was a light-hearted ambiance and lots of laughter, people and staff joked together and it was evident they enjoyed each other’s company. One person said, “I’m very happy and content living here, I’ve made friends, we enjoy each other’s company and have fun”.

A relative told that their family member took great pride in their appearance and received help with personal care and they always looked clean and tidy. We noted that people were well dressed and on the day of the inspection a number of women visited the hairdresser.

We observed that the staff interacted with people in a kind and calm manner. They took time to fully explain what they were doing and stopped what they were doing to sit and chat with people. It was evident from their actions and discussions with the staff that they took the time to get to know people and build up strong relationships.

People were addressed by their preferred names and the staff responded to requests for assistance quickly. One person said, “The staff are very good at answering the buzzers, I rang the call bell late one night when I wanted a cup of tea, the staff brought one straight to me”.

During the inspection we observed staff were professional in their approach towards meeting people’s care needs, for example, staff assisting people to move and transfer from their armchairs into wheelchairs using moving and handling equipment and hoists. We noted they explained to people what they were doing, and what needed to be done to ensure they moved safely, they gently encouraged people to co-operate and assist with the manoeuvres.

People and their representatives were involved in making decisions and planning their care. We saw that each person

was asked whether they wanted to share information about themselves such as, things that mattered to them and important events in their lives. The information went towards building an individual profile so their care and support could be tailored to meet their specific needs and preferences. We saw that confidential information about people’s care was only shared with professionals involved in their care.

People’s care plans contained information about their choices and preferences, for example, their hobbies and interests, likes and dislikes. There was evidence that people had been involved in setting up and reviewing the care plans, people had signed them to show they were in agreement with the information they contained. One relative told us that when their family member first moved into the service they requested a bedroom where the windows were lower so they could watch things happening outside and this was arranged for them.

People were supported to maintain relationships with people that mattered to them and relatives were encouraged to visit as often as they were able to. One visitor said, “There are no restrictions on when I can visit, I often call in on my way home from work, there is a very relaxed feeling to the home”.

The registered manager told us that advocacy services were available and we saw that information and contact details were on display around the home. The registered manager informed us that at the time of the inspection no people using the service needed to use the advocacy service.

People told us the staff treated them with respect and ensured their privacy and dignity. The staff understood what privacy and dignity meant in relation to supporting people with personal care. We observed that staff knocked on people’s doors and waited to be invited in before entering. They addressed people by their preferred name and discussed confidential matters in private.

Is the service responsive?

Our findings

People told us they had been involved in setting up their care plans and in the on-going care reviews. Some people were more aware of having a care plan in place than others; two people confirmed they had their care plans reviewed every six months. A relative told us they were involved in reviewing their family members care plan with the staff.

One female person using the service told us that when they first moved into the home they were surprised that a male carer had offered to give them a bath. She said, "I found it a little funny, you just have to go with the times, don't you?" The person said they could not remember being asked whether they preferred a male or female carer for personal care. We reviewed their care plan and found it was recorded that the person had stated they had no preference as to whether a male or female carer provided their personal care. However, the care plan had not been signed by the person to confirm they were in agreement with it.

The other care plans we reviewed contained sufficient information about people's needs. We saw documentation that supported that the care plans were regularly reviewed and updated as and when people's needs changed.

People were supported to engage in hobbies and interests according to their individual preferences. One person told us that they and other people using the service had been invited to have Christmas lunch at a local supermarket cafe' and they said they were looking forward to it. The registered manager told us the home had close links with the local community, schools and businesses.

People spoke highly of the activity co-ordinator employed at the service. One person said, "He is very good, ever so hard working". Another person said "There are plenty of activities, but you are not pressurised into doing anything". A relative said "The provision of activities is much better, now there are more people living here".

On the day of our visit people were looking forward to a visit by an Elvis Presley 'look alike', one person said, "I love him, he's really very entertaining". The staff asked people from all floors of the home whether they wanted to attend the entertainment. We saw that many people took up the offer and there was good attendance. We observed people got a lot of enjoyment from the event singing along to the songs.

