Avery Homes (Nelson) Limited

Lucas Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
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 8th July 2015 and was unannounced.

The service is registered to provide nursing and personal care, treatment for disease, disorder or illness and diagnosis and screening for up to 55 older people. The service provides care to people who require nursing, residential care and care of people living with dementia.

At the time of our inspection there were 41 people living at the home. The premises are currently undergoing major refurbishment. This is scheduled to finish by December 2015.

There was a registered manager in post at the time of our 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

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from the health and safety risks associated with the refurbishment, as staff were not always vigilant in restricting access to areas where refurbishment was taking place. People were at risk as the actions to mitigate the risks to health and safety had not always been sustained. However, the manager had a good insight of the challenges of creating a home environment whilst refurbishing the home.

Staff had recently updated their skills and knowledge in relation to safeguarding however, these processes were still being embedded in practice. The staff had learnt from recent incidents and safeguarding concerns and understood their roles in protecting people from harm. Staff gained people's consent before care was given. The manager and staff had an understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

There was enough skilled and experienced staff to meet people's needs, they had been employed using appropriate recruitment processes and staff were supported to carry out their roles by means of supervision and appraisal.

People were treated with kindness and respect. There was a positive culture, staff interacted with each other and people who used the service with respect and openness. There were opportunities for people to have a say in the way that the service was run and the service responded by implementing the requested changes to their care. People knew how to make a complaint.

People's individuality was maintained, their daily needs were planned around their preferences, and they were continually assessed for their physical and emotional needs. People had individualised plans of care to meet their needs and theses were updated regularly. People received enough food and drink to remain healthy and people were supported to receive access to health professionals. Family and friends were welcomed and people were supported by staff to take part in individual and group activities.

There were systems in place to monitor the quality of the service and there were appropriate arrangements in place for the management of medicines.

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 always safe.

Staff had recently updated their skills and knowledge in relation to safeguarding however, these processes had not been tested as they were still being embedded.

People were at risk as the actions to mitigate the risks to health and safety had not always been carried out.

There was enough staff to meet people's needs.

There were appropriate recruitment processes in place.

There were appropriate arrangements in place for the management of medicines.

Requires improvement 

Is the service effective?
The service was effective.

Staff were suitably skilled and experienced to meet people's needs.

Staff were supported to carry out their roles by means of supervision and appraisal.

People's consent was obtained before care was given.

The manager and staff had an understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

People received enough food and drink and supported to maintain a balanced diet.

People were supported to receive access to health professionals.

Good 

Is the service caring?
The service was caring.

People were treated with kindness and respect.

Family and friends were welcomed throughout the day.

People's belongings were respected.

Good 

Is the service responsive?
The service is responsive.

People were assessed before they went to live at the home, to ensure that their individual needs could be met.

Good 

Summary of findings

People were continually assessed for their physical and emotional needs.

People had individualised plans of care to meet their needs and theses were updated regularly.

People's individuality was maintained, their daily needs were planned around their preferences.

People were supported by staff to take part in individual and group activities.

People's views were sought and the service responded by implementing the requested changes to their care.

People were aware of how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The manager understood their role as a registered manager.

The manager had a good insight of the challenges of creating a home environment whilst refurbishing the home.

There was a positive culture, staff interacted with each other and people who used the service with respect and openness.

There were opportunities for people to have a say in the way that the service was run.

There were systems in place to monitor the quality of the service.

Lucas Court

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 was 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 8th July 2015 and was unannounced. The inspection team comprised three inspectors.

Before the inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. This included Northamptonshire County Council Safeguarding Team.

During our inspection we spoke with nine people who used the service; eleven staff including registered nurses, care, domestic and activities staff, two managers, a clinical lead and a training officer plus visiting GP and a hairdresser. We were also able to speak to a number of relatives who were visiting at the time.

We looked at care records, monitoring charts and medication records for fifteen people. We also looked at six staff files which included staff recruitment and staff training records.

