Avery Homes RH Limited

Avalon Court Care Centre

Inspection report

Banner Lane
Tile Hill
Coventry
Warwickshire
CV4 9XA

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06 January 2016

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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 6 January 2016. The inspection visit was unannounced.

The home was divided into three separate floors. The ground floor provided residential living, the first floor, known as the Memory Suite, provided care and support for people with dementia care needs, and the second floor a "Step-down" unit provided short term rehabilitation nursing care. This is for people who have been in hospital who need further nursing support before going back to their own homes. The home provided personal and nursing care for up to 101 people. There were 52 people living at the home when we inspected the service. The home had a third floor but this was not yet occupied as the provider was in the process of recruiting staff.

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.

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, however the provider failed to notify us of a recent incident at the home that was being investigated.

Due to a number of staff having left the provider's employment, staffing numbers were supported by the use of agency nurses and care staff, to ensure there were enough staff available at the times people needed them. However, some people told us they did not consistently receive safe care and support from staff who knew them, and at times there were not enough staff to meet their needs. The provider tried to ensure continuity of care by using agency staff that had worked at the home before and was actively recruiting new staff.

Care plans and risk assessments were in place to protect people however risk assessments were not consistently followed to keep people safe. Some care plans lacked detail about people and their care. However, staff spoken with had a good understanding of people's care and support needs.

Medicines were administered safely however documentation was not always completed correctly. 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.

The manager 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.

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.

People knew how to make a complaint if they needed to. Complaints received were fully 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 service was run through meetings.

Quality assurance procedures identified where the service needed to make improvements and where issues had been identified the 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 not consistently 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 floor managers through regular 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.

The registered manager and deputy manager felt well supported by the provider who visited regularly.

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 consistently safe.

Staff were available at the times people needed them, however the use of agency staff did not always ensure continuity of care for people. Actions were being taken to address this. Care and treatment was not always provided that met people's individual needs and ensured the safety and welfare of people. Medicine records were not consistently maintained

Is the service effective?

Good

The service was effective.

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

Is the service caring?

Good

The service was caring.

Staff treated people with respect and kindness. Permanent staff knew people well, and respected people's privacy and dignity. Staff supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in decisions about their care and
how they wanted to be supported. Some care plans lacked detail but the provider was taking steps to improve this. People knew how to make a complaint, and the provider was monitoring complaints to identify any trends and patterns.

Is the service well-led?

Good

The service was well led.

On-going staff recruitment was in place. Staff were supported to do their work and people and their relatives felt able to speak to the managers at any time. There were procedures to monitor and improve the quality of the service.

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 6 January 2016 and was unannounced.

The inspection was undertaken by two 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 three people's visitors or relatives. We spoke with 13 members of staff including five care workers and a senior care worker, a nurse, a floor manager and the deputy manager, the head chef and a cook, the house keeper and the registered manager. We also spoke with health professionals who regularly visited the service

Before our inspection 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 for Coventry and Warwickshire to find out their views of the service provided. These are people who contract care and support services paid for by the local authority.

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 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 four care files, daily records which described the care people received each day, and fluid and food recording charts for four people. 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. This was requested to see what actions the provider was taking to make improvements in the home.

Requires Improvement

Is the service safe?

Our findings

We received mixed feedback from people and their relatives about staffing levels at the home and the provider's use of agency staff. Some people told us at times there were not enough staff available to support them, whilst other people and their relatives felt there were. Prior to our inspection we had also received information from a person telling us they were concerned about staffing levels at the home.

Some people told us, "They are very short staffed at night. There is usually one permanent nurse and one agency care staff." They explained the impact on them of the use of agency staff, "A couple of weekends ago, on a Sunday there were all agency staff. I didn't feel safe with them, especially using the hoist so I stayed in bed all day." They went on to say they felt some agency staff had been "heavy handed and rough" on occasions however they told us, "Generally I am happy with this place, problems are being sorted. It is better than it was." We discussed this with the manager who told us they had not been informed of this however they would look into it further. They told us any issues with both permanent and temporary staff would be dealt with robustly. We saw this had been emphasised to residents at a recent meeting that they should inform the manager if they had any concerns regarding staff.

