West Midlands Residential Care Homes Limited

Avenue House - Wolverhampton

Inspection report

26 Clifton Road
Tettenhall
Wolverhampton
West Midlands
WV6 9AP

Tel: 01902774710

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this unannounced inspection on 11 December 2018.

Avenue House is registered to provide care and accommodation for up to 21 older people who may be living with a diagnosis of dementia. On the day of the inspection there were 16 people living at the home. Avenue House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our previous inspection in November 2017, we identified improvements were needed to the management of medicines and the deployment of staff. We rated the service as 'requires improvement' overall.

This inspection was to check that the provider was taking the necessary action to improve the quality of care to people. During this inspection we found that improvements had been made to the systems in place to manage people's medicines. We also found staff were deployed more effectively at peak times to respond to people's needs.

There was a registered manager who was in attendance throughout the 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.

People told us they felt safe living at the home. We saw staff understood how to recognise and report harm or abuse. Risks to people's safety were managed. There were some staff vacancies but sufficient staff were available to meet people's needs. Arrangements to manage people's medicines had improved. The home environment was kept clean and hygienic.

People's needs were assessed to ensure these could be met. Staff had relevant training to help them meet people's needs effectively. Staff sought people's consent and people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had access to facilities that met their physical needs but further consideration of signage to support people with dementia was needed. People's nutritional needs were met and they were offered choices of meals. People had access to health care professionals when they needed this.

People described staff as caring and kind and said they were respectful. Staff protected people's privacy and dignity.

People were involved in deciding their care and this was responsive to people's specific needs. People had access to activities and there were some positive examples of contact time improving people's well-being.

People felt happy to approach staff with any concerns or complaints. People's end of life needs was being considered to ensure they had appropriate professional support and that their wishes are known.

People were happy at the way the home was run. There had been a turnover of staff and the registered manager was working to recruit to vacancies. The registered manager had systems in place to check the quality of the service and was aware where improvements were needed such as staff supervision. People's feedback was sought but improvement in capturing this was needed. The provider worked in conjunction with other agencies to provide people with effective care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe because staff understood how to recognise and report abuse. Risks to people's safety were identified and managed.

There were enough staff to meet people's needs and to respond to their needs. Staff recruitment procedures remained safe.

People's medicines were managed safely and staff maintained a clean and hygienic environment for people to live in.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training relevant to their role in order to meet people's needs effectively.

Facilities and adaptations supported people's physical needs, appropriate signage to support people with dementia was lacking.

People were supported with their nutritional needs and had timely access to healthcare services.

People's consent was sought and they were supported in line with the
principles of the Mental Capacity Act 2005 (MCA)

Is the service caring?

Good

The service was caring.

People described staff as caring and kind and staff were attentive and respectful of people's needs.

People were involved in making decisions about their care and their privacy and dignity was protected.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care, staff knew people well and provided care that was responsive to their needs.

People could be confident their complaints would be investigated and responded to.

People's end of life care was planned to ensure they had the support they needed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Further work was needed to obtain people's feedback about their experiences.

People were happy with the service and the staff.

The provider had worked with other organisations to support people's care needs.

The provider had systems to monitor the quality of the service which supported them to identify where improvements were needed.

Avenue House - Wolverhampton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 December 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account to inform our findings.

We checked the information we held about the service and the provider including statutory notifications. This is information about important events which the provider is required to send us. We reviewed information about the service provided from the local authority commissioning team.

We used the 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. We spoke with eleven people who used the service. We also spoke with the registered manager, a senior care the cook and three care staff. We spent time observing how staff interacted with people in communal areas, observed medicines being administered and how people were supported with their meals. We looked at five people's care and medicine records to include daily monitoring records. We viewed two staff recruitment files, the registered provider's audits, training records, complaints and accident records and the results of the provider's surveys.

Good

Is the service safe?

Our findings

At our last inspection in August 2017, we rated the service under the key question 'is the service safe?' as 'Requires Improvement'. This was because the registered manager had not always ensured people's medicines were managed safely. Staff did not always support people
in a timely manner. At this inspection we found the provider had made the improvements needed and was now rated 'Good'.

People told us that they felt safe. One person told us, "No one bothers me, I feel safe and no one wonders into my room". Another person said, "I feel safe – no problem. People here are very friendly". Staff told us they knew how to recognise and report any risks of harm or abuse. A staff member said, "We would tell the manager and she would report it to the local authority". We saw safeguarding information was on display to guide staff. The registered manager had safeguarding processes in place and had reported incidents where people had experienced harm. We saw they had followed protection plans to keep people safe from potential harm.

