Avery Homes RH Limited

Clare Court Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 24 May 2016 and was unannounced. This was the first inspection since Avery Homes Ltd had taken over the home.

Clare Court Nursing Home provides care and accommodation to up to 80 people in need of nursing care. At the time of this inspection there were 62 people in the home.

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 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.

Improvements to the service were being made to ensure that a good quality service was provided to people, that staff were motivated and that family members were happy with the service. Although improvements had been made this was a work in progress and sustainability of the improvements had not yet been demonstrated.

People felt safe with the staff that supported them but not always safe in the home. People were not always protected from potential harm because staff did not always follow risk assessments and management plans in place.

People were happy that the care they received met their needs even though they did not always feel involved in the planning of their care.

There were sufficient staff to meet people's needs.

People received sufficient food and drink to remain healthy and choices were available but not everyone was happy with the meals they received and the mealtime experience could be improved for some people.

People's privacy, dignity and independence were promoted by staff.

People received their medicines as prescribed and their health needs were met by the appropriate

healthcare professionals .Health needs were not always identified and met in a timely manner.

Staff were supported to provide appropriate care because they received training, guidance and support.

Staff were kind and compassionate and had developed good relationships with people.

People were able to consent to the care they received where they had the capacity to do so. Where people did not have the capacity to make decision systems were in place to ensure that their human rights were protected.

People were supported to have things to do either in a group or on an individual basis.

People felt listened to and able to raise any concerns they may have.

Systems were in place to monitor and improve the quality of the service and the service people received had improved although further improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

People were not always safe.

People did not always feel safe in the home.

Risks associated with people's needs were not always managed safely.

There were sufficient staff available to meet people's.

People were supported to receive their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

People received sufficient food and drink to remain healthy but not everyone was happy with the food they received and the mealtime experience was not consistently good.

Staff were supported to meet people's needs effectively because they had received training and supervision to do so.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People were supported to see the doctor when they needed but on some occasions this was not done in a timely manner.

Is the service caring?

Good

The service was caring.

People felt staff were kind, caring and people were supported to receive care in the way they wanted.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were met in a personalised way by staff that knew their needs.

People felt listened to and were confident that their concerns would be addressed.

Activities were planned and people could choose whether to be involved or not.

Is the service well-led?

Requires Improvement

The service was not consistently well led

There was a registered manager in post and improvements were being made to ensure an open and inclusive environment was being developed.

Systems were in place to monitor and improve the quality of the service but improvements were still needed to ensure a consistently good quality of service was provided.

Clare 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 24 May 2016 and was unannounced.

The membership of the inspection team consisted of two inspectors for the whole day and a third inspector for part of the day. An expert by experience also accompanied us on the inspection.
An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had experience of care homes for older people and those with mental health related issues.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We contacted the local authority who commission services from the provider for their views of the service.

Because some people we spoke with were living with dementia and unable to tell us very much about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we spoke with ten people, four relatives, one visiting professional and eight staff including an activities co-ordinator, maintenance person, nurses, senior care staff and care staff. We also spoke with the registered manager and deputy manager.

We looked at the records of thirteen people to look as different aspects of care they received. We also reviewed records regarding management of medicines, complaints, staff training records and records for monitoring the quality of the service.

Requires Improvement

Our findings

We saw that people were not always moved safely. Staff told us that they had undertaken moving and handling training. We saw that risk assessments and management plans were in place to inform and guide staff on what they needed to do to support people safely, but staff did not always follow the plans. For example, we saw that some people were moved from the dining room to a lounge without having foot rests in place on wheelchairs. We looked at the care plans of two people we had seen without foot rests in place and saw that the plans identified that foot rest should have been used. We raised this issue with the staff on the unit and we were told that there were foot rests available and staff located some but later in the day staff were again observed using wheelchairs without foot rests. On another occasion foot rests were on the wheel chair but not used by the staff. We did not see that anyone had suffered an injury from this practice however, there was a potential for injury to occur.

We saw that good moving and handling procedures were not consistently used throughout the home. On one unit we saw that two people were manually transferred from wheelchairs to lounge chairs by two staff and this was not always a safe practice. On one occasion we saw that the person being moved had held onto their wheelchair arm rests and had to be put back into the wheelchair by the staff. We raised this with the registered manager who told us that they would be discussing the practices with the staff on the particular unit. On another floor we observed that people were appropriately supported to move from their wheelchair into an armchair. We saw that when staff used hoists to move people this was done safely.

