Care Quality Commission

Avery House Healthcare Limited

Avery House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Avery House is a registered care home which provides accommodation, support and non-nursing care for up to 86 people, some of whom live with dementia. There are four individual units called Windsor, Balmoral, Sandringham and Buckingham. All bedrooms have en suite facilities and there are external and internal communal areas, including dining rooms and lounges, for people and their guests to visit. Avery House is located in a residential suburb of the city of Peterborough.

A registered manager was in post at the time of this inspection. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The last inspection was carried out on 24 and 30 July 2013 where we found the provider was meeting the regulations.

This inspection was unannounced and was carried out on 20 October 2014 by three inspectors.

Avery House provided people with safe care and protected people from the risk of harm. People's medication was looked after in a safe way and people were supported to take their medication as prescribed. People's individual health and safety risks were assessed and these were well-managed. Satisfactory checks were completed during the recruitment of new staff so that only suitable staff worked at Avery House.

People received effective care to meet their individual health needs. They were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services to monitor their health and treat any health conditions that they had.

People living with dementia had their individual communication needs met so that they had become or remained settled. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. Where people were unable to make these decisions, they were supported with this decision making process. Individual recreational and social hobbies and interests were provided to maintain and promote people's sense of wellbeing. Staff were trained and supported to provide people with safe and appropriate support and care.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found that people's rights were being protected as DoLS applications were in progress and were to be submitted to the authorising agencies.

People were treated well and with respect and they and their relatives were actively involved in the review of people's individual care plans.

People received care that was responsive to their individual needs and were supported to maintain contact with their relatives and make friends. There were also community links and people were also supported to visit local amenities. Complaints made to the registered manager were acted upon to the satisfaction of the complainant.

The care home was well-led and safe for people to live, visit and work. Staff enjoyed their work and were supported and managed to look after people in a caring and safe way. People and relatives, staff and managers made suggestions at meetings and actions were taken as a result. Other quality monitoring procedures were in place and effective action had been taken where identified improvements were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff to look after people and these staff had full checks undertaken before they worked at the care home.

People were supported to take their medication as prescribed and people's health and safety risks were well-managed.

Good

Is the service effective?
The service was effective.

Staff were supported and trained to provide people with individual care.

People were supported to eat and drink sufficient amounts of food and drink that they liked and their rights in making decisions about their support and care were valued.

People were supported to access a range of health and recreational services to support them with maintaining their health and wellbeing

Good

Is the service caring?
The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind, patient and caring.

People's rights to have access to information and rights of privacy and dignity were valued.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain contact with their relatives, the community and were able to make friends with other people living at Avery House.

People were involved in reviews of their care plans and their individual choices were respected in how they wanted to spend their day..

Complaints were responded to and to the satisfaction of the complainant.

Good

Is the service well-led?
The service was well-led.

Staff were supported and well managed to safely do their job, which they enjoyed.

Various meetings were held where people, their relatives and members of staff made suggestions in relation to improving the standard and quality of the service provided at Avery House.

Monitoring procedures were in place to continually review and improve the standard and quality of people's support and care.

Good

Avery House

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 unannounced inspection took place on 20 October 2014 and was carried out by three inspectors.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. Notifications are events that the provider must tell us about by law. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us to tell us what they do to ensure that the service is safe, effective, caring, responsive and well led. We also made contact with a GP, community nurse, NHS continuing health care commissioners and a local authority contract monitoring officer.

During the inspection we spoke with 16 people who lived at Avery House, two visiting relatives and a health care professional. We also spoke with 19 individual members of staff from the catering, housekeeping, care and maintenance departments. We also looked at 11 people's care records and reviewed records in relation to the management of the service such as audits and policies and staff records. We observed people taking part in their individual hobbies and interests and also saw how they were supported by staff.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

Good

Is the service safe?

Our findings

People told us that they felt safe because they liked the staff and said that they were treated well. One person said, "I feel safe. It's very nice, very nice living here." Another person said, "I feel absolutely safe here." Health and social care professionals told us that they had no concerns about the safety of people living at Avery House care home. Visiting relatives also had no concerns about the safety of their family members.

Staff were trained and were knowledgeable regarding their roles and responsibilities in safeguarding people from the risk of harm or neglect. They were aware of the correct safeguarding reporting procedures to follow and were aware of the whistle blowing policy. One member of staff said, "I have no problem with blowing the whistle and no qualms about making a complaint on behalf of a resident."

