Stoneleigh Care Homes Limited

Avondale Residential Care Home

Inspection report

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Date of inspection visit:
13 February 2017

Date of publication:
26 April 2017

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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 13 February 2017.

The home is registered to provide accommodation, nursing or personal care to a maximum of 15 people. On the day of our inspection 15 people were using the service. People who live there have needs associated with old age.

The first ratings inspection of the service took place on 24 February 2016 and at that inspection we found the service to require improvement in the areas of Safe and Well Led. Previously we found that systems in place to ensure safe and consistent administration of prescribed medicines were not comprehensive and lacked effective audit. At this inspection we found that improvements had been made to ensure the safe management of medicines. Recruitment practices needed to be more robust in order to protect the people using the service, we found that the correct checks were now in place. During the last inspection we saw that there had been no action taken to address any less than positive feedback received from people; we found that feedback was now displayed in the home and was addressed within 'residents meetings'. The provider's quality assurance systems were not comprehensive and lacked an effective analysis of their findings, we found that this still required improvement.

The service had 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 2008 and associated Regulations about how the service is run. The registered manager was available on the day of the inspection.

Quality assurance audits were not carried out robustly, so that it was unclear if any patterns or trends were developing which may impact upon the service provided to people. We did not always receive notifications of accidents or incidents that had occurred, which the provider is required to do so by law. People were happy with the service they received and felt the service was led in an appropriate way. Staff were supported in their roles. Staff felt that their views or opinions were listened to.

People living in the home felt safe. Staff were aware of the processes they should follow to minimise risk to people. Systems were in place to protect people from the risk of harm and abuse. Staffing levels and skill mix ensured that people's needs would be met. Staff had been trained to manage medicines safely and people received their medicines as and when they should.
Staff had the skills and knowledge required to support people effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act 2005 and gained their consent before assisting or supporting them. Staff assisted people to access food and drink and encouraged people to eat healthily.

Where possible people were involved in making their own decisions about their care and their own specific needs. Staff provided dignified care and showed respect to people. People were encouraged to retain their independence with staff there ready to support them if they needed help.

Staff understood people's needs and provided specific care. People's preferences had been noted and acted upon where possible. People were given the opportunity to become involved in activities. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

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 staff had been trained to recognise and report abuse or harm.

Medicines were administered, recorded and stored appropriately.

Staff recruitment was carried out safely.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service, on-going supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring towards them.

People were given choices and encouraged to make decisions where possible.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was not a robust system of quality assurance audits carried out.

The provider did not ensure they notified us about incidents/accidents they are required to.

People were happy with the service they received and felt the service was well led.

Avondale Residential 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.

Our inspection was unannounced and took place on 13 February 2017. The inspection was carried out by one inspector, a pharmacist 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.

We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with four people who lived at the home, four relatives, two senior care staff members, two care staff, the cook, the registered manager and the provider. We viewed care files for four people, recruitment records for three staff and training records. We looked at seven people's medicine records. We looked at complaints systems, completed provider feedback forms and the processes the provider had in place to monitor the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

At our last inspection of 24 February 2016 we found that medicines management was not robust. Guidance for staff in relation to 'as and when' medicines was lacking and some medicines were not consistently administered as prescribed. At this inspection a CQC Specialist Pharmacist found that improvements had been made to ensure the safe management of medicines. People we spoke with also told us that they received their medicines when they should and that they were given appropriately.

The service had received a comprehensive medicine management check recently from the supplying pharmacy with no issues identified. We were told that the service also undertook their own medicine checks to ensure any problems were dealt with quickly. We were shown a record of these checks which recorded the date but lacked detail to explain what actual checks had been made. We discussed this with the registered manager who agreed to ensure that it would be made clear what checks were made.

One person told us, "I receive my medicine like clockwork". Medicines were available with suitable arrangements in place for accurate medicine stock checks. Medicine Administration Record (MAR) charts were completed to document when people had been given their prescribed medicines or a code was used to record a reason why the medicine had not been given. Medicines were stored neatly in a clean, locked medicine trolley with keys held by the senior carer in charge. They were stored within the recommended temperature ranges for safe medicine storage including medicines requiring refrigeration. Medicines with short expiry dates once opened, such as eye drop preparations, were not always dated when opened. This meant it was not always possible to determine whether the medicine was safe to give. The registered manager was aware of this and agreed on the day that staff must date eye drop preparations on opening.