Most people spoken with told us they felt safe in the home but some people did not always feel safe. One person told us, "I feel safe because they [staff] care for me." Another person said, "I feel safe." One relative commented, "The care is good and I know my relative is safe and well cared for. However, one person told us, "It's a lovely caring home however, I don't feel safe here. I always lock my door to keep my possessions safe." Another person told us he didn't like it there and wanted to go back to where he was before. They told us, "Some people cause trouble, mess things up and break things." Before our inspection we had reviewed the information we had received since our last inspection. We saw that there had been a couple of occasions when allegations had been made that belongings had gone missing from people's bedrooms. It was not always possible to determine where missing items had gone or who had taken them. During our inspection we saw that some bedroom doors were kept locked. Staff told us that this was because some relatives had requested this for some people to stop other people wandering into the bedrooms.

We saw that equipment was available so that people were kept safe from harm. We saw that risk assessments were in place to determine whether people were able to use the emergency call bell or not. On

one unit we saw that the call bell was not accessible to two people. We asked one person where the call bell was and they looked around their bed but it was not there. We saw that the call bell was on a chair and out of reach of the individual. We checked the care records of both these people which stated that they were able to use the call bell. This meant that at the time of our inspection these individuals were not able to summon assistance if they wanted or needed it.

Staff spoken with were knowledgeable about how people were kept safe from harm and abuse. One staff was able to give examples of the ways in which people were kept safe. For example, needs were assessed so that they could be met, the appropriate aids used to support people to mobilise and by providing appropriate diets to prevent choking where people were identified as been at risk . Staff were able to explain the actions they would take in the event of emergency situations. Staff told us they had received training in safeguarding people and records confirmed this. They were able to explain the different types of abuse and what actions they would take if they thought that an individual was being abused. Staff were aware of the people they could refer any concerns they might have, so that people were protected. A review of notifications that we had received showed that the registered manager was proactive in ensuring that we were kept informed of any issues that had been raised. We discussed with the registered manager that there had been several notifications that we had received that had involved some poor practices by staff. We were assured that where issues of poor staff practices had been identified the appropriate disciplinary actions were taken.

We saw that equipment such as hoists had been maintained to ensure that they were safe for use. One relative commented, "When they hoist my relative they make sure that nothing happens. They are kind and helpful to my relative." We saw that when bed rails were used there was an assessment in place to identify that they were needed to protect people from harm. We saw that pressure relieving equipment was in use, or people were repositioned regularly to prevent them developing skin damage. A visiting professional told us, "We will put in pressure equipment if necessary. Soft mattresses are provided by the home which helps minimise pressure sores [skin damage]. No concerns. Staff are co-operative [with professionals]."

People we spoke with told us that although there were generally enough staff there were occasions when they had to wait for assistance. One person told us, "There is enough staff during the day but not during the evenings so more staff would be welcome." Another told us, "The only thing I would want to change is more staff." We did not see anyone asking for support and having to wait. The call bell was not used often during our inspection so we were not able to see how quickly it was responded to. Staff spoken with told us that they felt that there were enough staff available to meet people's needs. However, if someone went off sick at short notice agency staff were usually arranged for cover. We were told that efforts were made to use regular agency staff where ever possible. During our inspection we saw that there were sufficient staff available to meet people's needs. The registered manager told us that she and the deputy manager were available to support staff if needed and staff confirmed that this happened.

People were supported to take their medicines as prescribed. One person told us, "Staff make sure that I have my medication at the same time each day and they have never missed giving it to me." A family member told us, "Staff keep my relative safe by making sure my relative takes their medication."

We observed the nurse administering the morning medication on one unit. We saw that people were asked if they wanted pain relief and their choices were complied with. We saw that people were supported to take their medicines safely. We saw that one person's medicines were left on the table and the nurse observed that the individual took each tablet before recording this on the medicine administration record [MAR]. Staff told us that they had received training so that they were able to administer medicines safely. Staff spoken with were knowledgeable about the medicines people were taking. We saw that systems were in place to

ensure the safe receipt, storage and disposal of medicines.

Requires Improvement

Our findings

Some people told us they could see the GP when they needed to see them. One person told us, "If I need to see my GP staff will arrange this for me." Another person said, "If I'm not very well the carers will send for my doctor." A third person told us, "I'm constantly in pain I have talked to the doctor and my specialist but they won't increase the dosage so I'm not happy about that." Most relatives told us that they were kept informed about their family members' health and well-being. One relative told us, "If staff have concerns about my [family member's] health they will call me at home to discuss the situation." This showed that people were referred to the appropriate health care professionals and relatives kept informed about people's well-being.

