Care Quality Commission

Avery Homes (Cannock) Limited

Alma Court Care Centre

Inspection report

Heath Way
Heath Hayes
Cannock
Staffordshire
WS11 7AD
Tel: 01543273860
Website: www.example.com

Date of inspection visit: 14 October 2015
Date of publication: 17/11/2015

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

This inspection took place on the 14 October 2015 and was unannounced. This was the service's first inspection under the management of Avery Homes (Cannock) Limited.

Alma Court provides support and accommodation to up 61 people with complex behaviours who require nursing care. At the time of the inspection 60 people were using the service. People who used the service had complex needs and limited communication skills due to their mental health needs.

There was a registered manager in post. The registered manager had remained the same with the change of provider. 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.

Summary of findings

Risks to people were assessed and minimised through the effective use of risk assessment and staff knowledge of people and their risks.

There were sufficient numbers of suitably trained staff to keep people safe. When people required one to one staff support they received it. Staff knew what constituted abuse and who to report it to if they suspected abuse had taken place.

The Mental Capacity Act (MCA) 2005 is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the guidelines of the MCA to ensure that people were not being unlawfully restricted of their liberty and that people consented to their care, treatment and support.

People's nutritional needs were met. People received adequate food and fluids. When people had been identified as losing weight or with difficulty in eating, referrals were made to the appropriate health agency and plans put in place to manage the concerns.

People's health care needs were met. When people became unwell or their needs changed, people were supported to attend appointments and with specific health care interventions.

People were treated with dignity and respect and their right to privacy upheld.

Care being delivered was personalised and met people's individual needs and preferences. People's care needs were regularly reviewed with people and their representatives.

Opportunities to engage in hobbies and activities were available dependent on people's needs and preferences. People's refusal to participate or engage was respected.

Relatives and representatives knew who to and how to complain if they had concerns.

Staff felt supported and motivated to fulfil their role. They knew how to whistle blow and felt assured that their concerns would be taken seriously.

The provider had systems in place to monitor the quality of the service and to ensure a continuous improvement plan was in place.

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. Risks to people were assessed to reduce the risk of harm to people. There were sufficient numbers of suitably recruited staff to meet the needs of people. People were kept safe as staff and management reported suspected abuse. Medication was stored and administered safely.

Good

Is the service effective?
The service was effective. Staff were supported and trained to be effective in their role. People consented to their care and were given choices. People's specific nutritional needs were met. When people required support with their health care needs they received it in a timely manner.

Good

Is the service caring?
The service was caring. People were treated with dignity and respect. People were as involved as they were able to be in their care, treatment and support. Relatives and friends were free to visit people.

People's privacy was respected.

Good

Is the service responsive?
The service was responsive. People's needs were assessed and regularly reviewed. People were offered opportunities to engage in hobbies and activities of their choice.

There was a complaints procedure and people knew who to complain to.

Good

Is the service well-led?
The service was well led. There was a registered manager in post. Staff felt supported and valued by the management team. Systems were in place to monitor the quality of the service and ensure a continuous improvement plan.

Good

Alma 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 14 October 2015 and was unannounced. The inspection was undertaken by two inspectors.

We reviewed information we held on the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports. These are notifications about serious incidents that the provider is required to send to us by law

We spoke with three people who used the service and observed their care. We spoke with four relatives and twelve members of staff, the registered manager, deputy manager and area manager.

We looked at five care records, medication administration records, staff rosters and recruitment files. We looked at the systems the provider had in place to monitor the quality of the service to see if they were effective.

Good

Is the service safe?

Our findings

People told us they felt safe from abuse and the risk of abuse. One person said: "I am much safer here than I was at home, the staff look after me and they are always here when I need them". Another person said: "They [the staff] keep their eye on me, I feel safe." All the staff we spoke with knew what constituted abuse and what they needed to do if they suspected someone had been abused. One member of staff told us: "I would and have reported abuse, these people need us to speak up for them as they can't do it themselves". The manager and deputy had raised referrals with the local authority for investigation when they had suspected abuse had taken place.

Risks to people were minimised through the effective use of risk assessments. Staff knew people well and knew the risks associated with people. For example one person required constant supervision from an arm's length distance. We saw staff observed this person as recorded in their risk assessment. Another person required two members of staff to support them due to their history of making allegations. We saw that two staff supported this person as recorded in their risk assessment. If a person's needs changed we saw that action was taken to minimise the risk of an incident happening again, such as a person who had difficulty swallowing and was choking on their food. We saw a referral had been made to the speech and language therapist and an assessment had taken place. The person was now on a soft diet to prevent further incidents of choking.