Risks to people's safety were assessed and staff had guidance on how to support people safely. For example, we saw a person at risk of falling was supported by two staff to mobilise. The person told us, "I did have a few small falls". We saw the person had a buzzer within their reach, and they told us that whenever they pressed it staff were quick to arrive. Some people were at risk of self-harm, weight loss or developing pressure sores. We saw staff monitored people's conditions to minimise risks to their health and wellbeing. One staff member told us, "We know who is at risk and what we need to do to support them. We follow the plan to make sure people receive the right support and we have handovers to make sure staff know what's happening". We found that risk assessments contained information about the measures that needed to be in place to keep people safe. Staff knew how to support people and which equipment to use. However, the specific equipment was not always recorded in the risk assessment. The registered manager told us they would rectify this. Monitoring records were reviewed by the registered manager to ensure risks were managed appropriately.

People told us staff were available to help them. One person said, "The staff are always around to help me". Another person said, "There's always someone in the lounge, but if they pop out we can call or buzz, they do come". We saw that staff were visible in the communal lounges and able to respond to people's needs. For example, there was no delay in assisting people with their personal care needs when they requested this. We also saw staff had time to sit and engage with people. We observed staff were mindful of checking on people cared for in their bedroom. A person told us staff checked them regularly through the day and spent time with them. At peak times such as mealtimes we saw there were sufficient staff to support people to the dining room without delay and assist them with their meal. Staff told us although there were staff vacancies, there was enough staff on shift. The registered manager advised us that staff recruitment was their biggest challenge. We saw they were recruiting staff but in the interim, were covering shifts with existing staff.

The registered manager followed safe recruitment practices. We saw records that confirmed references and DBS [Disclosure and Barring Service] checks were undertaken. The DBS would show if a prospective

member of staff had a criminal record or had been barred from working with adults. The applicants work history, qualifications and character were also reviewed.

Not everyone was able to comment on the management of their medicines, however two people told us that they were on medication, and always received it on time and never missed any. At our previous inspection people's medicines were not always managed safely. At this inspection we saw the registered manager had made the improvements needed. For example, we saw that written protocols were in place to guide staff in administering 'as required' medicines. This included details about when and why the medicine should be used. We also saw that systems were in place to record fridge and room temperatures where medicines were stored. Guidance was in place where people had their medicine administered covertly; [concealed in food or drink]. The appropriate approvals were in place to authorise covert medicines. Staff who administered medicines told us they had training to do this safely and we saw competency checks had been carried out.

We saw that staff wore personal protection equipment (PPE) such as gloves and aprons when undertaking personal care or handling food. People's bedrooms, communal areas and toilets were clean. Domestic staff were employed although interim cover was in place due to sickness.

The registered manager monitored accidents, incidents and events to reduce the likelihood of these happening again. For example, they were following an agreed protection plan to prevent the recurrence of an incident.

Good

Is the service effective?

Our findings

At our last inspection in August 2017, we rated the service under the key question 'is the service effective?' as 'Good'. At this inspection the rating remained Good.

People told us that staff understood their needs. One person told us, "I'm happy they know how to care for me". Another person said, "I think they have training, when they help me they do it properly".

People were supported by staff who had received appropriate training. Training records we viewed at the time of inspection indicated some staff had not received some aspects of training. However, post inspection the registered manager provided additional information in the form of updated training records. These confirmed staff had received appropriate training to support people's needs. The registered manager had a system in place to monitor and ensure that staff training was up to date and refresher training was completed.

Staff told us they felt supported by the registered manager and had guidance and advice when they needed. Records showed that formal one to one supervision sessions were not up to date. The registered manager told us the turnover of staff had impacted on their schedule but she was aware and trying to rectify this. New staff completed an induction which was in-line with the Care Certificate and shadowed more experienced staff.

People told us the meals were satisfactory and that they had a choice. One person said, "The food is not too bad, but it could be better". Another person told us, "I like it, but not always". An alternative to the main menu was available and catered for people's cultural needs as well as for people with dietary needs such as diabetes. We saw a person requested an alternative and soup of their choice was provided. People were asked their choice of meal, although we saw some people struggled to make a choice and staff did not use any pictures of the meals to help them. During lunch we saw people were supported appropriately by staff who were encouraging them throughout the meal. Much of the meal was left uneaten by several people, although some people had enjoyed a late cooked breakfast. Staff told us snacks between meals were provided if people were hungry. People had access to drinks which were brought around on a trolley at set times. In between these times we heard people request drinks which staff brought to them. However, some consideration of making drinks easily accessible to people to help themselves to, would enhance people's self-determination. We found that food and fluid charts were monitored to ensure people were eating and drinking enough.

