Care Quality Commission

Avery Homes (Nelson) Limited

Bowood Mews

Inspection report

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Ratings

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

Overall summary

The inspection took place on 13 October 2015 and was unannounced.

The home provides accommodation for a maximum of 34 people requiring personal care. There were 34 people living at the home when we visited. A manager was in post when we inspected the service who had recently applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The home has two units, each with 17 people. Forget Me Knot Unit was for early stages of dementia and Holly Rise Unit is for people who require additional support and assistance. Each Unit provides residential care to people living with dementia. At the time of the inspection the dependency level of people living in the home was higher on the first floor (Holly Rise Unit) than those living on the ground floor (Forget Me Knot Unit.)

Summary of findings

People within the Holly Rise Unit were more likely to require support but less likely to be able to articulate their needs. However, people were not always able to access the support they required from staff within the Holly Rise Unit. Staff were occupied with tasks or supporting other people and could not ensure everyone received the support they needed.

People did however, like and feel safe around the staff. People and relatives thought highly of the staff who they felt understood how to support their family member.

People told us they were helped by staff to take their medicines as they should. The way in which staff supported people was also reviewed periodically to ensure people received the right medication.

People within the Holly Rise Unit were more likely to require support to ensure their dignity was protected by staff caring for them. People's dignity was not however always preserved in the Holly Rise Unit. Although staff understood what caring for someone with dignity meant, staff were often occupied with other duties which meant that people's individual support was compromised.

Staff did not always support people with individual interests in the Holly Rise Unit. Although additional staff were being recruited to support with activities, people did not receive the support they needed to pursue individual interests. The lack of dedicated help meant that people were not given the opportunity to take part in meaningful activities to occupy their time.

Staff received regular supervision and training. Staff could access further training if they required it. Staff also understood the requirements of the law and supported people to make decisions about their care.

People were encouraged to make choices about their meals. Staff understood people's health requirements so that people received the correct support in order to maintain a healthy diet.

People and their relatives understood how to complain if they needed to and that they could approach individual staff members about issues if they needed to.

People's care was not however always rigorously monitored to ensure staff had access to all the necessary information to care for them. Although the provider had made some suggestions for improvements, completion of these tasks had not been monitored.

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 not consistently safe.

People did not always have access to a staff member when they needed. People did however feel safe around staff and were supported by staff to take their medicines as they should.

Requires improvement

Is the service effective?
The service was not always effective.

People were supported by staff that were regularly supervised and who accessed the necessary training they needed.

People were allowed to make decisions about their care within the requirements of the law.

Good

Is the service caring?
The service was not always caring.

People did not always receive the support to help them to be independent or preserve their dignity. Relatives were able to visit whenever they chose.

Requires improvement

Is the service responsive?
The service was not always responsive.

People were not always supported to maintain their individual interests. People were supported to make a complaint if needed.

Requires improvement

Is the service well-led?
The service was not always well led.

People's individual needs were not always overseen to ensure their care records were updated and that they had access to the support they needed.

Requires improvement

Bowood Mews

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 13 October 2015 and was unannounced. There was one inspector and a Specialist Advisor in Nursing and Dementia as part of the inspection team.

We looked at the information we held about the provider and the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people living at the service. We also spoke with five relatives, six care staff, one health professional and the operations manager. The manager of the service was on leave at the time of the inspection. However following the inspection, we telephoned and spoke with the manager.

We reviewed three care records, the complaints folder, recruitment processes as well as monthly checks the manager completed in order to monitor quality at the home.

Requires improvement

Is the service safe?

Our findings

Although relatives told us that there was sufficient staffing, our observations did not match their perceptions of adequate staffing levels.

When we spoke to the management team it was not possible to determine how staffing levels were decided. The regional manager stated it was at "the manager's discretion to decide what staffing levels are." There is an agreed staffing matrix that is determined at provider level based on occupancy within the home. The regional manager said that on a daily basis it is the manager/senior person within the home who determines staff levels within the home.

Both units at the home despite the same occupancy levels had very different people living within them. For example in the Forget Me Knot Unit people were supported to be very independent. People in the Holly Rise Unit were more likely to need help and support. Both the regional manager and deputy manager described people living in the Holly Rise Unit as "People requiring a little more assistance".