Supporting information for staff to safely administer medicines was available. In particular we looked at medicines prescribed to be given 'when required' or 'when needed' for agitation or anxiety. We found that although supporting information was available it was not specific to people's individual needs. Staff were able to tell us under what circumstances the medicine would be given however this was not documented. On discussion with the registered manager they agreed to make the available information more specific and detailed to the person. This would help to enable care staff to make a decision as to when to safely give the medicine. We saw that care plans held information on the medicines the person took, why they took them and guidance to assist staff to administer them.

We had previously found that recruitment practices were in need of review to ensure their effectiveness in employing suitable staff. During this visit we found that effective recruitment systems were in place. Staff confirmed that checks had been completed before they started work. We looked at three staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. We saw that staff members had provided a full work history. We found that disciplinary procedures were dealt with appropriately.

We found mixed views regarding staffing. Two people we spoke with told us, "There are plenty of staff" and, "Lots of them [staff] everywhere". One relative told us, "I think that there are enough staff now, there wasn't before but they have taken more on and I am told they are currently advertising. The staff are great and they always give us an update on [person's name]". However other relatives told us, "It feels as though they are permanently understaffed, not just because of the recent loss of some carers, it seems to be more like a nursing home than a residential home, more people needing more help. There doesn't seem to be enough time for the carers to spend with my [relative]". Another relative shared, "I am not so happy when they have agency staff, as I feel they don't know my [relative] and can't really relate to them". We spoke with the registered manager and provider about this and were told that staffing was undergoing a 'complete overhaul'. We were told that staff levels on the 3-10pm shift had increased by an extra member of staff and that they were currently recruiting more staff. The provider told us, "Staffing levels are a priority and we will ensure that the correct amount of staff support people". We saw staff readily available should people need them.

People told us that they felt safe with one person saying, "They [staff] look after us well, I am safe". A relative told us, "I know [person's name] is checked on regularly throughout the day. I am confident they are well looked after and well cared for, I am very happy on the whole and I don't think they are making a special effort because of the inspection today, they always keep people safe".

Staff we spoke with understood how to report any concerns regarding people's safety and one staff member told us, "[Registered manager's name] is very approachable and fair. I haven't ever seen or heard anything that I thought was wrong or abusive, If I ever did I would go straight to the manager and If I wasn't satisfied with the outcome I would go to the senior manager at head office". A second staff member told us, "If I had any concerns around safety or wanted to complain about something I would go to my senior first and speak with them, I would them go to the manager, the owners, Social Services and the CQC If I was still unhappy". Staff spoke of identifying signs of abuse and spoke of how they would look out for bruises on people or a change in personality as a possible indicator that something may be wrong. We found that the staff team had recently attended Safeguarding of Vulnerable Adults (SOVA) training. Staff had also received updated training on whistle-blowing (where they feel practice they have witnessed may be inappropriate) and how to deal with falls. We found that safeguarding concerns had been discussed with the local authority and we saw evidence of partnership working to ensure that any concerns were acknowledged and action taken where required. We found that the local authority had been notified of any incidents or accidents that had occurred.

A relative told us, "[Person's name] has been here a number of years and they have never had any bed sores or anything like that". A second relative shared, "[Person's name] had a couple of falls, so staff arranged for a low bed with a soft pad by the side of it on the floor and a specific chair that made it easier to get in and out of. [Person's name] feels safe here because the staff understand them". We found that risk assessments had been completed to minimise potential risk to people and we saw that these covered, moving and handling and falls, personal care, skin viability and equipment amongst others. We saw that risk assessments looked at how any risk could be reduced such as the use of on-going monitoring, additional staff to assist or a referral to professionals. Where required a tissue viability and skin map was in place. Each person had their own specific personal evacuation plan, detailing how their safety would be maintained in the event of an emergency and staff were able to tell us about these. We found that equipment used by people, such as the hoist was checked to ensure it's safety each day and records reflected this.