The premises included some features suited to people's needs. Adapted bathing, toilet facilities and a choice of lounge areas enabled people to move around freely. Handrails supported people's mobility. There was a lack of signage around the home to help people to orientate themselves. For example, people's names were on their bedroom doors, but there were no photographs which might help people recognise something familiar and personal to them.

People continued to have their needs assessed prior to moving into the home. The assessment process

involved people and identified their care and medical needs. Information about people's communication needs, and preferences in relation to gender care were explored so that people had a say about who delivered their care.

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. We saw that staff sought people's consent before providing support. We saw staff accepted people's refusals and took time to explain to a person what they were going to do. In one instance a person was reluctant but staff tried different approaches with patience and the person agreed to support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. DoLS applications had been made and the registered manager had ensured staff knew who this applied to so that they could support the person appropriately. Staff were aware of the impact of DoLs and had training in this area to support their understanding.

People had access to a range of health professionals and referrals were timely where people's health had changed. A person told us, "The doctor comes, I've seen other people like the dentist". Recommendations were documented and staff were aware of how to support people with their health.

Good

Is the service caring?

Our findings

At our last inspection in August 2017, we rated the service under the key question 'is the service caring?' as 'Good'. At this inspection the rating remains Good.

People said that staff were kind and considerate towards them. One person told us, "If you need something, they never refuse you". We saw that staff were caring and attentive, for example, providing people with a blanket and making them comfortable. Staff spoke in friendly and encouraging tones and were affectionate towards people by hugging them.

We saw staff spend time with people chatting about their past and interests. Staff were gentle and patient when assisting people and took the time to explain. Where people were initially reluctant to receive help or assistance, we saw staff gave them time and tried again.

We saw interactions between staff and people were friendly and people told us they enjoyed staff contact. One person said, "They are quite nice and friendly". Staff spoke with people in a considerate and respectful way. They understood people's communication needs, for example initiating contact with people when they saw the person looked sad or quiet. One staff member explained; "If someone can't tell us how they are feeling we can tell by their behaviour, it might be they are uncomfortable or sad so we ask them and reassure them".

We saw some lovely interactions where the 'care companion' spent long periods talking, singing, and reading with people on a one to one basis. We saw people responded to this attention with smiles. The registered manager told us they had created this position to give people more contact time. We saw this did improve people's sense of well-being because people were actively socialising and engaging with the staff member.

People told us they made their own decisions and choices about their care. One person told us, "They[care staff] ask me if I want a bath or a cooked breakfast". Another person said, "I can go to bed when I am tired, or get up later if I want". We saw people were decided what they ate, where they sat and what they wanted to do. We saw that staff respected people's right to make choices and we saw some good examples of staff promoting choice. For example, we heard one person preferred their own company and did not like to socialise. They told us the staff respected their wishes.

Some people told us how they had been supported to maintain their independence such as dressing themselves, and walking independently. One person said, "I can dress myself, just need a little help with fastenings". Staff told us they encouraged people to do some care tasks where they are able. We saw staff encouraged people to eat independently. Care plans identified what people could do for themselves and staff were aware of this.

People's privacy and dignity continued to be promoted by staff who understood the importance of these principles. We saw for example staff responded discreetly where people needed help to use the toilet or

change their clothes. People's personal information was kept secure to ensure confidentiality.

No one currently required the support of an advocate but the registered manager had this information if needed. Advocacy seeks to ensure that people can have their voice heard on issues that are important to them.

Good

Is the service responsive?

Our findings

At our last inspection in August 2017, we rated the service under the key question is the service responsive? as 'Good'. At this inspection we found the service had remained 'Good'.

People and their representatives were involved in their assessments and developing their care plans. One person told us, "They did ask me and my family about what I needed help with". We saw that assessment information was used to develop the person's care plan so that it reflected people's preferences as well as identifying people's needs.

Where people had needs identified on the grounds of protected equality characteristics, such as a disability, we saw their choices and preferences were planned for. For example, in one person's plan details about engaging with the person, the risk of isolation or self-harm were planned for. Their care plan contained some personalised information as to how the person wanted staff to support them. For example, "Just be there and be patient, I do not mean what I say or do when I am upset". We saw staff understood and followed the guidelines to support the person. The person told us how staff arranged their care in a way that suited them, such as having their care in their bedroom, one to one time with staff and a preference for their own company. We observed a staff member with the person who used their knowledge of the person to engage with them in a way they liked. For example, they knew the person's favourite song and sang this with them. This enabled the person to relax and talk about how they were feeling. This showed staff worked with the person in a way that respected their individuality.

