Anville Court Care Limited

Anville Court Care Home

Inspection report

Goldthorn Hill
Penn
Wolverhampton
West Midlands
WV2 4PZ

Tel: 01902855000

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17 April 2018

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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

The inspection was unannounced and took place on 12 April 2018. We agreed with the registered manager to return on 17 April 2018 to complete the inspection. This was the first inspection since the provider had registered the location on 27 July 2017. Prior to the inspection we had received concerns about care at the home and the inspection followed up on these concerns and we also discussed the information with partner agencies.

The home is registered to provide accommodation and personal care, for a maximum of 50 people and there were 40 people living at the home on the first day of the inspection and 42 people on the second day of the inspection.

A registered manager was in place. A 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 felt safe living at the home and with the support of staff. Staff were available to people and demonstrated good knowledge about people living at the home.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were supported by staff to have their medicines and records were maintained of medicines administered. People and relatives also complimented the cleanliness of the home. Staff maintained good hygiene and used protective clothing when appropriate.

Staff told us training helped them meet the specific needs of the people living at the home and they attended regular training to ensure they kept their knowledge updated. The principles of the MCA (Mental Capacity Act) had been applied. Deprivation of liberty safeguarding (DoLS) applications had been made and reviewed appropriately. Staff spoken with understood the importance of gaining people's consent to care.

People enjoyed a good choice of meals and were supported to access professional healthcare outside of the home, for example, they had regular visits with their GP and any changes to their care needs were recognised and supported by staff.

People said staff were caring and treated them with respect. We saw people were relaxed around the staff supporting them and saw some positive communication with staff. Staff showed us that they knew the interests, likes and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

People knew how to raise concerns and felt confident they could raise any issues should the need arise and that action would be taken as a result.

The provider had systems in place to check and improve the quality of the service provided. However, we found that further improvements were needed to ensure people received a good dining experience and to ensure that actions identified in audits were made in a timely way.

People, relatives and staff were positive about the overall service. People, relatives and staff all complimented the registered manager and the improvements made under the new management. The registered manager demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

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

People received care from staff they felt safe with and there was sufficient staff to meet and respond to their needs in a safe and timely way

People were supported by staff who understood how to meet their individual care needs safely and were supported to take their medicines as required to support their health needs.

People were protected from harm by the prevention and control of infection. Staff maintained good hygiene and used protective clothing when appropriate.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training. Staff were knowledgeable about people's support needs and sought consent before providing care.

People enjoyed a choice of meals and were supported to maintain a healthy, balanced diet.

Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People said they liked the care staff who supported them and staff provided care that took account of people's choices.

People were supported by staff who respected their privacy and dignity.

People were involved in planning their care and said staff respected their choices.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's care needs and preferences in order to provide a personalised service.

People chose how they spent their day and were supported to enjoy a range of activities.

People and relatives felt supported by staff to raise any comments or concerns about the service.

Plans were in place to support people at the end of their life to receive the care they wanted.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had systems in place to check and improve the quality of the service provided. These systems had not consistently identified that action was required to ensure people received a good dining experience and to ensure that actions identified in audits were made in a timely way.

People liked living at the home and told us it was well managed. Relatives said the improvements had been made under the new management and gave positive feedback about the service.

Staff felt supported by the management team; were clear on their roles and responsibilities and said the registered manager had a clear vision on improvements for the home.

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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 the 12 April 2018 and was unannounced. The inspection team consisted of 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. We agreed to return and complete the inspection on 17 April 2018, when the inspection team consisted of two inspectors and a specialist advisor. A specialist professional advisor is someone who has a specialist knowledge area. The specialist professional advisor on this inspection was someone who had nursing expertise.

As part of the inspection process we looked at information we already held 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 and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also spoke with the clinical commission group (CCG) and the local authority about information they held about the provider. Prior to the inspection we had received concerns about care at the home and the inspection followed up on these concerns and we also discussed the information with partner agencies. This helped us to plan the inspection.

During our inspection we spoke to 11 people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We also spoke with seven relatives and one friend of people living at the home during the inspection.

We spoke to the managing director for the provider, the registered manager, the deputy manager, three nurses, five care staff, one member of housekeeping staff, a maintenance worker and the chef. We also spoke to two healthcare professionals who were visiting the home during the inspection and spoke to a further healthcare professional by telephone. We looked at records relating to the management of the service such as, care plans for nine people, incident and accident records, medicine management records,

two staff recruitment files and quality audit records.

Good

Is the service safe?