Another person told us staffing levels at night meant they sometimes had to wait for assistance "Usually they are not long but last night I had to wait a long time. It was a 15 minute wait. Luckily I didn't have an accident." One person we spoke to told us some care staff at the weekend covered the reception desk when there was no receptionist. We asked the manager about this who confirmed some carers did provide cover but extra staff were booked in to maintain staffing levels. An additional receptionist has recently been employed. Another said, "They don't have enough staff, but they say they do."

We saw in the minutes of 'residents meetings' in September and December 2015 that people voiced concerns about the number of agency staff being used at night and they did not always feel well attended, or responded to. People had informed the manager how important it was to receive consistent care from staff they recognised and had a rapport with. One person gave an example that when receiving personal care it was better to have a friendly face there for comfort and dignity. The manager had reassured people that the number of agency hours had reduced and recruitment was on going to ensure people received continuity of care.

Other people told us they felt there were enough staff and they were safely cared for. They said,, "Yes, oh gosh yes, I am safe here." and another said, "I feel I am safe here." One relative we spoke to told us, "They check on [person] every half an hour and there are always enough staff around. They have a buzzer in their room to call staff." People we spoke to also confirmed they had buzzers available to call for assistance and we saw people wearing pendant alarms around their necks so they could call for staff when they were out of bed. One person told us, "In the morning I usually press the buzzer and they are prompt."

During our inspection we saw there were sufficient numbers of staff to support people and call bells were answered in a timely manner. We frequently saw staff in communal areas offering support to people.

Staff we spoke to told us they felt there were enough staff to provide care and support to people but some were concerned at the number of agency staff being used within the home. One told us; "We use lots of agency staff, some are good but others you have to tell them what to do. It can be frustrating. There seems to be a lot of agency staff on at night." However another told us; "We used to have a lot of agency staff but that has now improved. Some now come on a temporary to permanent basis which I think is a good idea. I think there are enough staff to keep people safe."
This meant staff were employed on a trial basis with a view to becoming a permanent member of staff if the manager felt they were suitable.

We asked the manager how they ensured there were enough staff to meet people's needs safely. They told us staffing levels were determined by the number of people at the home, their needs and their dependency level. The manager used this information to determine the numbers of staff that were needed to care for people on each shift.

We spoke to the manager about the on-going use of agency staff and they told us that since the provider had taken over the home there had been a period of restructuring and some staff had left. They acknowledged that agency staff were currently being used to support staffing numbers and said, "We use agency staff until we can get the right people in place. We want to be confident in who we are recruiting." The manager told us the provider was committed to improving the numbers of permanent staff within the home and recruitment was on-going at the time of our inspection. An additional member of care staff was due to start on night duty following our inspection.

A new clinical lead who was a registered nurse was due to start work at the home to provide additional support to the floor manager on the 'step down' floor to monitor and oversee the nursing care provided to people. The role will provide clinical supervision of ward rounds and procedures, including medication administration, contact with GPs and also provide clinical support for the senior carers. The manager and deputy manager were extra to staffing numbers and were available to provide support if required.

Each floor had their own floor manager to supervise staff and oversee the day to day running of each area. They provided additional support where needed. The provider employed hostess staff who served meals to people and there were housekeepers so care staff could concentrate on supporting people.

We looked at how risks associated with people's care were managed. We looked at a care plan of a person who had diabetes. This contained information on how to monitor and manage their health condition . Staff were monitoring their blood sugar to identify if it was too high, or too low. We did not see any instruction on how to deal with any identified problem other than to refer to the Diabetes Nurse. This meant someone who was not familiar with this person would not have clear guidance to follow on how to safely manage any unsafe blood sugar levels and respond accordingly. This person's blood sugar levels were being monitored regularly and their condition was stable. Staff we spoke to told us they would know how to support the person in an emergency situation but acknowledged the care plan would need to be reviewed to give clear guidance to staff. We have been informed since the inspection this has been carried out.

We found that staff did not consistently follow some risk assessments in people's care plans.
One person on the "step down" floor had been identified as requiring a thickener to be added to their drinks to reduce the risk of choking. We observed one of the care staff taking out the morning drinks and saw them taking a coffee to this person without thickening it first. The risk assessment and care plan gave clear guidance on why this was important in order to reduce the risk of the person choking however the staff member did not follow the advice given. We intervened before the person had a drink and informed the nurse. There was also a full jug of water without added thickener in the room. This person was also

prescribed medication to lower their blood pressure. We examined their records and saw several very low blood pressure readings recorded but we could not establish whether these had been bought to the doctor's attention. We asked the nurse about this who told us the doctor examined the person's charts regularly when they visited and they would speak to the doctor later that day when they visited and would update the records accordingly.