We had received a concern that the appropriate actions had not been taken quickly enough when one person's blood sugar levels were not within their normal range. Following these concerns the service had looked at their processes for the management of blood sugar levels and made some changes. During our inspection we saw that people's diabetes was being appropriately managed, for example, people were being supported to have the required eye tests and reviews of their blood sugar levels.

We had also received a concern before our inspection that staff had not noticed an injury to a person until it was brought to their attention by a relative. Following this being brought to the staff's attention the appropriate actions were taken by the registered manager.

Some people we spoke with were not always happy with the meals they received and we saw that for some people the mealtime experience could be improved. One person told us, "The food is okay and we have choices at meal times." Another person told us, "I don't even know what I'm having for lunch but the meals are always nice, yes they are." A third person told us, "Breakfast is just about right." We saw that there were at least two choices at mealtimes in addition to cultural meals that were also available. However, one person told us, "I have plenty to eat and drink but the meals are not that good. I keep telling them I don't like mashed potatoes but they keep giving them to me." Another person told us, "One thing is that the food is awful so I sometimes order a takeaway so I can have decent food."

During our inspection we saw that most people enjoyed their meals. We saw that the level of interaction with people at lunchtime was variable. There were some good interactions with some people but other people received very little interaction during lunch time. Meals were plated up according to the choices lists on one floor but people were asked what they wanted on another floor. We did not see people living with dementia being given visual choices to help them choose what they wanted on the day. People living with

dementia often have short term memory loss and may have forgotten what choices they had made and what was available. We observed that one person was brought a curried meal and when they said they didn't like curries they were brought an alternative which they also refused. Another person refused the pudding but was not offered an alternative. We saw that sometimes meals were plated up and left for a time before the individual's received their meals. The records of meeting with people showed that some people had commented that the food could be cold on occasions. This could mean that the meals were not always served at the optimum temperature for people to enjoy their meals.

People's nutritional needs were met because assessments had been completed and when needed people had been referred to the appropriate professionals for advice which was then followed. We saw that people who had lost weight or were at risk of unintentional weight loss were provided with a diet that was modified to boost the number of calories they received through the addition of butter and cream to dishes. We saw that where people had difficulties in swallowing food, soft and pureed meals were available.

People's needs had been assessed and care plans put in place to ensure that they received care and support that was based on their individual needs. We saw that where possible people were involved in planning their care but where they were not their representatives were involved. One person told us, "Nobody has talked to me about what care I need or anything like that; I just tell them what I would like them to do for me. There are no restrictions on what I can and can't do." Another person told us, "Staff look after me very well. They help me to have a wash or shower which makes me feel lovely and fresh." A third person told us, "Staff keep my room clean and tidy and change my bed linen every now and again so that's nice." A fourth person told us, "If I ask staff to do something for me they will help me but if they are busy I sometimes have to wait a few minutes. I don't know anything about my care or if it's written down anywhere but staff know what I need doing because I have been here for years."

Staff were supported to meet people's needs. One relative told us, "The way the staff care for my relative it's competent so they must be trained to carry out their work." Staff spoken with told us they were receiving training to ensure that they had the skills and knowledge to meet people's needs. One staff told us, "The company is offering lots of training to staff including moving and handling and abuse. The training is good. We have an in-house trainer so we can get further clarification on training. This helps me and my staff to do the job better." Recently employed staff told that they had received induction training before they started working so that they knew what was expected of them.

Staff told us that they received support through regular supervision and staff meetings where they were able to raise issues and suggest how things could be improved. The registered manager told us that there was more classroom training which staff preferred and staff confirmed this. Staff told us that they knew who to raise issues with and told us that the nurses, senior care staff and the registered manager were available if needed for advice.

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. We checked whether the service was working within the principles of the MCA. We saw that people's ability to make decisions had been assessed. Where people were unable to make decisions their representatives were consulted and involved in their care. One member of staff told us, "If people are not able to give consent we ask the nurse or a relative." Another staff member said, "We think about what is best for the person and if the person is comfortable with the decision."

People should 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). Staff told us they had received training in DoLS. The manager told us that they had started to make applications to deprive some people at the home of their liberty and so far one application had been approved. One staff told us, "If people are not capable of making decisions for themselves then we need to get proper agreement done before any deprivation can occur. It would have to be in their best interest."

