

# Avery Homes Nuneaton Limited

# The Hawthorns

## 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 ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 24 March 2017. The Hawthorns consists of retirement apartments and is registered as a care home providing accommodation and personal care for up to 70 people. Some people living at the home did not require any personal care whilst other people were in receipt of care. At the time of our inspection 22 people were in receipt of personal care.

The home 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.

People told us they felt safe at the Hawthorns. Staff were aware of their responsibilities to keep people safe and report any allegations of abuse. People's individual risks were assessed. People did not always feel there were adequate numbers of staff however we found additional staff were being recruited and a sufficient number of staff were available to meet people's care needs. People received their medicines as prescribed.

The provider had processes in place to ensure staff were recruited safely and that they had the training and skills to meet people's needs. Staff obtained consent before they provided care. Staff understood people's decisions when supporting people and worked to ensure people's best interests were met. People enjoyed their food and had choices regarding their meals. People were supported to access health care professionals to meet their health needs.

Staff were caring and treated people with dignity and respect. People felt involved in their day to day choices and were supported by staff to maintain their independence. People were involved in developing their care records and received care that met their needs. Care packages provided to people were flexible and people could choose the level of support they required as needs changed. People told us they had access to an extensive programme of leisure pursuits. People knew how to raise any concerns and were confident any issues would be addressed.

People and staff told us the service was well-led. Staff understood their roles and responsibilities. People and their relatives were encouraged to share their opinions about the quality of the service received. Effective audit systems were in place to assess and monitor the quality of service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and were protected from harm by staff who understood their responsibilities in relation to keeping people safe.

There were adequate numbers of staff to meet people's needs. Medicines were given as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the skills and knowledge to meet people's needs.

People were asked for their consent before support was provided. People were supported to maintain a healthy diet.

People had access to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and respectful.

People were involved in decisions about their care and were supported to be as independent as possible by staff that showed respect for people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the care and support they received.

Staff were knowledgeable about people's likes and preferences. People had access to a wide range of leisure pursuits and were encouraged to follow their own interests.

People knew how to raise complaints and these were dealt with appropriately.

**Is the service well-led?**

**Good** 

- The service was well-led.
- People felt the service was well-run.
- The service had a clear aim to promote people's independence and well-being.
- Staff felt supported by the provider and happy in their roles.
- There were systems in place to monitor the quality of the service.

# The Hawthorns

## **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 checked 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 24 March 2017 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 home, what the home does well and improvements they plan to make. This information is used to help plan the inspection. We also looked at the information we held about the home. This included notifications received from the provider about safeguarding alerts, accidents and incidents which they are required to send us by law. We also sought information and views from the local authority which we used to help plan our inspection.

During our inspection we spoke with five people who lived at the home, one relative or friend, five members of staff, the registered manager and the director of care and quality. We reviewed a range of records about people's care. These included four people's care records and one medicine record. We also looked at staff records and records to monitor the quality and management of the home, including safeguarding referrals and audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel safe. I get attention from staff." Another person said, "I do feel safe here. There is someone here 24 hours a day. I know no harm can come to me here. If I am in any trouble I can ring the bell."

People were protected from harm because staff had received training in keeping people safe and knew what to do if they suspected any form of abuse had taken place. They were clear about their responsibilities to report any concerns they might have about a person's safety. Staff were able to tell us about the different types of potential abuse and how they would respond to protect people from the risk of harm. One member of staff told us, "I would report any incidents to my line manager. They would raise a safeguarding if it was needed." Another member of staff said, "I have had training in safeguarding its protecting people from abuse such as physical or verbal. I would report it to [manager]." Staff explained if they felt appropriate action was not being taken they would report concerns to the local safeguarding authority or the Care Quality Commission (CQC). The registered manager was aware of their responsibilities in raising and reporting any potential harm or abuse to the local safeguarding authority. This meant people were supported by staff who knew how to protect them from harm and keep them safe.

Staff we spoke with demonstrated an awareness of people's individual risks to their health or well-being. They told us that risks to people's safety had been assessed by the registered manager and up to date guidance about how to minimise these risks was available for staff. For example, one person required regular checks to be completed as they were at an increased risk of falls. Staff we spoke with told us they completed regular checks of the person to maintain their safety. Other people living at the Hawthorns administered their own medicines and we saw risk assessments were completed in relation to this. Records showed that where incidents had occurred that impacted on a person's safety, staff had taken appropriate action to reduce the risk of it re-occurring. For example, by making a referral to an external fall's prevention team.