Our findings

People we spoke with told us they enjoyed living at the home and they felt safe with the support of staff. One person told us, "I'm safe. They [staff] make sure I'm safe. I used to have a lot of falls at home, but I've not had one here." Another person commented, "You are never alone here. I like to leave my door ajar and the girls [staff] always pop their head in, night or day and shout out, You OK? Can I get you anything?"

Staff told us they had received training in safeguarding and knew the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe. One member of staff told us, "I would tell the registered manager. I know they would take action straight away." Staff confirmed the provider had a whistleblowing policy in place.

People told us staff knew how to keep them safe. For example, one person told us, "The manager has got me a special sling ….so that I am safe being moved from my bed. I also have a super chair to sit in." Staff we spoke with knew the type and level of assistance each person required. For example, the number of staff required to support people on different activities to keep people safe.

People told us staff were available when they needed them. One person commented, "They [staff] are always in and out …. and if you really need them you just press this (indicated call buzzer) and they are here. No wait, no I don't wait." Staff members we spoke with told us people were safe and staffing levels were suitable to meet the needs of people living at the home. One member of staff told us staffing levels had improved under the new management. They said, "Staffing levels are better now….it's better for the people we care for."

The registered manager told us a dependency tool was used to assess the level of staffing needed. For example, we saw that staffing had been increased and an additional member of care staff was in place for part of the day following the admission of two new people. The registered manager told us they had recruited bank staff which could be used to cover any annual leave or sickness of permanent staff. This ensured consistency of care and meant there was minimal use of agency staff. This was confirmed by a member of staff who commented, "We ask staff if they would like additional hours, the last result would be using agency as we like to use out own staff."

We checked two staff files and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited.

People we spoke with said staff supported them with their medicines. One person told us, "I get my tablets when I need them." Two people also told us they got pain relief medicines when they requested them. One person said, "It causes me a great deal of pain to move so the nurse makes sure I have extra painkillers." We spent time with a member of the nursing staff during a medicine round and looked the medicines records

for 19 people. We saw people were offered their medicines with the nurse offering support and guidance. We checked that medication was stored and disposed of appropriately and that records were maintained of medication administered.

People were protected from harm by the prevention and control of infection. We saw that a housekeeping audit was completed monthly to ensure the required standard was maintained. Staff told us and we saw they were supplied with uniforms and there were stocks of personal protective equipment such as gloves and aprons. We observed staff using gloves and aprons when supporting people with personal care.

People and relatives told us the cleanliness of the home had improved under the new management and they were very complimentary about the current standards of cleanliness. One person told us they chose to spend time in their room. They said, "The cleaners have to clean up around me I'm afraid, but they make no fuss of that, and my goodness they do a brilliant job. It's spotlessly clean."

The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. At the end of each month they then completed an overview to identify any trends, for example, if any falls had occurred at the same time of day or in a particular area of the home.

Good

Is the service effective?

Our findings

People were supported by staff that understood them and provided care in the way people preferred. One person said, "You couldn't ask for better care…. or better choices, anywhere….. I have what I want and do just as I please….. I do what I like." A second person told us, "You can do what you like ….all the time there's no restrictions here."

We saw people were supported by staff that received regular training and knew how to meet people's needs. The staff we spoke with explained how their training increased their knowledge and improved their practice. For example, one member of staff told us manual handling training had provided them with the confidence they were supporting people correctly. Two nurses we spoke with also confirmed they received on-going training.

We spoke to two new members of staff, they both told us induction training was good and gave them the right level of information. They said they had a two week induction period and shadowed an experienced member of staff so they could observe the care required and also get to know people living at the home. One new member of staff said, "I shadowed for two weeks, I learnt a lot."

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. Staff understood the importance of asking for people's consent before providing support. We saw that when one person refused support, the staff member respected this. Staff told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices and we saw examples of this throughout our inspection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. The registered manager also had a process in place to record the expiry date of any authorisations so an assessment could be made to review the person's care and make a new application if needed. Staff we spoke with all confirmed they had received DoLS training.

People told us they enjoyed a good choice of food. One person told us, "The food here is lovely. They have some very tasty meals and there's always a choice of main and pudding. The breakfasts are very nice. But of course, it's all cooked here fresh. Makes a difference….We can have whatever we want really." A second person commented, "Sometimes it's like being in a hotel. The food is beautiful. We have a lot of choices."

People's nutritional needs had been assessed and referrals were made where more specialist support was

required, for example to a speech and language therapist. The head chef was knowledgeable about people's preferences and dietary needs. For example, where people required softened meals or disliked certain foods. One relative commented, "[Person's name] has to have their food pureed now. The chef is superb. If [person's name] doesn't like what's been made or doesn't eat it all the chef will prepare something else.…. [Chef's name] are very supportive and makes sure [person's name] gets plenty to eat. They will prepare anything that I suggest [Person's name] may prefer. I can have a meal with my family member too."