Good

Is the service effective?

Our findings

We saw that new employees were provided with an induction which included basic training, familiarising themselves with the providers policies and procedures and shadowing a more senior member of staff before taking on their role fully. A staff member told us, "The induction was called developing competent carers and the training can lead to a NVQ (National Vocational Qualification) I learnt quite a bit from it". A second member of staff told us, "When I see new staff on induction I try to help them by giving them as much information as I can about the residents and their likes and dislikes. I think it helps them settle in a lot quicker. I think we could support each other a bit more with teamwork".

We saw the training matrix which detailed upcoming training and saw that it was comprehensive. A staff member told us, "There are always training opportunities here, there are updates every year and we are asked if we want to take on any extra training". Staff told us that recent training they had attended had been, safeguarding, moving and handling and training around pressure sores and tissue viability. We saw staff using the skills that they had gained from training, with an example being assisting people up from chairs in a safe manner.

Staff told us that they received regular supervisions and records reinforced this. Staff said they felt able to speak with the registered manager and the management team at any time and one staff member told us, "The management and the seniors are very approachable, if I have a problem they will do everything to help". We saw that appraisals were carried out when required and were used as an opportunity to look at previous practice and set goals for the coming year.

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 found that DoLS applications had been submitted appropriately, with a mental capacity assessment in place to consider whether the person should be deprived of their liberty in order to keep them safe. Staff told us that people were cared for in the least restrictive way, wherever possible. Where a relative had Power of Attorney in order to make decisions on the person's behalf we saw that they had been involved in any decisions.

People told us that staff asked their consent before carrying out care, with one person saying, "They [staff] always ask if they can help me". A relative told us, "Whenever I am here they ask people's permission before they help them up or do things for them, I have no problem with what they [staff] do". We saw staff asking for people's consent prior to assisting them.

People told us that they enjoyed the food, with one person saying, "Lunch was very good, I can't complain, it's always very good". Another person told us, "I like the dinners". A relative shared with us, "The food always

looks good, the cook seems very good, there is a choice of meals, I think they [staff] come around to everyone and ask them what they would prefer for their lunch". A second relative said, "The meals always look nice, I believe they are freshly made every day, there seems to be a good variety too".

At lunchtime in the dining room we found that two residents were not overly keen on their meals, saying they were cold and not very nice. They were offered alternatives by staff, but both declined. Staff told us that sometimes people who were not hungry may say that they did not like the meal and we saw that food taken to people looked to be of an appropriate temperature. In the lounge where some people stayed to eat they appeared to enjoy the meals, eating most of them. We saw that in both rooms people were supported by staff who encouraged them, but assisted at the person's pace.

We found that care plans listed people's food likes and dislikes and that any specific diets were recorded. Where required nutritional assessments were undertaken, with food and fluid intake recorded and we saw that if people's weight was of concern they were referred to professionals. Staff understood people's nutritional needs and we saw the cook asking one person if they would prefer mousse for dessert the following day as the fruit may be hard. The cook was able to discuss with us the needs of people who may require pureed meals or the use of thickener and she told us that there was always a lighter meal option available should people require it and we saw lots of snacks in the kitchen. Staff and people told us of how for special occasions such as a birthday, a cake would be baked and we saw plans for pancake day were in place.

A person told us, "If I need a doctor I see one". A relative said, "They [staff] have always been very good with any illness [person's name] may have, they get the GP straight away and let us know what's happening". A second relative told us, "[Registered managers name] went to hospital with [person's name] to support them and she phones us if anything is wrong". We saw records that showed that where a concern had been raised about a person's health the doctor came the same day or the following day. We saw that people attended regular check-ups with the dentist podiatrist, opticians and hearing clinics and that all relevant paperwork had been filed.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, "I like living here very much, they are all nice ladies [staff], always polite, they are never rude to me or shout at me". A second person shared, "They [staff] are very good here and I have no complaints, they are all very nice and they look after me very well". A relative told us, "I am very happy with quality of the care my relative receives, I think the care staff know my relative and their needs very well". A member of staff told us, "I get on with all the residents, I really like all of them".