Requires improvement

Is the service safe?

Our findings

The systems and process in place to protect people from possible harm or psychological distress had not always ensured that staff took the right action to protect all people living in the home.

There had been several incidents where a person had behaved in a manner which had placed other people living in the home at risk. Staff and management had not initially recognised this behaviour as being potentially abusive and had not notified or involved relevant authorities including CQC. The management team had shown a determination to learn and improve and had provided staff with updated training and guidance. During our inspection staff demonstrated a better understanding of their roles and responsibilities to safeguard people and managerial oversight had been tightened. However there was a clear need to ensure that these improvements were further embedded in practice.

There was a risk assessment and management framework in place; however the approach to protecting people from environmental risk was inconsistent and needed strengthening.

At the time of our inspection there was a program of extensive refurbishment underway within the home; building work was in progress and work men were in the home using tools and equipment. Although risk assessments had been completed regarding the risks posed by this activity we found that staff were not always vigilant in ensuring that people were unable to access parts of the home where this work was being undertaken. We raised our concerns that some doors had been left unlocked with the manager and they gave an undertaking to immediately improve practice in this area and to ensure that access to parts of the home was appropriately restricted.

The manager had carried out a range of audits and environmental checks and held regular meetings to discuss health and safety issues with staff. They had allocated staff to carry out actions to improve the health and safety of the home, for example, one action was to ensure torches were available in strategic places within the home in case of emergency. However, the actions were not always carried out as we found that the torches were not available. People were at risk as the management had not ensured that actions were carried out to mitigate the risks to health and safety that they had identified.

The approach to assessing and managing risk associated with people's care and support needs was inconsistent. People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with detailed instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks of other complications such as pressure damage to the skin and falls. However the approach to the assessment and management of risk associated with people's behaviour needed improvement. We found that the risk assessments for challenging behaviours were not effective in managing the risk to other people as staff did not have clear guidelines to follow. Staff did not record the triggers that led to challenging behaviours or the actions that helped alleviate the risks, this led to staff dealing with challenging behaviours in different ways and demonstrated that there was no clear plan of care to manage or protect people from the risks of challenging behaviours.

The manager had moved people to different rooms within the home, partly to facilitate the refurbishment, but also to allow for more interaction between people. Staff had been allocated to specific areas of the home to allow for small teams of staff to get to know the people who lived in each of the areas. We met with some of the people and their families and found that the change in location and staffing had had a positive effect. In particular one person, who had lived at the home for a number of years used to choose to remain in their room, now took part in activities including outings to garden centres. Their relatives were impressed by the change in their [relative] and stated "Staff have brought life to my mother, she gets lots of attention".

People felt there was enough staff to meet their needs. The manager had employed domestic staff to assist with domestic duties such as cleaning and serving food and drinks; this had allowed the care staff to be able to spend more time with people to provide personal care. Team leaders were not counted in the rota which enabled them to provide supervision and support to their teams. Staff

Requires improvement

Is the service safe?

had been allocated to work predominantly in specific areas of the home; we saw this provided continuity of care and enabled people to build up a rapport with the same staff they saw each day.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were only employed at the home after all essential pre-employment checks and evidence of their good character had been satisfactorily established.

There were appropriate arrangements in place for the management of medicines. Staff that had received training in the safe administration of medicines and had passed competency tests which demonstrated they were knowledgeable; all other staff that dispensed medicines were in the process of completing their competency tests. People had clear information displayed in their room on how they prefer to take their medicines and we saw staff following this information. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff followed guidelines for medicines that were prescribed to be given at times when they were needed for example Paracetamol for when people were in pain.

Good

Is the service effective?

Our findings

People received care and support from care staff that who received the training they needed to care for older people, including caring for people with dementia care and nursing needs.

All new staff had a period of induction which included spending time with experienced staff to understand their roles and to get to know the individual needs of people who used the service. One new member of staff found the induction period useful in learning new ways to communicate with people who were unable to speak; for example they showed us how they used music to calm one particular person.