We saw that people's experience of care and access to care was different depending on the unit they lived within. People living downstairs in the Forget Me Knot Unit were able to access staff easily. People were in close proximity of staff at all times. We saw that when people were in need of assistance, staff were able to respond in a timely manner. Within the Holly Rise Unit, many of the people required more individual support and did not always receive this. For example, on one occasion; a person requiring support was not able to reach the toilet in time as staff were already attending to other people. When we spoke to staff, one staff member told us, "We don't have enough staff." On another occasion we saw that people asked for help and support and there could be long delays before they received this help.

People and their families told us they were safe. One relative told us, "There's never any harassment or anything like that." Another relative told us, "I've never seen anything other than staff be caring."

Staff were able to clearly describe their understanding of what it meant to keep people safe.

Staff described to us the training they had received on the subject and could also describe to us what it meant to safeguard people who used the service. For example, staff told us if they ever became concerned about a person's safety they would speak to their supervisor or the manager.

People's health and risks to their health were understood by staff. For example, staff understood how to care for people living with mental health issues. One person had been displaying signs of aggression and staff responded by trying to comfort the person and reassure the person. Staff also had knowledge of people's individual risks. For example, one person had a dietary allergy and staff could describe what the person's allergy was and were careful to avoid the person coming into contact with the food.

People told us staff supported them to take their medication and that they were happy to receive the support. One person told us, "The girls help me with my tablets." Another person told us, "They explain my tablets to me…they're very good." We saw a medication round taking place during the inspection and people received their medicines as prescribed. People's medicines were explained to them as they received them. Regular checks were also carried out on staff to ensure they understood how people should receive their medicine.

Staff confirmed that the necessary pre-employment checks were completed before they commenced employment. These checks helped make sure suitable people were employed so that people who lived at the home were not placed at risk through their recruitment processes.

Good

Is the service effective?

Our findings

Staff confirmed to us they received support and supervision from their manager. Staff told us they met frequently with their line manager and also described their appraisal process to us. One staff member described how they had recently joined the team and had a "very in depth induction." Another staff member described having a good understanding of dementia and having progressed onto a trainer's course to help train other team members.

Two relatives we spoke with told us they thought staff understood how to care for their family member. One person's needs had become more advanced and the relative described how staff had supported them in understanding their family member's changing needs.

Staff described to us training they were receiving to better support people. For example, another staff member had recently attended a dementia training course along with a few other members of staff. They were able to describe factors that needed to be taken into consideration and how best to care and support people. We saw people in Holly Rise Unit talk to people about their life, where they lived and some of the neighbours they could recall. People responded to these discussions positively and could be seen laughing with staff as they recalled events from their life.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had submitted DoLS applications and was waiting further confirmation from the local authority. They understood the process and were aware of how to access any further support.

Staff were able to describe to us the importance of obtaining someone's consent when caring for them. Staff told us they would speak to a senior member of staff if they were unsure of any aspects of people's care. We saw in three people's care records the manger had undertaken mental capacity assessments where appropriate. The manager had also been involved with one person who had chosen to decline all medication and personal care. Care staff were seen to offer the person support and respected that the person did not want any form of personal care. A relative we spoke to also confirmed staff had included them and involved other medical staff in order to ensure the correct processes were followed. This included making decisions in the person's best interests.

People were supported to access meals and drinks of their choice by staff that understood people's individual requirements. Staff understood which people required special diets and which did not. We also saw people were offered a choice of drinks and where appropriate, people were offered thickeners if they were needed. Thickeners are used in people's drink when they may need additional help to swallow their food or drink. People whose intake of fluids and food needed to be monitored also had these details recorded to ensure people received the correct diet to keep them healthy.

People's wider health needs were understood by staff that knew when further help should be sought. One relative told us staff always, "Called out the dentist" for their family member. An optician visited the home during the inspection and we saw a number of people being supported to have eye examinations and choose new glasses where appropriate. We spoke with a health care professional who confirmed that advice and support to meet people's healthcare needs was sought when they would expect to be contacted. The care records we looked at also detailed how people were supported and the hospital appointments people had attended.

Requires improvement

Is the service caring?