People said there was not always enough staff available to meet their needs. One person said, "There isn't enough staffing. They can take quite a long time but I couldn't possibly say how long." Another person said, "The staff are very good but there are not enough of them. You have to wait between quarter of an hour to twenty minutes or so [before they attended]." A third person said, "I don't think there are enough staff. The age of [people] has gone up and [staff] need more help." Staff told us they felt there was an adequate number of staff to meet people's care needs although one member of staff said, "[People] might have to wait occasionally particularly if two members of staff were needed." People had individual pendant alarms which alerted staff should they require immediate support or help. Staff told us they responded to these alarms straight away. They continued to explain they also used the telephone system within the [Hawthorns] to speak with people and check their needs as well as to inform people that staff would be with them shortly. We observed staff in the communal areas of the Hawthorns and saw they responded promptly to people's queries. We discussed staffing with the provider; they told us the number of staff reflected the individual level of support people required. They said this information was analysed weekly to ensure staffing levels were adequate to meet people's needs. They continued to explain they were recruiting new

staff as numbers of people living at the Hawthorns had increased. One person told us, "[Provider] have employed three new staff. It was much better this morning." The provider told us they were not aware people had any concerns with staffing numbers during any meetings or conversations. However, they said they would look into it to ensure people's needs were met in a timely manner.

People were supported to receive their medicines safely. One person said, "I get my medicines on time." Another person told us, "[Staff] ask if I need any paracetamol. I am happy with the medicines. I have never had a problem with them giving them to me." Everyone living at the Hawthorns stored their medicines within their own apartment. Where people required support with their medicines we saw systems were in place to ensure people received their medicines as prescribed. Staff were able to describe how they supported people with their medicines. One member of staff said, "I have had my competency checked and regular audits are completed. You know what assistance people require with their medicines from conversations and their records." We looked at the systems used to manage medicines and saw monthly checks were completed by the provider. We looked at one person's Medicine Administration Record (MAR) and it was completed accurately. We also saw guidance was available for staff to refer to in relation to people's medicines; this reduced the risk of staff administering medicines incorrectly. This indicated the provider had systems in place to manage medicines safely.

## Is the service effective?

### Our findings

People told us they thought the staff were skilled in their role. One person said, "The staff are well trained. I need to use [equipment] [Staff] explained it to me I have got no concerns." Another person told us, "[Staff] know what they are doing."

Staff explained to us that they had access to a variety of training which meant they understood people's individual care and support needs. One member of staff said, "I have completed moving and handling training and medicines. I feel experienced to look after people." Another member of staff told us they were supported to undertake a nationally recognised qualification by the provider. This indicated staff were supported to obtain the skills and to provide effective care to people.

Staff told us when they started in their role the induction they received was good and provided them with the opportunity to shadow experienced members of staff and get to know people living at the Hawthorns. Staff told us they also had opportunity to complete the care certificate when they started in their role. The care certificate is a set of core standards which provide staff with the knowledge they need to provide people's care. Staff said they felt supported in their roles and had regular one to one meetings and attended staff meetings with the registered manager and deputy. They said these meetings provided an opportunity to share ideas and to discuss their own personal development. Records we looked at demonstrated staff were supported to obtain the skills to provide effective care to people. This meant staff received sufficient support from the registered manager to undertake their roles and responsibilities.

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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the home was working within the principles of the MCA and found that it was. We saw where required assessments had been carried out to assess whether or not people lacked capacity to make certain decisions and these were recorded and shared with staff.

People told us staff sought their consent before providing care and support. One person said, "[Staff] always seek my permission before they do anything for me." During the inspection we observed staff seeking consent from people before attending to their needs.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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 whether any conditions on authorisations to deprive a person of their liberty were being met. Although there were no current DoLS authorisations in place the registered manager explained how consideration had been given to individuals living at the home and whether or not they were being deprived of their liberty.