People were cared for by staff that had received regular supervision and appraisals. Team leaders provided day to day guidance and the manager used the supervision process to address staff member's individual skills, attitude and personal development. One member of staff commented that supervision had helped them to identify areas for training which had allowed them to access the training they needed, such as the care of people living with dementia.

We saw staff using some of the techniques they had learnt through training and supervision, for example, we saw that staff were skilled in supporting people when they became distressed or unsettled. For example we observed a member of staff taking someone's hand and talking to them in a low voice, whilst facing them, which we observed helped the person appear calmer.

Where people had been assessed as not having the mental capacity to make decisions about their care a best interest meeting had been held. Records detailed the decisions made about people's care, such as the provision of bed rails for people's safety; this practice had been recently implemented and had yet to be fully embedded into practice. People's consent was obtained before any interventions were made. For example we observed staff respecting people's decisions to refuse personal care and staff later returned to people to see if they would then consent to receiving care. The manager and staff had an understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

People were regularly assessed for their risk of not eating and drinking enough, they were weighed regularly and the information was used to assess their level of risk. Where people were deemed to be at risk staff recorded what they ate and drank and referred people to health professionals such as the dietitian.

People received a varied diet and they could choose what they wanted to eat from a daily menu. The food choices were varied and were served in the dining rooms and meals were taken to those people who preferred to eat either in the lounge area or own room. The food looked appetising and was presented nicely. People told us that the food was 'very good'. Where required, staff prompted people to eat, cut food up for people and offered equipment such as a guide plate to help people to eat independently. Kitchen and care staff were aware of people's needs for a soft or pureed diet, fortified foods and they knew of people's likes and dislikes.

The manager had introduced protected meal times to ensure that staff were not called away to other duties in order to provide enough staff to support people at meal times. Families who liked to help their relatives at meal times were encouraged to continue to provide the assistance; however, general visiting during mealtimes was discouraged as staff had found that people could be easily distracted from their meals. The manager had not made this clear to relatives as not all families had understood the reasons for the protective meal times.

People had access to relevant health care professionals and staff monitored people for their general health. People were assisted to attend health appointments at local hospitals and staff followed the advice given by the health professionals. For example we observed that one person received their low potassium diet as recommended by their doctor. We spoke to one GP who visited weekly, they stated that they currently had no concerns and felt that staff contacted the surgery appropriately when they required a GP to visit the home.

Good

Is the service caring?

Our findings

People were treated with kindness and respect and staff showed genuine warmth in the way in which they interacted and supported people. People liked living in the home and felt that staff treated them with respect and dignity. One person told us "All the staff are lovely, this is a lovely home".

We saw that staff interacted in a caring and patient way with people; they addressed people by their preferred name and were knowledgeable about people's likes and dislikes. They asked people's preferences for their care such as choosing their clothes for the day and responded positively to any changes in selections. Care was taken to ensure that people's belongings were respected and the manager had introduced a new house keeping role to ensure that clothes were laundered appropriately and to reduce lost property. We saw that this was having a positive impact.

Personal care was delivered discreetly; we observed that staff supported people to maintain their appearance in a caring way and always took the time to explain to the person what they were doing. Staff used 'do not disturb' signs on closed doors to indicate that personal care was taking place, we saw staff knock on doors and introduce themselves before they entered a room.

Staff were responsive to people's individual needs and used different methods for different people, for example staff knew that one person responded well to music and played music to help them settle and feel comfortable. Some people living with dementia became unsettled during the day; we observed staff responding to them by talking to them quietly and touching their hands which calmed them down.

Apart from the protected meal times, family and friends were welcomed throughout the day, we observed that staff had taken time to get to know people's families and had a good rapport with them. Relatives told us that staff had got to know their [relatives] which had made a difference to the way they were cared for. One relative told us "I cannot fault the staff since day one, everyone is helpful and friendly".