There were enough staff to meet people's needs. We saw that several people required one member of staff to support them during certain times of the day due to their complex needs and behaviour. Additional staff were also available so that people received the support they required continuously. Staff we spoke to told us that they had sufficient staff to meet people's needs. One staff member told us: "People have high level needs so we have to have enough staff to support them and we do". Another staff member said: "We have enough staff, if we need to use agency then we do". Staff told us and we saw that staff were recruited using safe procedures. Checks were made to ensure that prospective staff were of good character prior to offering them a position.

People's medication was stored and administered safely. We observed medicines being administered by the nurse and saw that this was done in a safe and respectful way. People were informed what their medicines were for and asked what drink they would like with them. People were asked if they had any pain and if they needed any medicine. If they said no this was respected and if they said yes they were asked where the pain was. For people who couldn't say if they were in pain, we saw assessments were in place that guided staff on behaviours that might be displayed if the person was in pain. Medication was stored safely in a locked clinical room.

Good

Is the service effective?

Our findings

People were supported by staff that were trained and effective in their role. Staff told us that the new provider had provided more class room based training which they felt was much better than their previous training. A new member of staff told us: "I had done all my training with my previous employer but Avery have trained me again to their required standard". Staff from an agency were used however they were regular agency staff that knew people who used the service well. One agency staff told us they had worked at the service for a year and another told us two years, this showed that people benefitted from consistency. This meant that people's care was safe and effective as they were being cared for by staff that were competent and knew people's individual needs.

People's capacity to make decisions had been assessed. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were followed. Some people had a DoLS authorisation in place, legally restricting them of their liberty in their best interests. Some people required support to make decisions and we saw that meetings were held with people and their representatives to ensure that any decision was made in the person's best interest. Relatives were involved in people's care. One relative told us: "Me and the staff work together to look after my relative, we work like a family". Staff demonstrated throughout the day that they sought people's consent where people were able to give this and informed people of what they were doing before any interventions such as when transferring people using hoist and supporting people to eat at meal times.

People's nutritional needs were met. We saw when people were noted to be losing weight or having difficulty eating, a referral to a health professional was made. Some people required a soft diet to prevent them from choking, other people required food supplements to help with weight gain. We saw people received their required diet in a way that met their individual needs. Drinks were offered to people every hour to ensure they consumed sufficient fluids to maintain their hydration. Some people liked to walk around their home all day, we saw that they were offered and encouraged to have a drink every hour as well as people sitting in the lounge and bedrooms. One person's care plan stated that they needed staff support and plenty of encouragement to eat. We saw at lunchtime that this person had support and was encouraged to eat their meal, which they did.

A relative told us that they worked alongside the staff and the health professionals to support their relative. They told us: "We have a fantastic community nurse, who has worked with us to reduce my relative's medication, and they are so much happier now and their weight has gone up by four stone". We saw when people required health support, appointments were made and staff supported people to attend. We saw evidence of GP, consultant, dentist and optician support being available to people. Visiting district nurses were seen on the day. Catheter diaries were kept to ensure that they were changed as regularly as they should be. When people required regular blood tests we saw records that these had been completed.

Good

Is the service caring?

Our findings

People told us and we observed that staff were kind and caring towards people. One person told us: “All of the staff are lovely; we have a bit of a giggle together”. Another person said: “They are a nice bunch very helpful”. We saw that there was a nice rapport between staff and people who used the service, there was laughter and a relaxed atmosphere within the service. A relative told us: “I haven’t got a bad word to say about the staff”.

People with complex communication needs had a communication care plan which informed staff how to talk to and gain a positive response from people. We saw that staff knew how to communicate with people at a level and pace they understood. We heard one staff member talking to a person about what they used to like to cook, the person responded initially and then told them they had talked enough. The staff member respected this and withdrew from the conversation.

People were involved in their care as much as they wanted or were able to be. A relative told us: “The staff always tell my relative what they are going to do before they do it, even if they don’t understand”. Staff told us and we saw that people woke up when they wanted and went to bed when they liked. People were offered choices throughout the day of what to do, eat and drink. Relatives and visitors were free to visit. The provider had implemented a protective meal time so people could enjoy their meal without constant interruptions. However it had been recognised that some people benefitted from the support of their relatives to support and encourage them to eat, and this was accommodated.