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. Six people we spoke with confirmed that they had regular check-ups with the GP, dentist, optician and chiropodist. Five people also told us that staff took them to hospital appointments if needed. One person said, "They will get the doctor if they need to, if I'm a bit off colour or something. They [staff] take me for my hospital check-ups."

We spoke to a two healthcare professionals visiting the home on the days of our inspection. They both said they felt people were well cared for. They said they enjoyed a good open relationship with the staff, who they felt were proactive in seeking advice and followed any recommendations made in supporting people's wellbeing.

The premises were suitable to meet the needs of the people who used the service. The home was bright and well-lit and communal areas were well decorated. However, we found that all areas were uniformly decorated and that signage could be improved to help people's orientation within the home. We spoke to the registered manager about this; they told us some new signage had already been ordered. They also had plans to redecorate corridors in different themes to help people's orientation around the home. We saw people's rooms were personalised and reflected their life histories and interests.

Good

Is the service caring?

Our findings

People spoke positively about staff that supported them and described them as respectful and caring. One person said, "They [staff] are so very friendly. Nothing's a bother to them. But they are all the same here, all of the staff…..They are all so very kind here. I am very happy." A second person commented, "They're [staff] lovely. Really lovely people. They're so very kind and yes always respectful. They are very good to me, always have been. I don't know what I'd do without them."

During our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member of staff talk to them and offer reassurance. We saw the person become more settled in response.

We also saw people had developed positive relationships with staff. For example, we saw one person used signs and facial expressions to communicate. We saw a member of staff had a good knowledge about the person as they chatted to them about their interests and activities. The member of staff sang a little to the person, who reached out and touched the staff member's arm in response. The person smiled and laughed and appeared happy with the conversation.

We saw staff acknowledged people by name and we saw that when entering peoples' rooms even when the door stood open, staff knocked, called out the person's name and asked to go in and waited for a reply. They also announced who they were as they entered.

People were able to make choices about their care. People told us they chose how and where to spend their day. One person told they chose to stay in their room. They commented, "There's always something to do but I like my television, I do, so I don't bother much with the lounge." Another person confirmed they made choices about their care, they told us, "We are asked what we want."

People and relatives told us they had been involved in planning and reviews of their care. One person said, "Oh yes, they [staff] always listen me, ask me what I want today, wash or a shower. They are so gentle and very kind. We are having a meeting soon. You know a review. We do them every so often to make sure nothing's changed and I am still happy."

People's relatives told us they were able to visit when they chose and they felt welcomed by staff. One relative told us they visited frequently and always felt welcomed, they added, "I can't thank them enough for the difference they have made to [person's name] life. And mine too. I have nothing but praise for them." We also spoke to two healthcare professionals visiting the home who also commented that staff were welcoming.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I love working here. People are well cared for and it's so lovely to see them enjoying themselves."

Good

Is the service responsive?

Our findings

Staff were responsive to people. One person said, "The girls [staff] are wonderful. … I get a bit down in the dumps. They sit with me in my room for a chat. They make me feel better. They're always here whenever I need them." Another person told us how when their needs had changed specialist equipment had been purchased to support them. They said, "[Registered manager] got me all that after one of our meetings and a chat with my daughter and the doctor."

Relatives we spoke with told us staff supported people's individual needs. For example, we spoke to one relative of a person from Asian heritage told us they staff provided personal care in a way that recognised their family members cultural needs. Another relative told us how staff had supported their family member when their care needs had changed. They said, "[Person's name] is much more settled and happy now."" When we spoke to the person they confirmed this and said, "I like it here. I feel very happy and I'm not in as much pain. It's very peaceful and relaxing. There's always someone to chat to it takes my mind off it all."

People, relatives and staff we spoke with told us that people enjoyed a range of activities that had improved with the appointment of a new activities co-ordinator. People told us how people enjoyed both group and individual activities. On the days of our inspection we saw some people enjoy reading their individual newspapers and books, whilst other people enjoyed a karaoke sing along. One person told us, "The hairdresser comes and keeps us looking good and we have entertainers and exercise classes." Another person said, "The girls [staff] come and play cards with me in my room, we do games we have a chat or a listen to some music." One relative also commented that activities had improved. They said, "There's always something going on…. my relative doesn't feel lonely or restless. They do cooking and painting and making things and exercises, so they are always occupied."

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover and a dairy of medical appointments including where people had wound management care or a GP or hospital appointment. We spoke to three healthcare professionals. They all said communication within the home was good and staff were responsive to people's healthcare needs. All three commented that staff were confident to seek advice when needed and would appropriately contact them for guidance.