Good

Is the service responsive?

Our findings

People's care and support needs were continually monitored to ensure that care was provided in the way that they needed. A range of information was gathered and focused assessments were carried out before they went to live at the home and these considered people's physical and emotional needs. This helped ensure that their individual needs were known and could be met.

The information gathered from assessments were used to develop individualised plans of care to meet people's needs. The care plans provided staff with the guidance on how to care for each person in the way that they wanted and in a way which met their needs. Preferences were clearly recorded and staff used these insights to help ensure that this was reflected into the way they cared and supported each person. For example people who wanted to do some 'light house work' and tidy their own bedrooms had access to a 'housekeeping box' containing safe cleaning materials such as a feather duster which was used by quite a few people.

Staff had recorded people's life history when they first moved into the home and this was continually updated as staff got to know the person, their family and friends. This helped staff understand each person and enabled them to use this to help support them to maintain past interests. For example staff had noticed that a number of people using the service liked gardening so an area of the garden was being developed for people to grow vegetables.

People were supported by staff including the activities co-ordinator to take part in individual activities such as hand massages and nail care and we observed staff playing games with people individually. One person said how much they enjoyed going out shopping with a member of staff. Staff had responded to people's requests for more group activities, people told us about their recent trips out to local café's and garden centres. On the day of the inspection the monthly birthday celebration afternoon was taking place with a musician, people from all four areas of the home were encouraged to take part and it was well attended.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. Relatives said that the manager was approachable and that if they had any concerns they would also be happy to talk to the staff that provided the care to their family member. The service had received one complaint since they had taken over the home in November; we found that this had been responded to within the timescale set in their policy. The manager had discussed the learning from the complaint in monthly meetings with staff and changes had been made to the person's care as a result of the complaint.

Good

Is the service well-led?

Our findings

The provider and manager had good insight into the areas where improvement was required within the home and understood the specific organisation and cultural challenges that needed to be addressed.

The provider had assessed the levels of staffing and had made changes to ensure that there were sufficient staff available and deployed to consistently meet people's needs. Care staff had been released from domestic duties to allow more time for providing personal care. Domestic and hostess staff had made an impact on people by being available to people when they needed drinks and snacks. The manager had introduced the process of a key worker allocated to each person. The key worker took responsibility of updating the care plans and provided a point of contact for people and their relatives to discuss aspects of their care.

Processes to ensure staff were supported in their role had been embedded. Staff said that they found the team leaders and manager to be approachable and available when they needed them; staff commented on the support they received which enabled them to develop their skills. Staff contributed to team meetings and they had organised a staff fun day which had been entertaining for the residents.

There was a positive culture, we observed that staff interacted with each other and people who used the service with respect and openness. There was evidence of encouragement from the team leaders to be creative in planning care such as finding ways in which people living with dementia could be more content in the home.

There were opportunities for people to have a say in the way that the service was run as meetings were held regularly; records showed that people actively took part and made decisions about their care, such as what food was included on the menu. People received monthly newsletters that informed them of the progress the home was making with the refurbishments and with general news about people in the home.

There were systems in place to monitor the quality of the service. For example, a regular system of audits and spot checks was in place which included checks to the management of medicines, care planning and Fire safety. Actions from these audits were devised however, the manager needed to strengthen the process of following up on actions that need to be completed. The service engaged with people who used the service and their relatives to gain feedback about the service.

The service had learnt from incidents and safeguarding alerts; for example the way in which people with challenging behaviours were cared for, the management had worked with staff to improve the way they assessed, monitored and interacted with people with complex challenging behaviours.

The provider had found that the environment required updating to meet people's needs. The refurbishment of the home was in progress in all four corners of the home, and had had a big impact on the daily activity and noise in the home. However, although people had moved rooms to accommodate for the refurbishment, all the people and relatives we spoke with were very positive about the moves they had had to make and told us that the refurbishment had not impacted on people's daily lives or curtailed any activities.