Staff were only employed at the service once all appropriate and required checks had been satisfactorily completed. We found that prospective employees had also attended a face-to-face interview which was part of the recruitment process.

The atmosphere of the home was calm and people were looked after by members of staff in an unhurried way.

There were enough staff on duty to enable them to take the time to sit down and talk to people they had looked after. One person told us that when they called for staff help, "They come."

Two of the people told us that they were satisfied with how they were supported with taking their medication. We observed how this was done and found that people had been given their medication as prescribed.

We found that trained senior care staff had been made responsible for managing people's prescribed medications. Medication rounds were spaced so that people were given their prescribed medication at safe intervals.

People were made safe from harm because the medication was stored at temperatures recommended by the manufacturer. In addition, medication was securely locked away when staff carried out their other duties. Staff were satisfied with the arrangements of receiving and storage of medication.

People's health and safety risk assessments were carried out and measures were taken to minimise these risks. The risks included, for instance, risks of falling out of bed. We found that alternatives measures were used (for instance the lowering of people's bed and use of protective mats) in place of bed rails. In addition, where people had been assessed to be at risk of harm, due to behaviours that challenge others, measures were put in place to minimise this risk.

Good

Is the service effective?

Our findings

People who we spoke with said that they considered staff were trained to safely and effectively do their job. One person told us that the, "Staff are very good." Another person told us that, "Staff understand my care needs." Members of staff indicated that they had the right level of training and support to do their job. This included having an increased understanding of the complex communication needs of people living with dementia.

Staff had attended induction training and had completed other training since starting their job role. They said that they had benefited from the training. They gave examples of how their training had improved their ability to communicate with people living with dementia, how to carry out correct infection control and cleaning procedures, and how to safely use substances hazardous to people's health. Members of staff had attended training in safe moving and handling techniques. We saw that the staff members applied their learning and knowledge into practice and the person showed that they were comfortable when they were helped with their moving and handling needs.

The provider acknowledged in their provider information return that staff had attended training in a range of topics but it acknowledged that action was needed to be taken to carry out appraisals for all members of staff. Members of staff stated that they felt supported to do their job and had said that they had received one-to-one supervised support.

Before our inspection, the health and social care professionals told us that they had no concerns about how people's health and wellbeing needs were met. A visiting community nurse said that there had been an improvement in how well people's health needs had been managed. Support was provided for people to gain access to a range of services to maintain their health. This included weekly visits made by a GP and daily visits made by a community nurse. In addition, people had health support and advice from opticians, local hospitals and community mental health services. A person living at the care home told us, "They get the doctor if I'm ill. It's better (here) than being on your own at home." A relative told us that they had seen a great improvement in their parent's mental health. They told us that their parent had a history of feeling low in mood and had been withdrawn and not talking. However, they told us that their parent was now very communicative and happier.

People had enough to eat and drink and told us that the food was good. For example, one person said to us, as they patted their stomach, "I enjoyed that (their lunch of beef stew and vegetables) but I have had enough to eat." Another person who we spoke with confirmed that they had enough to eat and drink and liked the range and choice of menu options. We saw that people were offered hot and cold drinks and snacks between breakfast, lunch and tea time meals.

Health care professional advice had been sought and had been followed in relation to people's eating and drinking. This included where people had been supported to access nutritional and swallowing advice from dietician and speech and language therapists, respectively. We saw that people were provided with special diets, in line with the recorded health care professional advice.

We observed the lunch time and found that where people needed support to eat their food, they had been encouraged and prompted to eat or helped to eat their meal by individual staff members. People had been offered a choice of what they would like to eat in a way that they could understand.

People's rights to make decisions about their support and care were valued and where people had been assessed not to have mental capacity, they had been supported in the decision making process. Staff were trained and were knowledgeable in their roles and responsibilities in relation to consent, as defined in the MCA 2005. They gave examples of how they had effectively managed situations when people had been assessed not to have mental capacity. The examples included when people refused support with their personal care and taking their prescribed medication.

The CQC monitors the operation of Deprivation of Liberty Safeguards which applies to care services. The registered manager advised us that an application had needed to be submitted and other applications were in the process of submission to the authorising agencies.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said that the staff were, “Really very good. All are kind and never rude.” We saw that people were cared for by kind and attentive members of staff. During lunchtime we saw a person being reassured when they were unsettled and was encouraged to eat their food. A member of staff told us that staff were caring and helped make people feel comfortable and at home.