We saw that staff had knowledge of the people they supported and responded appropriately. For example, they intervened when a person attempted to walk without their walking aid. They responded to a person showing distress and engaged them with their doll. We saw the person got comfort from taking care of the doll. We spoke to staff who told us how they laundered clothing for the doll as it was important to the person to dress and care for the doll. For some people who have dementia, doll therapy can be a comfort and an opportunity for the person to express their caring skills. Staff were attentive and responded to people's requests for help, and recognised the importance of giving people time and attention. We saw for example they spent time with people and engaged with them when opportunities arose. We saw that staff had knowledge of the people they supported and responded appropriately.

People's care plans showed how the provider gathered information about people's communication needs as required by the Accessible Information Standards (AIS). People's disabilities or sensory losses were known to staff, as well as the type of aids that might help people to communicate. We saw for example that people were supported to use hearing aids or glasses. Where people were unable due to disability to summon help, this was recorded and known by staff who carried out regular checks on them. As previously stated, people's understanding could be enhanced via the use of visual aids such as photographs.

We saw there were some activities available for people to enjoy such as music, board games, art and crafts and exercise. Some events such as a Christmas party and a carol singing event had been planned. A person told us, "We've had church people visit, watch films and I think a dog visits us". We saw people on the day

listened to music, watched TV and did some colouring. The 'care companion' successfully encouraged some people to sing and dance. Most of the people were seated throughout the day. When asked how they spent their day one person told us, "In my chair mainly. I read a lot and I used to go out in the garden when it was nice". Staff told us that some people had specific items they liked to handle in memory boxes, but we found these were empty. Some people slept or dozed for parts of the morning and we did not see them engaged in forms of activity. Staff told us these people did have stimulation and we saw records confirmed this. The registered manager told us they had employed the 'care companion' to enhance contact time with some people who otherwise found it difficult to engage in activities.

People said if they had a complaint they would feel confident sharing it. One person told us, "I've got no complaints and someone asks me know and then if everything is okay". We saw the registered manager planned meetings for people and their relatives but these were not always well attended. There was a system for managing complaints and we saw these had been investigated and resolved.

Where people had needed it, end of life care had been provided. Staff we spoke with told us how they had cared for people at the end of their life. We saw this had taken account of people's preferences and wishes and that staff had followed guidance from health professionals. This was to ensure people's care and comfort needs were met. We saw compliment cards thanking staff for looking after people at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in August 2017, we rated the service under the key question is the service well-led? as 'requires improvement'. This was because the provider's audits and checks were not effective in recognising shortfalls in medicine management and staff allocation. At this inspection whilst we found these improvements had been made, we identified other areas where further development was needed. The rating remains Requires Improvement.

We saw improvements had been made since our last inspection. For example, medicines were checked regularly and the information needed to guide staff in giving medicines had improved. The registered manager carried out a range of checks to ensure people at risk of falls, dehydration and weight loss were identified and the right support provided. Checks on the environment and equipment were undertaken. We saw the provider's audits identified where improvements were needed and action plans were in place. For example, an action plan was in place for the on-going redecoration to the building.

There were also some areas we found where improvement was necessary to ensure people were continually supported to access information in a way they could understand. For example, the use of signage around the building and aids such as photographs of meals to support people to make choices.

Work to further monitor people's satisfaction with the service was also discussed with the registered manager as an area they could develop. People's views about the service were sought. We saw meetings had been planned and surveys made available to people and their family. However, the uptake of these was minimal. The registered manager told us she spoke individually to people to gain their views during regular 'walk rounds'. A record of this would help to capture people's feedback.

There had been a turnover of staff and the registered manager was trying to recruit to staff vacancies. She told us this was their biggest challenge. Whilst staff reported they were supported in their role, we saw the opportunity for staff to reflect on their practice in a planned way was not regular. The registered manager acknowledged planned supervisions had decreased and was aiming to address this.

People told us they had no concerns about how the service was run. One person said, "It seems alright; we have staff, meals and people are good to us". Another person said, "I get the help I need here, so although it's not home, it is okay".

The registered manager had notified us off accidents, incidents and safeguarding where required. The registered manager had acted to ensure reoccurrence of incidents was avoided. For example, because of a safeguarding incident they had a system in place to mitigate any on-going risk to the person. Staff described an open culture in which they were confident to whistle blow if they had concerns about people's care. The registered manager was aware of the requirements of the duty of candour; to be open and honest with people when things went wrong.

The provider worked in partnership with other organisations to achieve better outcomes for people. This

included links with several health and social care professionals to seek advice and guidance.