Good

Our findings

People's privacy and dignity was promoted. People told us that the staff treated them well and spoke to them nicely. One person said, "Staff support me with my personal care making sure the curtains and door is closed to protect my privacy." Another person told us, "When they come to see me in my room they knock on the door, say who it is and walk in." We saw that staff knocked on bedroom doors before entering people's bedrooms. One relative told us that things had improved recently saying, "Staff are now caring, respectful and compassionate with my relative." Staff told us they would ensure that doors and curtains were closed when supporting people and respect their wishes.

People's dignity was promoted by staff. We saw that people were referred to by their preferred names and by culturally appropriate terminology such as aunty and mam. We saw that people were dressed in clothes that they liked and that promoted their dignity and reflected their individual tastes, gender and cultures. One relative told us that they liked their family member to look clean and smart and that he always looked well cared for, with good personal care. We observed that during a mealtime staff took care to wipe the face of the people they were supporting to eat their meal promoting their dignity.

People told us the staff were caring and knew what help they needed. One person told us, "They are caring staff; they try their best I suppose." Another person said, "They [staff] are lovely and we can laugh together because they know me very well and it's always the same staff that care for me." A third person said, "They [staff] are kind and treat me like a person." A relative told us that they felt the staff were caring and compassionate towards their family member. We saw some kind and caring interactions with people but these were limited and usually took place whilst tasks were being carried out. When we raised this with the registered manager they agreed the floor was very quiet and felt that staff were conscious of inspectors being around. We saw from people's body language that they were comfortable in the presence of staff. We saw that one person was kissing and hugging a member of staff who was supporting them with their meal. Staff told us that they had got to know the likes and dislikes of people by talking with them and their relatives and by looking at their care records. People were supported to make choices and decisions about how they spent their day, where they sat and what they did.

People were supported to be independent. For example we saw that people were supported to mobilise independently with equipment such as walking frames and wheelchairs. We saw that one person was independently mobile in their wheelchair and we saw that they had the code to access different areas of the home. On person told us, "They [staff] will only wash the parts that I can't reach like my back and feet. This helps keep my independence." Another person told us that they were supported to go out independently in

a taxi.

Good

Our findings

Not everyone we spoke with told us they had been involved in planning their care and we saw that many people were not able to be involved in this task. However, we saw that information about people's likes and dislikes and personal preferences had been obtained from relatives. The records of meeting with relatives showed that relatives were being encouraged to be involved in reviews of people's care. One relative told us, "I'm involved in my relatives review of the care plan and in any medication changes." Staff told us they were kept informed about any changes in people's needs during handover of information at shift changes. Staff told us that if they noted changes in people's needs they passed this on the senior staff so that care plans could be updated.

Some people were happy with the activities available but others were not. One person told us, "The only thing that keeps me occupied is my TV. Staff don't come and sit and talk to me." Another person told us, "There are some activities that happen so I can choose to take part if I want to." A third person said, "There are things that the staff do to stop me from getting bored like games and bingo and stuff like that."

During our inspection we spoke with the person responsible for organising activities who told us that they consulted with people and their relatives about the activities they wanted. We saw that there were discussions about activities in meetings held with people and their relatives. We were told that there were a number of activities arranged such as pet therapy, day trips and entertainers to the home. During our inspection we saw that there was a film being watched by people and an activity with a parachute and some balls. One person told us they found the activity with the balls useful as it meant they were able to exercise their hands by squeezing the balls. We saw that although the activity was organised on one floor people from other floors were supported to be involved if they wanted.

A member of staff told us about 'Resident of the day'. This was when a particular person received special attention and pampering depending on what the person wanted so that they felt valued. Staff spoken with were aware of people's likes and dislikes and were able to respond to their particular needs in a responsive way. For example, one staff told us that a particular person was a vegetarian and liked dry toast with their beans.

People and their relatives told us they were aware of how to raise concerns if they had any and felt their views were listened to. One person told us, "If I needed to complain I would speak to the manager." Another person told us, "If I'm worried or concerned about anything I would talk to the carers and they would help me. I know." Relatives told us that they felt able to raise any concerns they may have and that they would be

responded to straight away. One relative told us they had raised concerns which had been responded to. Relatives told us about being able to raise issues at meetings that they attended. One relative told us, "I have attended the residents and relatives meetings and I felt treated with respect and they listened to my points of view." A member of staff told us, "Complaints are not that frequent now. There were quite a few 'niggly' ones when I first came. Relatives are now more positive. The complaints form is available in the home's reception area. I would give it to the manager who would deal with it. There is a complaints folder for the whole building." We saw that complaints were logged and showed what the issues were and what actions had been taken to address the complaints raised.