We discussed these issues with the deputy manager and the manager, who later confirmed the staff member, had been spoken to immediately and the doctor would be updated. The care plan was reviewed during our inspection to inform staff of necessary actions to take and when to report concerns.

Another persons' care plan identified they needed to be repositioned every two hours to prevent skin breakdown however we could not find any repositioning chart in their documentation recording this although staff told us the person was being repositioned. Their skin had not broken down. We asked staff if they could locate any charts and at the end of the inspection we had not been informed they had. We also found two charts containing information about a person's weight and a second which was an assessment relating to a person's risk of pressure damage however there was no names on either chart to identify who the information related to.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce potential risks to each person. Risk assessments were reviewed regularly and gave staff clear instructions on how to minimise risks to people's health and wellbeing.

We saw there were risk assessments in place for one person who was at risk of developing damage to their skin. The person had been assessed as requiring a cushion to sit on to reduce the risk. We saw staff were not following the risk assessment, as the person was seated without the cushion. We alerted staff and they immediately found the cushion and assisted the person to move onto the cushion where they were seated. This person had not developed any damage to their skin.

Staff understood how to recognise the different types of abuse that could occur and who to report this to. They told us, "I would report to the team leader or manager if I had concerns about safeguarding. I would even call the Police if I wasn't happy with the action taken." Another member of staff said, "I would report any harm I saw happening to a resident. There is also information in our office about who to contact in the local safeguarding team and a number we can call to "whistle blow". This meant if staff had concerns that the provider was not taking appropriate action to keep people safe, they could make an anonymous referral to the local safeguarding team or ourselves. The registered manager told us, "I encourage whistle blowing, I want that, I would expect concerns to be reported."

The provider had taken measures to minimise the impact of some unexpected events happening at the home. For example, emergencies such as fire and flood were planned for so that any disruption to people's care and support was reduced. There were clear instructions for staff to follow in the event of emergencies. This was to minimise the risk of people's support being provided inconsistently.

We checked to see if medicines were administered, stored and disposed of safely. We observed a senior care worker administering medicines on the memory suite. They wore a tabard which asked they not be disturbed whilst administering medicines and this was generally respected. They took their time when administering people's medicines and did it carefully and with consideration, they gave people time to take their medicines. We also overheard them checking whether people wanted medicines for pain. Staff made it clear to people they could ask at any time for pain medicines if they needed them. There were medicine

plans for those people prescribed medicines on an 'as required' basis which detailed when the person should receive their medicine and the times given. Staff checked the medicine records each month to ensure people received their prescribed medicines. Checks were analysed by the floor manager after each medicine round to ensure there were no mistakes or concerns. All staff we spoke to who administered medicines told us they had undertaken training and had their competency checked annually to ensure they could administer medicines safely. Staff told us they would look for changes in body language or mood for people who could not verbally communicate to indicate they may be in pain.

We looked at 17 medicine administration records (MAR) and saw five of them did not state if people had any allergies to certain medicines. This information would be important to ensure a person was not receiving medicines they may have a reaction to; we brought this to the attention of the nurse in charge. There were four charts that did not contain photographs of the person receiving the medicines. A photograph assists staff to confirm the identity of the person if they were not able to communicate. This is particularly important if the member of staff does not know the person, such as agency workers new to the home.

We saw a discrepancy on one MAR for a person who had been prescribed medication that affected their blood clotting. Their daily dose was prescribed in varying amounts on alternate days. The morning dose had been recorded as both prescribed amounts on two separate charts, meaning that the person administering the next dose would not be able to identify what the correct amount should be for that day. We informed the nurse who contacted the staff member in question immediately and clarified the correct amount had been given and the recording had been incorrect

Each MAR chart had codes that the staff administering medicines was directed to use to show if a medicine had been refused or not given. We saw there was confusion over the correct codes to use on some charts such as the letter "O" which indicated the word "other". One person's chart showed this code was used for five days for one medicine but no explanation was given as to what 'Other' meant. Another medicine on the same chart stated "O" but on the next day the "Z" code was used which means self- medicating. There was a checklist in place to state that the person was self -medicating.