Our findings

People's experience of being supported to maintain their independence and dignity, varied depending on where they lived within the home. Care staff supporting people worked across the home and across both units. However, people who lived within the Forget Me Knot Unit were more likely to have a positive experience and people living in the Holly Rise Unit were more likely to experience inconsistent care.

People living in the Holly Rise Unit experienced episodes when their dignity was compromised. For example, one person we saw removed their clothing and undergarments and at one point had become exposed. We saw staff were not within close proximity of people and had to be located by one of the inspection team and by the kitchen support staff working at the home. Whilst staff intervened and quickly responded to the person, the absence of sufficient care staff within close proximity of people created gaps in people's care, when staff were not able to support their individual needs. For example, we saw one person become upset and ask for reassurance from the one member of staff the person could see. Whilst the staff member responded to offer comfort and support to the person, another person who had also become anxious also asked for support which resulted in an incident between two people and only one person receiving the support they needed as no other staff were visible.

Although staff described to us what they understood by dignity and respect, staff were not always able to apply this knowledge to their practice. People's dignity was also not always maintained in other ways including supporting people with their choice of dress. People in the Forget Me Knot Unit were well presented and people told us they had chosen their clothing. People in the Holly Rise Unit appeared less well presented. We saw eight people in the unit and half wore jogging bottoms that did not always match the top half of their clothing. For example, one person was observed wearing a very smart jacket and loose baggy trousers underneath. One person was heard saying that they were only wearing jogging bottoms because they had "nothing else to wear" and suggested it had not been their preference for clothing. When this was raised with a staff member they said this was inaccurate because the person had lots of other clothes, but the person's clothing was not changed. Another person was seen throughout the inspection with no footwear on. When the person was visited by friends, they also remarked that the person was not in footwear, and their footwear was worn once the friends of the person insisted on the footwear.

This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014.

We saw a number of relatives visited their family member throughout the day. The six relatives we spoke with all confirmed they visited whenever they chose to. One relative we spoke with told us they visited frequently and staff supported them to coordinate visits so that they caused the minimal disruption to their family member as they had worked with staff to develop a routine to settle the person into the home.

People and relatives we spoke with talked positively about the staff who cared for them. One person told us "They're so kind." We saw lots of examples between people and staff that demonstrated staff cared for people. We saw staff responded when people became upset by holding people's hands and gently reassuring people. People responded to this by becoming less distressed. We also saw staff chat with people and exchange jokes with them.

Staff were able to describe people with an understanding of their backgrounds and how they liked to be cared for. For example, one staff member was able to describe different occupations that people had had and how some of the things they did could be traced back to their occupation. For example, one person had been in the army and staff knew this and made references to this in their conversation with the person.

People were involved in their care in a number of ways. People were supported to express their preferences through methods that reflected their ability to communicate. For example, people who were able to verbally express themselves were asked about activities, music preferences and how they should like to be cared for. People that experienced difficulty with verbal communication were observed to record their preferences. For example, one staff member described how staff worked closely with people to identify preferences and recorded these. The preferences were than shared with staff so that all staff understood what people liked and did not like. Some people were supported using visual aids such as pictures to record their preferences for food, drinks and personal care.

Requires improvement

Is the service responsive?

Our findings

People's experience of participating in activities that reflected their interests was dependent on the unit they lived within. Within the Forget Me Knot Unit some people were having a pampering session where they were having hand massages and their nails painted. Other people were involved in gentle exercise, whilst other people chose to undertake some colouring in. People responded positively to the activities. People were seen engaging with staff and thanking staff. Staff were also able to support people to participate and there were was lively chatter between people and staff that demonstrated people's enjoyment of the activities.

Within the Holly Rise Unit people's experience was very different. People were observed sitting around in the lounge with the radio on but no other activity taking place. A staff member sat in the lounge reviewing care plans with little engagement between people and staff. The staff member did occasionally look up and smile at staff and respond to questions. People however appeared bored, disengaged and withdrawn. When we raised this with staff, staff told us that they were currently awaiting the recruitment of a further activity co-ordinator so that more individual activities could be completed with people. Although later in the day people were being supported with colouring in, only one person at a time could be supported which meant some people were not able to participate. When we spoke to the regional manager they confirmed that another member of staff had been asked to step into the role and would commence work shortly. We also spoke to a staff member that was supporting activities in the interim, whilst they were able to describe group activities that were offered to a number of people it was not possible to understand what individual support was offered to people that required individual attention. For example, they described playing ball, going into the garden and "sensory activities", we did not see activities based on people's individual interests.