Requires Improvement

Our findings

The service had been through a period of time where there was not a registered manager in post and was overseen by the manager of the home located on the same site as Clare Court Nursing Home. This meant that there was not the level of oversight needed. However, at the time of our inspection there was a registered manager in post who had made a positive impact in improving the service people received. The registered manager was aware and open with us that there were a number of issues that needed to be addressed and that were being addressed. These included issues of care, relatives not always being involved in people's care and some staff issues. We saw that improvements were being made but further improvements in the care provided were needed. We saw that staff and relatives had been involved in making these improvements and we saw that the staff were committed to improving the service.

People living or involved in the home were positive about the changes being made and felt there was an open and inclusive culture being developed. People told us that the only changes they would like to see were more staff and the food. One relative told us, "I must say that things have greatly improved since the new owners and manager have been in place." Another relative said, "I don't think there has been any great improvement over the last few months but again I don't have any real concerns about the care and treatment my relative receives." A visiting professional told us they had seen improvements for example, in the past there was sometimes inappropriate music played but now it's not and staff were co-operative and worked with them to improve wounds [skin damage people had developed]. Staff told us they felt supported by the registered manager. One staff told us, "She supports staff, will listen and answer questions and help out. She is hands on." Another staff member told us, "We do work as a team. People know what they are doing and support each other." Staff were aware of how to raise issues of poor practice in the home and were confident to raise them. We saw that the home was running smoothly during our inspection. Another staff member told us, "No problems with lack of support. Lots of changes since new management – paperwork massively changed for example, cream charts are better, more professional, more straight forward, and easier to use and understand. The environment has improved." We saw that there had been an improvement in the environment because it had been redecorated, new furniture and furnishing provided and the carpets cleaned providing a pleasant environment or people to live in. However, we noted that there was a lasting odour, throughout the day, on one floor. The odour had also been noted by other visitors to the home.

There were effective systems in place to monitor the quality of the service. Quality audits were undertaken by the manager, external managers and the provider's representative. These included audits of health and safety, accidents and complaints, infection control and prevention and medication. We saw that although

care records were generally well organised some improvements were needed so that decisions made on behalf of people who did not always have the ability to make decisions for themselves were clearly recorded. For example, during our observations we saw that one person had tried to access their bedroom on a couple of occasions. We saw that the person had been assessed to have a variable ability to consent to decision but their records had not recorded the decision to keep their door locked and how they would be supported to gain access when needed. For another person we saw that the risk assessment associated with the prevention of skin damage indicated that the risk was high enough for a care plan to be implemented. We were not able to find the care plan and when we asked a senior member of staff about this they told us that the assessment had been incorrectly scored and the person was not at risk of developing skin damage. However, the risk assessment had been evaluated for several months and the error had not been identified or a care plan put in place.

Our observations during our inspection showed that there were some improvements needed in the way people were assisted to move from chair to chair and in the use of footrests on wheelchairs. Senior staff were not monitoring care practices closely enough for these issues to be identified and appropriately addressed.

We saw that although some people had received their medicines as prescribed records did not always reflect this. For example, one person had been administered their Insulin injection but this and the time of the injection had not been recorded as required. There were care plans in place for the administration of covert medicines for some people but not everyone who was being given their medicines covertly. Covert medication is when medicines are given to people disguised in food when they refuse to take them but they are needed for their well-being. For one person the care plan stated that the medicines were to be crushed however this was not the correct process. Staff told us that these tablets were being broken and mixed with food as required and not as stated in the care plan. For two other people there was no covert administration plans in place although there was a letter from the GP to agree the covert practice. Although staff knew when to give 'as and when required' medicines there was no protocol in place for some people so that staff were clear when this medicine was to be given so that it could be assured that it was given in a consistent manner by staff.

Organisations registered by the Care Quality Commission are required to inform us about accidents and incidents that occurred in the home. Records we hold about the service showed that we were kept informed about occurrences in the home so that we could monitor and follow up any issues that required to be followed up. We saw that when information was requested the provider was forthcoming with the requests for information. However, we saw that there had been a number of incidents involving the actions of staff that affected the well-being of some people. We saw that the appropriate actions were taken by the registered manager and provider when issues were identified. We continue to monitor that the number of incidents that occur to ensure that there was a sustained reduction of such incidents over time as the service settled and developed under the new management regime.