Some medicines require strict storage and disposal. We looked to see how this was managed. According to records there should have been a bottle containing 95mls of a medicine, but this was not in the home. We asked the nurse about this who told us the person had taken it home on discharge and this was recorded in their notes which was confirmed. The deputy manager acknowledged this should have been recorded in the drug storage book and that they would address this immediately with staff to ensure they were following the provider's medication policy.

Good

Is the service effective?

Our findings

During our visit we saw staff had the skills they needed to effectively meet people's needs. Most people we spoke to told us they felt permanent staff had undertaken training to support them. One person living at the home told us, "Their trainer will come in and make sure they are doing things right." A relative told us, "The permanent staff are knowledgeable about using equipment and they seem well trained."

Some people we spoke to expressed concerns about some agency staff and their level of knowledge. One person told us, "The agency staff, I don't think they are trained. I have to keep repeating myself." Another person said, "Sometimes the agency staff lack training."
We asked the manager about this and they told us the agencies they used provided training to their staff. They went on to say that agency staff employed on a temporary to permanent basis would be assessed by the manager to ensure they had received training and all agency staff would work alongside a permanent experienced member of staff when first joining the home. Any concerns regarding the unsuitability of an agency worker would result in the home not re-employing them.

Permanent staff we spoke with all said they had received training in areas the provider considered essential to meet people's health and safety needs. For example, training included infection control, moving people and fire awareness. They also told us they had received dementia awareness training.
They told us, "The training is really good and it's on-going," and "We have good training here and the trainer is top quality." Staff told us that as part of moving people training, they had to use a hoist and lie on a slide sheet themselves to give them an understanding of how a person may feel when being moved. The deputy manager told us they had started working in the home in June 2015 and felt the training equipped them well to carry out their new role. They said, "I had all the mandatory training and I had to be assessed as competent to administer medication before I could start, it's really great training."

Some staff we spoke with had worked at the home for approximately four months. They told us they received a comprehensive induction programme and worked alongside more experienced staff before working independently. One member of staff told us they had not felt confident using a piece of equipment and they were supported with additional training until they felt confident to use it correctly. Staff used their skills effectively to assist people at the home. For example, staff used their manual handling skills to assist people to move safely. Staff used the correct equipment for each person, and people's privacy and dignity were protected.

The manager told us the provider had recently started enrolling staff on the Care Certificate Course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. Prior to this the home followed the Skills for Care Common Induction standards. Trained mentors provided additional to staff and there was a full time regional trainer.

Staff were provided with additional training that focussed on delivering person centred care to people who live with dementia. A dementia care specialist from within the organisation also attended the home to

assess staff and ensure they were working to the local area's dementia care strategy. We were told that some staff read the strategy alongside people who lived at the home so they too could understand what the home hoped to achieve. Staff felt this was a positive impact on people as they were included in how care and support was being delivered. Staff also felt it provided them with more insight into caring for people.

The staff had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had submitted relevant applications to the local authority and at the time of our inspection only one person was subject to a DoLS.

Staff understood issues around people's capacity to make certain decisions and why DoLS authorisations were in place for some people. One staff member told us "We would involve people's families about best interest's decisions and also members of the multi-disciplinary team." This would include social workers and relevant healthcare professionals providing support to people.

Staff told us they understood the principles of the MCA and DoLS. Staff gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. When asked about consent, one member of staff said, "We always talk to people, we ask questions about what they need and what they want. If they say 'no' we might leave them and come back and ask again, or see if another member of staff can encourage the person. But it is their right to say no."

Where people could not make all their decisions for themselves, we saw this documented in their care records. Records showed which decisions people were able to make on their own, and which decisions they needed support with, however we saw on one care plan the documentation was not completed correctly. The capacity assessment had been incorrectly completed and the deputy manager told us they would discuss this with the relevant staff member to discuss additional support and training.

People told us they received enough to eat and drink to support their health and well-being, they told us, "The food is very good, excellent." And "We have choices at breakfast, lunch and in the evening you can have something light and there is a sweet, there is a menu for every day and the girl comes around to ask you what you want. You've only got to shout, there are always drinks on the table." Another person told us, "They feed you too much. There is too much choice. It is all beautifully done. I really can't grumble." A relative told us "There is a list in [person's] room telling them about meals and snack times. The meals give all the nutrition [person] needs."