People told us that they were encouraged to make their own decisions. One person said, "I choose for myself. I can choose to eat what I want, I always have toast for breakfast, it's my favourite". A relative told us, "I have seen the staff asking my relative to make decisions, but they prompt when it's needed". A second relative told us, "They [staff] have always asked [person's name] to make decisions and choose things and even though it's harder for [person's name] now, the choice is still there". A staff member told us, "People are asked to decide wherever they can".

A relative told us, "I think the staff try and find time to sit with [person's name] when I am not here". We saw examples of staff interacting positively with people, including people interacting very well with staff in sing songs. One person became annoyed at the singing, but staff spoke with them encouragingly and before long they were singing along. We saw that when one person began to cough and became very distressed by it, staff quickly came and supported the person well, reassuring them and staying with them until they felt better.

People were supported to the toilet when needed and no one appeared to be distressed when there was a short wait for the facility to become free.

People told us that staff treated them with respect and dignity. One person said, "They keep me covered and wait outside when I go to the loo". A relative told us, "[Person's name] is addressed as they wish to be and staff are very polite towards them. A second relative said, "Staff always keep people's dignity, they will ask us to go out of the room if [person's name] needs the toilet. We saw that staff addressed people in an appropriate manner and that the language that they used was sensitive. We saw people were well dressed in seasonally appropriate clothing and that they all wore shoes or slippers, which some people told us they chose themselves.

We found that where possible people were encouraged to be independent. One person told us, "I am still independent, I do what I can, not past it yet". A relative told us, "[Person's name] used to do so much for themselves and was encouraged to do so, but they can't anymore". A staff member told us, "We know people's limits".
One person told us, "My relatives come to visit me, they are made welcome. If I was upset about anything I would tell them" A relative told us, "I usually visit every day for about an hour and a half and not always the same time every day. I can visit whenever I please". A second relative said, "We are always made very welcome given a cup of tea or coffee", and a third relative added, "I will ring in the evening and check on

[person's name] and have a chat with the carers about my concerns and they put my mind at ease". We saw visitors to the home arriving when it suited them and engaging in positive conversations with staff members.

We saw that leaflets were available in the reception area giving contact details of local advocacy services. Staff told us that where people required assistance to contact an advocate they would help them to do so. Advocates assist people to understand their rights and to express their views regarding decisions made about them.

Good

Is the service responsive?

Our findings

People we spoke with could not recall being part of developing their care plan, however a relative told us, "They [staff] asked about [person's name's] personal care needs and how they would like them carried out". A second relative said, "[Person's name] wasn't really able to be involved, but we [family] were and I have read the care plan and we have attended reviews".

We saw that care plans included information on people's needs including, mobility, personal care, equipment needs, hobbies and interests, likes and dislikes and a history of the person was provided. Staff told us that one person loved to sing and we saw that this was encouraged. People were also asked if they had any cultural or religious requirements and people told us that staff respected their religious beliefs and that a minister of religion visited the home regularly. Pre-admission information had been provided and a list of medicines the person was taking.

People told us that they enjoyed the activities that were arranged with one person saying, "I like to sing, I sing every day and the staff sing along with me. We are all good friends, we sing a few different songs, I like to keep everybody entertained with my singing". A relative told us, "They have an exercise class and bingo. I think there is a program of activities but not on display, I have suggested it be put by the front door. There was a local choir on Christmas eve, [person's name] loved it. There was a party for the queen's jubilee. The do mark various events throughout the year". A staff member told us, "We do have activities here, we have a sing along, play skittles and dominoes. We take some of the people who use the service out to the park or just out into the garden. We have quizzes and do crosswords with them sometimes, I always try and get all the residents involved when possible". We saw bingo taking place with a very enthusiastic staff member who included everybody. People were eating biscuits and drinking tea whilst playing, and it was a very relaxed atmosphere.