People’s needs and choices were at the heart of the delivery and culture of the care provided at Avery House. Members of staff were committed to looking after people and demonstrated that they understood people’s individual needs and had valued their choices. This included understanding the individual communication needs and choices of people living with dementia. A visiting relative confirmed that their parent’s choices had been valued. This included their choice of what they wanted to wear and when to get up and go to bed. Where people had expressed a preference to be looked after by a male or female member of staff, their preferred gender of carer was respected.

People were treated with respect and dignity. For example, members of staff knocked on people’s doors before they entered and spoke with them in a respectful way. In addition, the premises maximised people’s privacy and dignity; people had en suite bedrooms and communal bathing and toilet areas had lockable doors. People also had access to a range of communal lounges where they were able to receive their guests. While seated in a lounge where other people were sitting, a person told us, “This room is lovely and there are other rooms. So, if you get a crowd come to see you, you can go there.” We saw a person had their own large-numbered telephone in their bedroom. They told us that this had enabled them to make calls in private.

We found that people had access to information in relation to complaints and advocacy services.

People’s social care needs, and choices of what they wanted to take part in, were taken into account and acted on. We saw how this had promoted people’s sense of wellbeing and had reduced the risk of isolation and boredom. One person said, “I join in anything that is going on. Any sort of activity or just do my knitting.”

Good

Is the service responsive?

Our findings

People took part in recreational hobbies and interests that they liked to do. One person told us, “I like to do my knitting and crosswords.” Another person held their doll and was relaxed and comforted by this. We saw that people enjoyed a visit by a therapy dog and, later in the afternoon, had taken part in armchair exercises and were heard to be singing along to music during a dance fitness session.

Links were maintained with the local community. People were supported to have access to religious services that had been held in the home. People were also supported to go out shopping, visit parks and eat out. In response to people’s suggestions, events had taken place to raise money. These were to raise sufficient funds to eventually buy a private minibus for their own use.

We saw that other people were supported to maintain contact with their relatives, who were visiting them and to take them out. In addition, we saw that people had made friends with other people living at Avery House. We saw people talk to each other in a friendly way.

People told us that they knew who they would speak with if they had been unhappy and wanted to raise a concern or complaint. One person said, “I would speak with the staff. You can talk to them.” Another person told us that, “I would speak to any of the staff, but I have no complaints.” The registered manager indicated in their provider information return that there had been a number of complaints in relation to the way people’s personal laundry was looked after. As a result of this, action had been taken by staff to improve the situation, with a reduced number of complaints.

People were actively involved in the reviews of the care plans and we found that they had been supported by a relative during these reviews. The reviews enabled people to make suggestions or comments about their care, which included the types of hobbies and interests they would like to take part in, such as gardening.

Good

Is the service well-led?

Our findings

People, relatives and staff members told us that the registered manager was accessible and approachable. One person told us that they attended residents' meetings where they had made suggestions about the food and recreational hobbies and interests provided. A visiting relative also said that they had the opportunity to attend the residents' and relatives' meetings. Minutes of residents' and relatives' meetings had been reviewed and action had been taken as a result. This had led, for instance, to improvements in the range of recreational hobbies and interests provided and suggested additions to the menus.

Members of staff said that they were well-supported and well-managed to provide people with their individualised support and care. This included being able to work in a flexible way so that people could choose how to spend their day, including taking part in their recreational hobbies and interests. Members of staff said that the registered manager's leadership style had helped them enjoy their work and working with each other and were given opportunities to develop their careers.

The registered manager had the leadership responsibility of different staff teams. Various daily, weekly and monthly meetings were held by the registered manager with individual staff teams. The meetings had enabled members of staff to review, monitor and improve people's experiences of living at Avery House. This had included the daily and weekly reviewing and monitoring of people's health, wellbeing and nutritional needs.

The registered manager had received completed residents' and relatives' surveys although had yet to gather the results of these to make sense of any emerging themes or trends.

The quality of people's support, care and the service provided had been reviewed and monitored during monthly visits which had been carried out by a representative of the registered provider. Following their visits, the registered manager had developed and completed improvement action plans. This showed us that the provider considered the quality of care they provided.

The provider information return had been completed in detail and showed what the service did well and had identified areas for improvement over the next twelve months. The registered manager told us that improvements had been made in relation to communication with external agencies and listening to what people had to say. They told us, "We've made a difference, but we still have a way to go." This meant that the provider was constantly striving to improve the quality of care they offered.

This section is primarily information for the provider

Action we have told the provider to take

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