During our inspection we saw people having cereals, toast and cooked breakfasts and people receiving the nutrition they needed, according to their personal preferences, and their health needs. At lunchtime on the memory suite staff went to the table with plates showing both meal and dessert options and asked people to choose which one they would prefer. This gave people a visual choice to help their understanding of the options available.

We saw one person didn't like their first choice, and so staff tried to encourage them to eat the other choice. People had fruit juices, non-alcoholic and alcoholic wines at lunch. They also had a good supply of hot and cold drinks during the day, as well as smoothies, yoghurts, biscuits and fruits and additional support for people who needed fortified foods that contained extra calories to help them gain weight. Most people ate their lunch in the dining rooms however we saw others having food in their room which was their choice.

Staff and people told us the provider worked in partnership with other health and social care professionals to support people's needs. During our inspection we saw a staff member had noted one person had an upcoming hospital appointment and told them they would organise the use of the homes' mini bus to take them to their appointment so they did not have to organise their own transportation.

Staff told us it was important that there was good communication with relatives and healthcare professionals so they could have a greater understanding of people's needs and provide the right support. We spoke with healthcare professionals who told us they had developed positive relationships with staff, who they felt were responsive to the support, and direction given to them.
On the step down unit there was regular support and rehabilitation provided to people from physiotherapists and occupational therapists that were employed by the NHS but based at the home.

Records showed us people's weights were checked regularly and appropriate referrals to heath care professionals such as dieticians were made when concerns were identified. People told us they had access to healthcare services when they needed them such as the doctor, dentist and optician and records we looked at confirmed this. They told us, "The doctor comes here every Monday or Tuesday." And "The dietician came to see me and I told her my appetite has gone. She has suggested nibbling. I can have whatever I want."

On the day of our visit, a person had a very high blood pressure reading. The staff took the advice of the GP and called the paramedics, they then liaised with the GP with regards to the findings of the paramedic. This demonstrated that staff took appropriate action and sought the advice of relevant healthcare professionals.

Good

Is the service caring?

Our findings

People and relatives told us, and we observed that staff were kind and caring to people at the home. For example, we saw one person become anxious about being left on their own. A member of staff stayed with them and this reduced their anxiety. We heard the person tell the member of staff "I love you." The member of staff gave the person a hug in return, and this was welcomed by the person. Other comments were, "Carers are very good, very kind." and "They are so good, they are excellent. You can't fault them, they are so nice."

People told us they preferred to be cared for by staff they knew, one person told us, "The permanent staff always care for me well and stop and have a chat with me." The provider was taking action to address this by on-going staff recruitment.

We observed both permanent, and agency staff, being kind and supportive to people and we saw people's privacy and dignity being respected. For example, we saw a member of staff preserve a person's dignity as they had not put a belt on their trousers; staff gently guided the person back into their bedroom so the belt could be put on in private. Staff knocked and waited before they went into people's rooms. We asked people if they felt staff treated them respectfully and they told us, "Yes, they are very respectful."

Relatives told us, "Nothing is too much trouble for the staff; I can come and visit whenever I want." We saw there was a coffee bar on the ground floor that was for the use of visitors with free cakes available for all guests to help them feel at home and people at the home also used the facilities.
People told us this was important to them as their visitors could see them whenever they wanted and the deputy manager told us how important it was that people felt it was a "home from home."
Feedback we received prior to our inspection from a person's family member commented that staff were seen to provide a high level of care.

We observed that people were comfortable speaking to members of staff, and felt safe to discuss very personal issues. They told us that staff were supportive of them and we saw one member of staff delivering a letter to a person that contained details of a hospital appointment.

People and relatives told us they felt involved in making decisions and planned their own or their family members care. One relative told us, "Staff always tell me about how [person] is and discuss her needs with me. It's usually the same staff as well that I speak to and they seem really caring to me and know [person] well." Staff we spoke to told us how important it was that they involved people in making decisions about how they wanted to receive their care.
One staff member told us, "People have the right to say no and we have to respect that decision, it's all about their own choices."

We asked people about whether they were given choices about how they received their care. One person told us, "I think I would have a choice, male or female to assist me but I don't think it would make a difference." Another told us, "Here you can please yourself. I have my own system. I have breakfast, read the

paper, go for a walk, have lunch and watch television in my room."
People told us they could go to bed and get up when they wanted; a member of staff told us sometimes people didn't go to bed until 4am and that was their choice.