There was a varied programme of entertainment and activities on offer for people. Each week people were given a copy of the programme. One person said, "We go out on various trips, we use the minibus, it gets us out and about". Another person said "I enjoy playing cards", their relative commented, "It's really good that mum can have a game of cards with somebody, it's something she has always enjoyed". We spoke with two people who were spending time in one of the quiet lounges. They said they enjoyed each other's company and that they got together most mornings to play scrabble or cards.

People living at the home and relatives told us that regular meetings took place during which information was shared about the service and people's views were sought. We looked at minutes of the meetings and saw the discussions included people contributing their ideas for activities, visits to the theatre, sightseeing and shopping day trips.

People were encouraged to provide feedback on the service they received through completing satisfaction survey questionnaires. We looked at comments that had been received from the 2015 survey, most of the comments were positive, for example, "One relative had commented, 'I am going on holiday confident my mother will continue to receive the excellent care and attention I have always witnessed'. Another relative commented, 'The home is excellent, we are always made welcome, when we ring to enquire about mum's health we are always given excellent information".

Activities and communication were areas of high satisfaction, whilst other areas identified for improvement included the complaints procedure needing to be on display and dinner plates being cold. The registered manager had taken on board the comments and we saw the complaints procedure was on display in the front entrance to the home, and placed on notice boards throughout the home. They had also arranged with the catering staff that the dinner plates be warmed at mealtimes.

There was a complaints procedure in place and information on how to complain was available throughout the service. People said they had not had any complaints about the service one person said, "I know I can speak to the manager if I am concerned about anything". Several

Is the service responsive?

people confirmed that the 'resident' meetings were held regularly and they provide the forum to discuss any concerns or query's they had. They said they felt supported to speak up and say how they feel.

One relative told us they had bought a couple of things they were unhappy with to the attention of the manager when their family member was first admitted into the

service. They said they were swiftly resolved to their satisfaction and felt confident they could always talk to any member of staff at any time. They said, "Everyone is very receptive, nobody is unfriendly or rude". Another relative said, "The staff are very prompt in letting me know if there are any problems with [name] health".

Is the service well-led?

Our findings

There was a registered manager in post and most of the people and all of the visitors we spoke with were able to tell us who the registered manager was. They said they had regular meetings. One person said, “We have a resident meeting every month”. Another relative told us they were aware of the meetings but they had been unable to attend due to the time they were held, 6pm as this was a difficult time for them.

People using the service and their representatives said they were involved in making decisions about their care and relatives commented that they were kept informed about people’s changing needs.

A visiting health professional said they could not find any fault with the care people received at the service; they said the communication between them and the staff worked very well. All the staff confirmed they enjoyed working at the home and their comments indicated that they felt valued and involved in decisions making.

Staff told us that they received support from the registered manager and the senior staff team. One member of staff said, “We work well as a team, I feel listened to and that my ideas are appreciated”. One member of staff said, “The manager has an open door policy she is very approachable”

The day to day management of the home fostered a culture of openness and transparency. Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. Notifications are sent by the provider informing us about important events which the service is required to send us by law.

There was established links with the local community and the service was well known within the community.

The staff were aware of their responsibilities to safeguard people. There was a whistleblowing procedure in place and the staff were able to describe how to raise any concerns about people’s safety or welfare directly outside of the organisation.

Established systems were in place to seek feedback from people using the service; the registered manager listened to the feedback to improve the service.

People and relatives told us that the service arranged regular meetings to provide them with updates about the service and to provide a platform to discuss ideas for improvement and any concerns they may have. We saw evidence that the meetings took place on a regular basis, and that feedback was given to people when points were raised.

The staff told us they had regular meetings with the registered manager, they said they were used to share information and ideas. We saw minutes of the meetings that demonstrated staff discussed areas for improvement that had been identified through the quality monitoring audits and areas good practice were shared.

A programme of quality assurance audits were in place. The registered manager, the senior staff team and designated staff carried out a number of audits to ensure the service was delivered to a high standard. They covered areas such as, health and safety checks to the environment, portable and fixed equipment, care records, staff records and medicine systems. The audits were used to identify areas for further development.

The service was also overseen by a senior manager from within the organisation who visited the home to monitor the quality assurance systems. Areas identified for further improvement had action plans put in place, with timescales for the completion. We saw the actions plans were promptly addressed and completed.