Each person's bedroom had been individually decorated dependent on their preferences. People were able to bring their own personal belongings such as furniture and ornaments to personalise their rooms. Each bedroom had an en suite toilet facility for people’s individual private use. Staff were discreet when supporting people with their personal care needs. If people required support to use the toilet or to change their clothes, this was done in such a way that people’s modesty was protected.

We saw that people’s confidential information and records regarding their care was kept securely in the nurse’s office and only accessed by people who had a right to see it.

Good

Is the service responsive?

Our findings

Prior to admission into the service people's needs were assessed to ensure that the service could meet their needs. We saw when people's needs changed the staff responded and ensured that people were supported by the appropriate agency to have their care needs met. Regular reviews were held with people and their representatives to ensure that care being delivered was relevant to the persons current care needs. We also saw that when a person's needs were no longer able to be met at the service, reviews were held and another more suitable service was found.

People's care plans were detailed and comprehensive and gave staff all the information they required to care for people responsively. All the staff we spoke to knew people well and knew their likes, dislikes and preferences. One person liked to remain in their room, we saw staff were available to them outside their room if they needed any support. A member of staff told us: "We stay here, so as not to crowd them, they like their space, they will come to the door if they want anything".

Some people had complex needs and behaviour that put them at risk and others. We saw that there were clear plans to inform the staff how to support people when they became anxious and that the appropriate external support such as a mental health nurse was involved when it was required. Records were kept to ensure that patterns of behaviour were identified. The staff told us that this information was used to help inform the health professionals that were supporting people to manage their behaviours.

People were offered opportunities to engage in activities and hobbies of their choice. The new provider had allocated a budget for activities which previously the service did not have. Items to engage people were being purchased and planning of activities was taking place. Some people enjoyed painting, others liked to wander around their home and into the garden. We saw that people were supported to do what they liked without hesitation. Staff knew people well and responded according to their needs. We were told one person was not very happy, so staff did not attempt to engage them in an activity as staff knew that it was best to leave the person alone until they responded on their own accord.

The new provider had a complaints procedure. We were told that a copy of the procedure had been sent to all relatives and representatives of people who used the service. A relative told us: "Avery wrote to us telling us they were taking over. If I have a complaint I will speak to a nurse, I always get a response". Another relative told us: "The manager is responsive if you need anything". We were made aware of complaints that had been made and dealt with appropriately according to the procedure.

Good

Is the service well-led?

Our findings

There was a registered manager in post. Staff told us that they felt supported by the manager and deputy manager and that they were approachable. They told us that they worked well as a team. One staff member told us: "We have to work as a team because it can be quite stressful here with people's behaviours". We saw and were told that reviews of any one to one staffing provided were undertaken every hour. Where needed staff were changed to ensure that each staff member spent equal amounts of time with people.

Care records were clear and comprehensive and regularly reviewed. When people required short term plans of care for example following an injury, these were put in place. Plans and risk assessments were in place for people with specific health care needs. If people required their health monitoring for example; with their food and fluid intake we saw that this took place and that checks were undertaken to ensure that the appropriate action took place if someone's needs changed. Some people required medication to relieve their anxieties and were prescribed medicines on an 'as required' basis, otherwise known as 'PRN'. We saw that although the nurses recorded when the 'PRN' medication was administered they did not record why. People's daily notes did not reflect the need for the administration of the medication. We discussed this with the nurse, registered manager and area manager who assured us that accurate records of why 'PRN' medication had been administered would be kept.

Staff we spoke to knew what whistleblowing meant and told us that they would report a colleague or manager if they suspected there was abuse. The provider had a 'whistleblowing' telephone line for staff to use anonymously if they wished. Staff also knew to report any concerns to the local authority or CQC if they needed to. We had received notifications of any significant incidents and we were aware that the service worked within the guidelines of the safeguarding procedures and liaised with the local authority when they suspected someone had been abused. There was a clear record of open and closed safeguarding investigations and the outcomes.

Regular team meetings took place and staff had individual support and supervision with a nurse or manager. A yearly appraisal also took place where staff could discuss their personal development and career aspirations. One nurse told us: "The provider is supporting my revalidation". Revalidation allows nurses and midwives to demonstrate that they practice safely and effectively and requires the nurse to spend time completing assessments and collecting evidence to support the revalidation.

There was an employee of the month scheme. Staff voted for which staff member they felt deserved the award in a private ballot. The deputy told us that the two new nurses had won last month and this had really motivated them and boosted their moral.

The provider had systems in place to monitor the quality of the service. Incidents and accidents were analysed and reviewed by the manager and a corporate manager to look for trends. When areas of improvement had been identified an action plan was put in place to ensure the improvements took place.