The manager informed us they encouraged contact with the local community and that a room on the ground floor was available for use by local associations to help people who live at the home have contact with others. This room was also used by people living at the home for private family dining. Relatives told us there was a guest suite where they could stay if they wanted to.
One person told us, "I go the Church of England services when they are held here."
During our inspection a priest visited the home and held a service. The manager told us they were looking to develop links with local community churches and temples.

Staff promoted people's independence by encouraging them, where possible, to do things for themselves. This included eating and drinking, and encouraging people to move as much as they could without the use of hoists or aids. The deputy manager told us that having the three separate areas of the home allowed staff to target care and support more effectively. For example the "step down" floor focused on supporting people to regain mobility and independence to return home.

On the memory suite staff had placed pictures and personal objects in memory boxes outside of people's rooms. Photographs of the person were included and staff told us they were photos taken of people when they were younger in age, as people who lived with dementia could more easily recognise themselves when they were a younger person. These boxes assisted people to find their own room when they were walking around and acted as a visual aid.

Staff told us they enjoyed working at the home, because of the interaction they had with people who lived there. We asked one staff member what they thought was the best part of their job and they told us, "I love coming to work; I love the staff here and the people." We saw staff spending time talking and engaging with people as they were passing by.

One person told us they received specialist support from palliative care professionals and we saw some people at the home had been consulted about their wishes at the end of their life. We reviewed care records which documented their preferences. One person told us they had discussed with the manager that they wished to end their life at the home.

People had access to advocacy services if they required them. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Good

Is the service responsive?

Our findings

People told us they felt staff responded well to their needs, one person said, "The staff that are here are exceptional. You can ask for anything they'll give it to you, they look after you."

The 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.

We saw care plans 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. Some on the "step down" floor lacked detail about people and their conditions and we discussed this with the manager who acknowledged this. They told us this had been identified in audits and was being addressed. The manager was also liaising with the local commissioning group nurses' to improve standards and practice.

Care staff we spoke with told us they read people's care plans. One care worker said, "If you are not sure about something you go and check the care plan." They told us they had time to read them to understand what people's needs were. Another staff member told us they enjoyed finding out about the people they supported and said, "I love finding out about people, and I look at their photos and ask them about their life." They went on to tell us this helped them identify if there were changes in a person's mood or behaviour and they could take any practical action that was needed to relieve someone's distress or discomfort. One told us, "We communicate very well and I read the care plans for information about people." Another member of staff told us, "I get a lot of information from the care plans and I get time to read them." "I want to know I have supported people well and for those going home, to be able to lead a normal life."

In order to share information there were handover meetings each morning which care staff told us they were fully involved with.
During our inspection we spoke with relatives about the assessment carried out on their family member before coming to live at the home. They told us, "A lady came from the home to assess [person] and they were very thorough." They also told us that another member of their family had been involved with the care planning process. They went on to say, "The staff seem lovely, they're very good, and kind to [person]." Another relative told us their family member had been in hospital when staff came out to assess them and discuss their needs. They told us the whole family had felt fully involved in the care planning process.

We saw reviews of records for some people who could not communicate for themselves, and their care plans had been signed by their representative. We asked people if they had been involved in reviews of their care, one told us, "I have had no review, not in here." Others told us they frequently discussed their care with staff and one person told us staff were responsive to their needs. They told us "[Staff] has ordered a special sling with mesh so that I can have a bath." They went on to tell us this member of staff had also made a referral to a specialist nurse to provide additional emotional support to them. This demonstrated that staff were responding to people's individual needs and providing the appropriate support and resources.

Prior to our inspection we had received information that a relative had been unhappy with communication regarding their family member and the change in support that the home could offer. We discussed this with the deputy manager who acknowledged that information had not been shared correctly and communication with the family could have been improved. They told us they were committed to improving communication with family members of people who could not discuss their own care needs. They told us it was essential to communicate well from the first point of contact and throughout a persons' stay. They acknowledged that they had learnt from the feedback provided and they been in discussion with the family who had made a complaint.

One person told us their family had raised some concerns to the manager regarding their care and that communication had improved since then. They told us, "A lot of things have improved since then. Generally I am happy with this place, problems are being sorted."