This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014.

People's care was regularly reviewed and adjusted based on people's needs. The care records we reviewed illustrated how people's care had been changed to reflect the support people required. For example, one person had recently come to live at the home, but it had become clear to staff that the person needed more support and so there had been changes made to reflect the person's needs. Another person's behaviour had become more concerning to staff, and staff had worked together to try and apply strategies to try and manage the person's behaviour and care needs. Another healthcare professional visiting the home, confirmed staff had worked hard and responded appropriately in finding the best possible outcome for the person.

Residents' meetings were arranged for people to attend. Relatives that spoke with us confirmed they had been invited to attend meetings the provider arranged. For example, a recent meeting had been arranged to discuss changes in the menu. One relative told us they had been invited but had chosen not to attend. The relative did however know that mealtimes had been changed and hot meals were now served in the evening as a result of feedback residents had given.

People and their families understood they could complain and understood how to if they needed to. One person told us, "I've not come across anything I'm not happy with." One relative told us, "I could complain….but you just say and they just do the things." Relatives described an easy relationship with staff where they could raise anything that needed their attention and that it would be completed.

Requires improvement

Is the service well-led?

Our findings

The manager at the service was on annual leave at the time of the inspection and had been working at the service since 1 July 2015. They were supported by a regional manager who had was also new in post. In addition, there was a new provider and so there were a large number of changes that staff were familiarising themselves with. A number of systems were in the process of being embedded, but were not quite completed yet. For example, care plans were transferred from one set to another set. There were also a large number of environmental changes taking place with a large amount of the downstairs floor having been completely renovated.

The regional manager described how the manager was supported to undertake their role. They described regular meetings as well as checks of the service to ensure the manager was meeting the provider's expectations of the service. Feedback was given so the manager knew what needed improving. For example, we reviewed regular checks that both the provider and manager made of the service to ensure quality could be monitored. We saw audits that had been completed by the provider that detailed improvements suggested for the manager to improve upon. We found some improvements suggested in the providers check had not yet been completed three months after having been identified. For example, an audit of care plans had highlighted which files were not yet fully completed with individual details for people. Some of the information missing included information about people's background, other details related to when important information about a person had been last updated. For example in one care plan some risk assessments had not been dated. Although, people did not suffer as a result, monitoring whether a person's health is improving or deteriorating could not be tracked as easily as a result of key information being missing.

We asked the deputy manager about people that did not want to be resuscitated if their heart were to fail. Although the manager had prepared this information, the information was not immediately available as staff did not understand where to access this information in the manager's absence. Care plans we reviewed to locate this information did not always have the information for staff's immediate attention because not all plans were in a format that staff recognised. For example, some plans had the necessary paperwork at the back, and some at the front. The information therefore, in the case of an emergency, could not be located easily.

People we spoke with were positive about the manager and understood her role. One person we asked whether they knew the manager told us, "Yes, I've talked to her." One relative we also spoke with told us the manager had been involved in reassuring them and resolving concerns they had raised. For example, one person's condition had begun to deteriorate and the manager had worked with staff to try and adjust the person's support as well as involve the relevant external agencies.

Staff we spoke with were positive in their descriptions of the manager and felt able to approach and discuss any concerns they had. One staff member described the manager as, "Lovely." Staff described communication as being open and felt able to raise issues they had. For example, one staff member described how supportive the manager had been when they had discussed a change in role and how this had been responded to by the manager.

The provider sent out quality assurance questionnaires to understand people's perceptions of the service. For example, in the most recent questionnaire half of people consulted were happy with the service. Most people also understood and felt able to make a complaint if necessary. The provider kept people and families informed through regular meetings and one family member we spoke to confirmed they had been invited to a meeting.

A number of improvements had been made to the building to improve the environment for people living with dementia. For example, we saw that the signage had been improved so that people living with dementia would be able to read the sign much easier as the sign were more pictorial. We saw a number of relatives responded positively to the changes. One relative told, "Things have improved."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The registered manager and registered provider did not ensure people were treated with dignity and respect.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered manager and registered provider did not ensure people received person centred care.**