Relatives told us that they were aware of how to make a complaint and would do so if the need arose. One relative told us, "I know how to complain I have worked in a similar environment, so know what's what, but I haven't needed to complain. The registered manager addresses whatever is raised with her, so it doesn't get to a complaint". A second relative shared, "I would definitely know if [person's name] was upset or frightened. I wouldn't be afraid to say anything and I would go to the manager if I was concerned". Records showed that complaints had been investigated, but there was no audit trail to show how this was communicated to the complainant. The registered manager told us that this had been done verbally, with no record kept. The registered manager and the provider told us that from this point audit trails would be kept of any conversations carried out in relation to complaints.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection of February 2016 we had found that where less than positive feedback had been given as part of survey responses, this had not been communicated to people. People we spoke with were unsure as to whether they had received a request to provide feedback on the service, however relatives we spoke with were able to discuss with us feedback they had provided. One relative said, "We do have a yearly questionnaire asking how we feel about the home and the quality of the service given". A second relative said, "I do get a feedback questionnaire that asks about general things, are we happy with care, privacy, dignity etc?" We saw that lack of feedback had been addressed and general feedback on the service was displayed in the reception area. The provider told us of how information arising from feedback would be discussed in upcoming 'residents meetings', to be sure that everyone had been made aware of the results. We saw that the first meeting had been held and that discussions had been carried out.

At this inspection we found that not enough improvement had been made regarding quality assurance audits, which were not comprehensive and lacked effective analysis of their findings. We saw that whilst some audits had been carried out, in particular around health and safety of staff, safety within the home environment and medicines, audits around skin viability, falls and safeguarding were not detailed or comprehensive. Therefore staff were unable to see if any patterns or trends were developing in these areas that may need addressing. The registered manager and the provider told us that they were currently recruiting for administration staff and that they would be improving upon the range of audits carried out.

We found that we had not consistently received notifications of incidents or accidents that had occurred, which would show us how the provider responded to such concerns. We found that some, but not all notifiable events had been shared with us. The registered manager informed us that they were not always clear on whether a notification should be sent in and so we provided some clarification. The provider informed us that they would ensure that from this point onwards notifications would be sent in and that we would receive the retrospective notifications, which we did.

The registered manager told us how they had carried out spot checks to see how staff were working throughout the day and night and daily recordings were also checked to see that they were completed appropriately. There was no audit trail for this, so we were unable to see any evidence. However, staff members reinforced that checks had been carried out and we were shown the signing in book for the dates given for night spot checks, which showed the registered manager leaving the premises in the early hours of the morning. The registered manager told us that all spot checks would now be recorded. Records that we viewed had been completed appropriately.

We checked that ratings from the previous inspection were displayed in the home and that the website had a link to the CQC rating previously given. The ratings were displayed, but the website did not have the link. We raised this with the registered manager and the provider and it was rectified before the end of our visit, with staff showing us how it was easily accessible on-line.

People told us that they liked living in the home, one person said, "I love it here, it's home and is just right".

Relatives shared with us, "I wouldn't want [person's name] to be anywhere else. "It's a small home and that is what I like about it, it's homely, not posh, homely" and, "[Person's name's] room and the rest of the home always looks and smells clean whenever I have been here". A staff member told us, "It's like my second home, I love it here I have worked here many years".

People were complimentary about the registered manager and one person said, "I know the manager she is nice". A relative told us, "[Registered manager's name] is brilliant she always listens. I asked her to get something fixed recently and it was done immediately". A second relative shared, "[Registered manager's name] is always here speaking with everyone it is unusual not to see her, [person's name] feels so at ease with her".

We met with the provider during our visit and the registered manager and staff told us of how supportive the provider was. The provider told us that they were very determined to provide the best care possible to people and that is why they were carrying out a recruitment drive, which would look carefully at the skills of the potential employees. We saw that people living in the home were very familiar with the provider.

Staff told us that they attended staff meetings and we saw minutes where new paperwork, medication and tasks to carry out had been discussed. Staff told us that if they didn't attend the meeting the minutes were put up on the staff noticeboard or were given out at the next meeting. Staff told us that they felt able to raise any issues at these meetings. We found that residents and family meetings had been arranged to be carried out monthly. We saw that the last one had been attended by 11 people living in the home, but the registered manager was optimistic that more people would attend in future.

Staff told us that they would whistle-blow if they witnessed any practice that they felt was unacceptable. One member of staff told us, "I would always whistle-blow, we have to keep people safe". We saw that a whistle blowing procedure was in place for staff to follow.