People were happy with the food and drink available to them and said there was always a good choice of meals. One person said, "The food here is excellent." Another person told us, "There is always a choice about what food you have." We observed meal times and saw most people chose to eat their meal in the dining area where we saw interactions between staff and people were friendly. A choice of drinks were available in the different lounges throughout the building for both people and visitors to access. We spoke with the chef who explained how they planned the menu around people's choices. They explained although no one living at the Hawthorns required a specialised diet such as softened foods, they catered for some people who required vegetarian or dairy free diets. This showed that people were supported to eat and drink sufficient to meet their nutritional needs.

The majority of people living at the Hawthorns arranged their own healthcare appointments. However, when required people told us staff supported them to access health care professionals. One person said, "I see the chiropodist when needed." A relative told us, "[Provider] arranged for [person] to go to their health appointments." Guidance received from healthcare professionals was available to staff to refer to in people's care records particularly for those people who were in receipt of a care package. Staff we spoke with were well informed about people's health needs and were able to describe how they supported people with these. They said if they noticed a change in a person's health or support need they would speak with their line manager or the registered manager who would contact the relevant healthcare professional. This showed people had access to appropriate healthcare professionals to support their needs.

## Is the service caring?

### Our findings

People told us staff were friendly and approachable. One person said, "I would say staff are professional." Another person commented, "The staff are very nice." People told us they had got to know the staff that provided care and support to them and they were happy with the care that they received. They said staff cared for them in line with their expectations. One person told us staff did not rush them when providing any form of help and support. Staff told us about people's different care needs and were also able to explain what was important to people. Staff said they had got to know people well and they were able to tell us about people's daily routines and interests.

People told us they felt involved in all aspects of their life at the Hawthorns. People who were in receipt of a care package said they were fully involved in the way their care needs were assessed and managed. They said staff listened to their views and wishes and respected their choices. A relative commented, "[Person] needs questions answered and you get that from staff." People said they had access to information about the Hawthorns and the different packages of care available to them should they need it. One person said, "Lots of information about [the service], staff keep us well informed and there is a reception desk should you need further information." This demonstrated people were supported by a staff team who listened to them and had a caring approach to delivering care and support to people.

People, were supported to maintain and develop their independence. People lived in their own individual apartments and rooms within the Hawthorns and held their own keys. People's accommodation had kitchen areas where people could make their own drinks and snacks should they wish. People also stored their own medicines within their accommodation and some people chose to administer their own medicines. We discussed with the provider the aims of the service and were told and saw throughout the inspection the provider's aim was to promote and maintain people's independence. People told us the Hawthorns also promoted people's independence by providing shopping trips and access to the local community.

People told us staff treated them with dignity and respect. One person said, "[Staff] are respectful." Another person told us, "The staff are very nice, they are very respectful to me." One member of staff told us, "Care is provided to people in their own apartments, I make sure people are happy and listen to how [people] want their care to be given." We observed in the communal areas of the Hawthorns staff treated people with dignity by communicating with people in a polite and respectful manner, listening and responding appropriately to any requests people might have. We saw when staff needed to provide care or support to people this was completed in people's individual rooms. We saw staff knocked on people's doors and introduced themselves before entering people's rooms. This demonstrated staff appreciated people's privacy and treated people with respect.

## Is the service responsive?

### Our findings

People told us they were involved in all aspects of their care planning. They said the service was responsive to their needs and contributed to their well-being. People told us they had conversations with staff about their life histories, interests and preferences. One person told us, "I discuss what I need with the staff I have a care plan which I was involved in developing."

The provider had also recently introduced a well-being assessment for people living at the Hawthorns. This involved assessing people's physical, psychological and social health and producing a care plan for a person's state of well-being. For example, one person felt after completing the assessment their physical health could be improved. This resulted in the provider signposting and encouraging the person to partake in the physical activities on offer within the home. We saw there were systems in place to regularly review people's care records to ensure they were up to date and provided information to staff about how to support people in line with their latest preferences. Staff explained to us how information was shared about any changes in a person's health or care needs. This was completed during daily handover sessions. One member of staff said, "We have a verbal and written handover. Handover is done three times a-day. It is effective as [staff] always have up to date information about people's needs." The provider told us they offered people living at the Hawthorns a flexible care service where they could choose the level of support they required. People's care packages were regularly reviewed with people or their representatives and when required rearranged to suit people's needs and requirements. For example, following an illness. This meant the Hawthorns were responsive to people's varying needs.