People and relatives told us they felt able to raise any concerns they may have with staff. One person told us, "No complaints but [if I did] I would speak to staff with no hesitation." One relative told us when they had a concern they had spoken to the registered manager, who took action and responded. We saw that where written complaints had been received during the last twelve months, these had investigated and the supporting documentation showed the progression and conclusion of the complaint.

We saw that plans were in place to support people at the end of their life to receive the care they wanted. One relative praised the support given to their family member. They said, "We had a meeting with the doctor …. I know [person's name] are free of pain and their face shows that. They [staff] have changed [person's name] life." We spoke to the registered manager who told us staff worked closely with nursing staff from a

local hospice. We spoke to one healthcare professional regarding end of life care. They commented staff provided good care and sought advice from them appropriately and also followed any guidance given on people's care.

Requires Improvement

Is the service well-led?

Our findings

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a programme of regular checks in place to review areas such as infection control, equipment, the environment and people's dining experience. We found that although audits were in place, some needed to be more robust to ensure areas for improvement were consistently identified and actions taken in a timely.

For example, on the first day of our inspection we observed the lunchtime meal. Although people enjoyed their meals and gave positive feedback about the food, we found that the dining experience could be improved for people. We found that on the ground floor, although a conservatory area contained nicely decorated tables laid for lunch, this room was not used. Instead, we saw that eight people in specialist chairs were sat in a small dining area. This resulted in people needing to be moved at several points during their meals to allow staff and other people to move within the room. We also noted a number of people needed staff to assist them with their meals, this meant some people were left seated in the dining room for over 30 minutes before their meals were served.

We showed this to the registered manager and discussed it with them. They advised that they had not received any complaints about people's dining experience and additional hostess staff were employed over the lunchtime period to support people. They said the conservatory area was not used on occasion because the room was sometimes considered cold. When we returned on the second day of our inspection, the registered manager had completed an audit and had made some improvements. We observed lunch again on the second day and people's dining experience had improved. The registered manager acknowledged further improvements we required, but felt a good start had been made.

We also found that although people said they received pain medication as required; guidance for PRN 'as required' medication was not in place for some people. We looked at medication audits and saw that this had been identified on 09 March 2018, but PRN protocols were still not in place for some people on the day of our inspection. We spoke to the registered manager and deputy manager about this. They said a delay in putting the records in place had occurred due to the imminent and planned change to electronic records. They advised this would now be addressed immediately following the inspection.

There was a registered manager in place who was present during 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.

People spoke very positively about living at the home and the way it was managed. One person said, "I have lived here for years now. You could not find anywhere better I'll tell you. My family think the home is fantastic." Another person commented, "It's just such a fantastic place. I never imagined it would be like this. The staff are amazing and very hard working." People we spoke with were complimentary about the

registered manager. One person said, "[Registered manager's] brilliant and does their best for everyone."

Staff also told us they felt supported by the registered manager, who they said encouraged an open culture and had brought improvements to the home. One member of staff said, "[Registered manager] has been a breath of fresh air. Any worries we can go to them. We've never had that support before. They've been supportive from day one." Another member of staff said under the registered manager, "Things have improved loads."

We saw regular residents and relatives meetings were held for people to give feedback on the service provided. A residents committee was also in place. One person told us, "I am also on the committee. I am one of the residents reps. I think there are four of us. We have meetings every other month and I collect together suggestions for changes. Last month we talked about the menu; but if someone comes with anything that I think is a bit like a complaint or something I tell them to go and see registered manager."

The registered manager told us they had a clear vision of the way they wanted the home to be. They said, "The home still has some way to go but is heading in the right direction. " They told us of some of improvements they had put in place. For example, a new electronic care planning system had been purchased. Staff had received training and the management team were in the process of transferring documentation onto the new system. They also advised the service had received an increased number of referrals to support people at the end of their life. In response they had increased staff training and also developed links with the local hospice service.

Records we saw showed the staff team worked with other agencies to support the well-being of the people living at Anville Court. For example, we saw referrals to GP, social workers and district nurse teams. We also the staff team had also developed links with community services, for example, the local hospice service.

We spoke to the managing director. They told us when they had purchased the home from the previous owners eight months previously they had taken time to evaluate the service before making any large scale changes. The immediate action they had taken was to review and increase staffing levels and they had also appointed an experienced manager. They said now the home was more settled they had invested in further improvements, for example, the electronic care plan system which they felt would improve record keeping. They advised they received a managers update daily and were happy with the improvements made in the home.