People and relatives told us they knew how to make a complaint and several told us they would speak to the floor managers if they had concerns. We saw there was information in the main foyer informing people how they could make a complaint.
All complaints were logged with the providers central support office and the regional manager was also informed. The manager told us all complaints were investigated and action plans put in place for improvement where necessary.

We asked the manager what had been the main theme of complaints received. They told us they had identified a need to improve communication between staff and as a consequence, had implemented communication books for each floor so that staff could share information about people more effectively. Where documentation had been completed incorrectly, the manager had instructed floor managers to double check all records. There was now an expectation that progress notes about people and their care given would have two staff signatures.

The manager told us they were looking at developing life story "snap shots" to support the transfer of people to new services and provide useful information about them to others. Transfers to another service were supported by a transfer discharge sheet containing essential information about a person and anyone requiring hospital attendance, who did not have a relative to go with them, were supported by a member of staff.

A team of four staff were responsible for organising recreational and leisure activities within the home and the provider had two mini buses to provide transport. The manager told us they offered two trips a day, seven days a week. In the afternoon during our inspection a few people went out for a trip to nearby Meriden in the minibus, and some people went into the cinema room to watch a 1960s film called The Apartment. People told us they enjoyed the activities.

We asked people about the activities on offer and the choices they had in how they spent their time. A person told us; "The girls have a sheet with entertainment. They say we'll leave you one even though you don't join in. They do put on a lot of entertainment." Another person said,
"I have been doing some colouring today. I do flower arranging. I do exercises. I go on trips."

We saw people sitting in the foyer area chatting with each other and there was a hairdressing salon being used throughout the day by people living at the home. People had televisions in their rooms however, on the memory suite there was no television for the communal areas. Some people told us they missed this as they liked to keep up to date with the news. The manager had responded to this feedback and told us they had ordered a television so that it could be brought in to the lounge on request.

The deputy manager told us, "We encourage and stimulate people to be independent. We want this to be a home from home for people. I want people to have the maximum benefit of living here." We were told people who lived on the memory suite had organised a Christmas party for the children of relatives and staff and everyone spoke of how positive the experience was for all involved. Fish and chip suppers were organised where staff came in and dressed in their pyjamas and everyone had fish and chips out of paper together.

We saw many individual and group activities taking place and on the memory suite people were reading their own papers and magazines; one person was playing a tune on the piano in the lounge. A general knowledge quiz was conducted with one of the people living at the home reading out the questions. One person was seen enjoying reading a book of a famous actress; another was supported by staff to walk around the home which they enjoyed. We saw staff spending time talking with people and having meaningful conversations. The activities coordinators held a folder which contained a record of people's hobbies, interests and preferences. Entries were made on a weekly basis regarding people's involvement in activities.

The provider regularly organised people and relative's meetings, the most recent being in December 2015. Some issues discussed were around staff recruitment, the use of agency staff at night and future activities people would like to see. We asked people about the meetings and they told us, "I've been to a couple since September 2015. They were quite good, I think things get sorted." Another said, "We have only had a couple of meetings. I have mentioned it from time to time but nothing has happened yet."

The manager told us meetings would be organised for people on a monthly basis and each floor would have their own. On the 'memory suite' staff were researching how best to hold meetings with people to seek their views and if this might be more appropriate in a small group setting, or individually. Outside of meetings the manager carried out 'walkabouts' of the home and spoke to people. During our inspection we saw people felt able to approach them to discuss an issue.

Good

Is the service well-led?

Our findings

There was a registered manager at the home. The current manager had been in post since June 2015. The home had been registered under a new provider and undergone restructuring in February 2015. The manager told us, "It has been a challenge as the home is now bigger than it used to be." They went on to tell us that due to the increase in numbers of people living at the home and the remodelling of the premises this had been a period of considerable adjustment for people and staff.

The manager told us that prior to the changes, staff had not been adequately informed by the previous provider that the home had been taken over by a new provider, and that a new manager had been recruited. This had led to a period of instability. One staff member told us getting used to another manager so soon after the new provider had taken over had been difficult and left some staff feeling dissatisfied and wanting to leave. Others told us they were starting to see the positive effects of all the changes and although there had been a difficult settling in period they acknowledged the provider wanted to maintain high standards. One told us, "I felt they [provider] came in with a thud but it's gone upwards since then."