People told us they undertook a range of different leisure pursuits. One person said, "We go out on trips, I have taken up playing quizzes it is good for me." Another person told us, "There are all sorts of things going on here you can join in with as many different activities as you want." Activities we saw available to people included physical exercise classes such as pilates and tai-chi, art and craft classes and regular trips to places of interest. Everyone we spoke with said they enjoyed the varied activities and one person told us, "You can do something different each day." They continued to say they were attending an art exhibition arranged at the Hawthorns in the evening. The provider had also built links with the local community and had arranged for the local library to visit. The provider ensured people had access to a wide variety of leisure interests to promote their well-being and maintain people's independence.

People told us they were able to feedback their views about the service they received. One person said, "Wednesday there is a management meeting with [people]. You can say your piece." We saw people's views were sought through a variety of different ways which included meetings, questionnaires and surveys. The provider also told us they and the staff talked to people individually to get a view of what people felt about the service provided. People told us they knew how to complain if they were not happy with any aspect of their care or support. People told us they had been given the information about how to complain when they first moved into the Hawthorns. One person said, "I haven't made a complaint, there has been no reason to but I know about how to do it." Another person commented, "I did make a complaint and now it has been resolved." Staff were aware of how to deal with any complaints they received and were confident the management team would address any concerns raised.

The provider kept a record of any complaints and complements they received. These records showed complaints received had been recorded, monitored and follow up action documented, with feedback to the complainant. This showed people knew how to complain and the provider had established an effective system to receive record, handle and respond to complaints appropriately.

# Is the service well-led?

## Our findings

People told us they thought the Hawthorns was well run, but had differing views about how the service had developed since it had opened. For example, One person said, "It's a lovely place to stay if you don't need much extra care then it is ideal." A relative commented, "I think this place has become something different to what it was when [person] came in. It was retirement in style and now it has more care." However, most people told us they were happy with the care and service they received at the Hawthorns. People knew who the registered manager was and expressed confidence in them and other staff with whom they had regular contact with. People we spoke with had been asked if they were happy with the service provided during care reviews, meetings and questionnaires. We saw many compliments had been received about the quality of the service people received.

Staff we spoke with were positive about the provider and the management team within the Hawthorns. One member of staff said, "I feel very well supported in my role here, and I feel valued and happy in my job." Another member of staff commented, "I have supervision and we also have monthly team meetings. If you have any issues you can always speak with the [registered manager] at any time." A third member of staff said, "It's a really friendly place to work. I have support in my role from [line manager] but we work as a team together." Staff told us they understood their roles and what was expected from them. Staff told us they were aware of the aims of the provider in promoting people's independence and focusing on their well-being. They also said they felt able to raise any concerns by speaking with the provider or registered manager and whistle-blow if necessary. Whistle-blowing means raising a concern about a wrong-doing within an organisation. The registered manager was at the Hawthorns on a day to day basis. They demonstrated a good knowledge of their responsibilities as a registered manager and of their duties of meeting legal requirements by notifying CQC about events they are required to by law such as allegations of abuse or harm.

Before our inspection we asked the provider to send us a Provider Information Return (PIR), this was a report that gave us information about the service. This was returned to us on time and was completed appropriately. Information provided was consistent with what we found during the inspection of the Hawthorns. For example, the introduction of a well-being measure for people living at the Hawthorns to enhance their quality of life.

We saw the provider had systems in place to assess, monitor and manage the quality of the service provided to people. The provider had completed a number of quality checks to ensure people received safe and effective care. For example, we saw audits were completed in relation to incidents and accidents and these were analysed to see if any trends or patterns were developing. We also saw regular checks were completed of skin integrity, infection control and medicines. Information gathered was reviewed by the registered manager and shared with the provider and where required action was taken to address any concerns found. For example, additional training for staff. This showed the provider had effective systems in place to monitor the quality of care provided to people.

We were also informed by the registered manager that the head chef at the Hawthorns had won the regional

final and was taking part in the final for National Association of Care Caterers. We were also told the head chef was working along-side a large UK beverage brand to champion the importance of hydration within care homes and was promoting hydration within the Hawthorns. Along with this the provider had been recognised for providing high quality services to people and had won an award for 'Care Provider of the Year 2016'. The provider told us they were committed to working with people to promote their independence and well-being. They continued to say this was achieved by not only the leisure opportunities on offer but by the service being able to offer people appropriate levels of support packages depending on their individual needs.