The manager told us one of the biggest challenges for the provider had been to recruit permanent staff to the home and that had resulted in the use of agency staff. Feedback from people about the on-going use of agency staff had been acknowledged and the provider was taking positive steps to recruit new staff. The manager told us, "The provider is very good at putting resources in and they are very supportive of me." They told us recruitment of new staff was the priority of the service in order to reduce the number of temporary staff being used and the provider was committed to employing the right people at the home.

The provider had taken positive steps to recruit floor managers for each of the three floors and, everyone we spoke with during the inspection commented favourably about this development. People we spoke to felt there had been an improvement in communication and staff felt supported to carry out their role. One person told us, "Since [person] has come on as floor manager things have improved."

The provider had acknowledged the need for additional clinical support on the "step down" floor and had employed a registered nurse who was due to start work at the home. The manager also acknowledged that documentation at the home needed to be improved and regular care plan audits were being carried out. Where improvements were required actions were put in place.

We asked people if they felt the home was well led and they told us, "I think this is one of the best places, I know who the manager is. They said they are going to start having residents meetings once a month." Another said, "The carers and the managers are very approachable and very friendly."

Most people told us they were aware who the manager was and that they had good relationships with the floor managers and deputy manager. A relative we spoke to on the second floor did not know who the manager was but saw the deputy manager frequently and knew they could approach them with any concerns.

The deputy manager joined the service in June 2015. We spoke with them and they told us why they had joined the team. They said, "I like the way they are making senior living the best it can be and want to look after people well. They really think about the residents." They told us weekly team meetings were held with all of the floor managers to share information and discuss any concerns or issues and the provider was very supportive of all the staff. They said of the manager, "He is a good leader and puts the right people in the right place for the job. His office is open whenever we need him and he acts immediately."

The manager told us they encouraged an 'open door' policy and promoted a culture of openness and honesty amongst staff. This was achieved through team meetings and supported by the deputy manager and floor managers 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. They told us communication with the floor managers was positive as issues and concerns were addressed quickly.

Staff told us the transition of changing providers had initially been challenging and this had resulted in a turnover of staff. Most staff spoke well of the manager and deputy manager. One staff member however told us; "I don't feel respected by the management, I don't feel I can approach them and talk directly but the floor managers are good."

Another told us, "The manager does come around, I haven't had much to do with him but they are approachable." They went on say of the deputy manager; "She is good and appreciates our work and praises us."
Staff told us they felt there was a clear support structure in place for them and a 24 hour on call for any issues outside office times if staff needed to speak to a senior member of staff.

The provider wanted to further develop ways to obtain the views and opinions of people in how the home should be run through questionnaires and a 'residents' committee. The manager's office was in the main foyer and during our inspection we frequently saw people visiting and speaking to them.

The manager told us they used regular staff supervision and appraisal meetings to obtain feedback from staff and to provide support where necessary. Staff told us they received supervisions regularly. One told us, "I get regular supervision and I can say how I feel, I can also ask questions if I ever have concerns."

The recruitment process was on-going at the time of our inspection and the home had a third floor that had not yet opened which would be residential. The manager told us until all the required permanent staff were in place throughout the home this would remain closed. They went on to tell us that admissions to the home were carefully monitored to ensure there were sufficient numbers of staff in place to meet the needs of people.

Prior to the inspection we were informed by the local authority commissioners that a person had fallen at the home and the local safeguarding team were carrying out an investigation. We had not received a statutory notification from the provider which they are required to send to us and the manager acknowledged this was an oversight. The manager had notified us of other incidents and accidents within the home and understood their responsibilities to inform us of relevant events.

The provider monitored accidents and incidents in the home and looked to see how improvements could be made to reduce any reoccurrence. Where investigations had been carried out support from relevant healthcare professionals was requested. The manager had analysed any incidents and put in place interventions and checked to ensure any actions required were carried out by the floor managers. The provider was also informed and carried out their own analysis and checked with the manager that

appropriate actions had been taken. The regional manager visited the home weekly to discuss any concerns.

The provider completed other regular audits to monitor and improve the quality of the service they provided. We saw from recent audits that care plans required more detailed information and the manager was taking positive steps to improve this. They told us they were working with the local commissioning group and local authority to identify areas of best practice and welcomed feedback in order to improve and drive the service forward.

Overall the information provided in the PIR reflected what we found during our inspection.