

## Avery House Healthcare Limited

# Avery House

### Inspection report

Chaffinch Lane  
Hampton Vale  
Peterborough  
Cambridgeshire  
PE7 8NF

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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?

Good ●

# Summary of findings

## Overall summary

Avery House provides accommodation and personal care for up to 86 older people, some of whom may live with dementia. The home is a purpose built, four storey building and is located in a residential area on the outskirts of Peterborough.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Staff knew how to respond to possible abuse and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals, which they liked, and staff supported them to eat and drink enough. They were referred to health care professionals as needed and staff followed the advice professionals gave them.

Staff were caring and kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There was a large variety of activities or events for people to do and take part in during the day, and people had enough social stimulation. Complaints were investigated and responded to and people knew who to speak with if they had concerns.

People liked living at the home and staff supported them to maintain community links. Staff worked well together and felt supported by the management team. The monitoring process looked at systems throughout the home, identified issues and staff took the appropriate action to resolve these.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Avery House

## **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 10 May 2017 and was unannounced. Two inspectors and an inspection manager carried out this inspection visit.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

During our inspection, we observed how staff interacted with people. 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 ten people living at the home and one visitor. We also spoke with six members of care staff, two housekeeping staff, the head of care, the deputy manager, and the registered manager. We checked eight people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

# Is the service safe?

## Our findings

The service remained good at safeguarding people from harm. People told us that they felt safe living at the home. One person told us, "I feel very safe here, it's 24 hour care, they treat me well." Another person said, "I feel comfortable and safe." Staff knew how to protect people from harm, they had received training and they understood what to look for. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. We saw in the information we hold about this home that they had reported these issues to us. There were processes in place to protect people from abuse or harm, and these contributed to people's safety.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the possible reasons for this and the actions they needed to take to reduce the person's distress. Care records showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice; they approached people quickly and this reduced situations where people's distress increased. We concluded that staff managed behaviour that challenged or upset others well.

The service remained good at assessing risks to people. One person told us how staff supported their wish to continue smoking, while making sure that this was done safely. Staff assessed individual risks to people and kept updated records to show how risks had been reduced. Our conversations with staff members showed that they followed the guidance in place and took appropriate actions. We found that fire safety checks and other required equipment maintenance and servicing had been completed.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. Staff members told us that they had undergone an interview process and checks were obtained to ensure that they were suitable to work at the home. People and staff members told us that there were enough staff. One person told us that staff were always prompt and another person said that staff "always come and see me when I need them." A staff member told us that additional staff were obtained through the staff bank if there were sudden shortages and this increased staffing levels. There was a system in place to assess staff numbers and the registered manager reviewed this each month. We saw that there were higher staff numbers on duty than were required by the staffing tool. During our visit we saw that there were staff members available in all areas of the home.

The service remained good at managing people's medicines. People told us that staff members gave their medicines on time and made sure that these were taken. People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Staff completed records to show that medicines were administered in line with the prescriber's instructions.

## Is the service effective?

### Our findings

The service remained good at providing staff with training and support. People told us that staff knew what they were doing and that they looked after them well. Staff told us that they received enough training to give them the skills to carry out their roles. One staff member told us how they had been able to shadow other staff for as long as they needed to before feeling comfortable enough to care for people alone. Another staff member explained about the training programme that all staff completed and updated each year. Staff training records show that staff members had received training and when updates were next due. Our observations showed that staff assisted people appropriately and where required, used equipment in the correct way. We were therefore satisfied that staff members did follow appropriate moving and handling procedures.

Staff members confirmed that they received supervision on a six monthly basis. One staff member went on to explain that they could also discuss issues with the management team at other times. This gave them the guidance and support to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service remained good at ensuring people were able to make their own decisions for as long as possible. One person told us that staff "always tell me what they are doing". Staff showed us that they had an understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and guidance was available to show the help people needed to make sure they were able to continue making decisions.

The service remained good at providing people with enough to eat and drink. People told us that they enjoyed their meals and they were given a choice of what to eat and drink. One person said, "The food is good and we get drinks and snacks in the day – chopped up fruit, and the salads are to die for." Another person told us, "[The] food is good, [there's] enough all day. [I] never go hungry, [I] get choices of what I want." Yet another person commented, "I love the egg sandwiches." We observed that refreshments were offered throughout the day. Staff planned weekly menus with people. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists. We saw that people were properly supported with eating and drinking.

The service remained good at ensuring people had advice and treatment from health care professionals. We saw that one person had visited their dentist on the day of our visit. People's care records showed that they had access to the advice and treatment of a range of health care professionals. They also contained a health plan that provided all the information needed to support the person with their health needs.

## Is the service caring?

### Our findings

The service remained good at caring for people. People told us that staff were caring and kind. One person said that they liked living at the home because "staff are kind and cheerful and friendly, can't fault them." A visitor told us that their relatives were "superbly cared for".

One staff member told us why they liked working at the home and described how they cared for people as, "There is compassion and we treat everyone as an individual." We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way.

People told us that staff knew them well. One person said, "Staff ... know what I like." Another person told us, "Staff know my preferences and what I like." We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw that staff members told people what they were going to do before doing it. This meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue.

We saw that staff members listened to what people had to say and acted on this if needed. As one person told us, this included the registered manager; "I can talk to the manager and [she] listens and sorts out any problems." People were also involved with making decisions about the home and one person told us how they helped interview new staff. They had carried out this role for a number of staff, including senior staff and ancillary staff. This provided people with the ability to decide who cared for them.

The service remained good at respecting people's right to privacy and to be treated respectfully. One person told us that staff made sure they knocked on closed doors before entering, which they felt was especially important when the person was having their bath. Staff gave us examples of how this occurred, such as always making sure people were covered, and doors and curtains were closed during personal care. We saw that when people wanted time alone, staff respected this and knocked on doors to obtain permission before going in.

The registered manager told us that visitors were welcome at any time and two visitors we spoke with echoed this. One visitor told us, "Staff are welcoming and make me tea, and [they're] happy to see me."

## Is the service responsive?

### Our findings

The service remained responsive to meeting people's needs. People told us that they were well cared for and they were able to spend their time in the way they wanted to. They said they were able to have a bath or shower and to get up and go to bed when they wished. One person told us that they "have a bath here every day, staff help me". Another person said, "They make sure I am happy with my care and ask if there is anything else I need." Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

People had access to a wide variety of activities, both in and out of the home, and told us the things they did to occupy their time. One person explained, "There are lots of activities: outings, entertainers, bingo sessions, quizzes, games, etc." People told us that they did not get bored and how they spent their time to avoid this. One person told us, "We do have activities and I can choose if I want to take part." Another person told us they went for a walk on the morning of our visit. While another person listed the exercise activities, such as yoga and Zumba, that they took part in. Information about activities was available around the home and showed that there was an event planned each day.

The registered manager told us how staff helped people to do the things that they had always wanted to do through the home's 'wishing well' scheme. People were encouraged to write their wishes on a card and staff then tried to make these come true. We saw that staff had contacted one person's favourite singer and obtained a signed photograph for the person. The person told us that they had always watched the singer's performances and really liked singing along. They went on to say that receiving the photograph was a complete surprise. Another person had always wanted to sing in a choir, so staff helped them to visit the local choir and apply to join. The person had to undergo an audition and had found out shortly before our visit that they had been successful. Although the person had difficulty talking to us about their experience, it was clear from their facial expression and hand gestures that this meant a lot to them. Staff had helped other people achieve as much of their wishes as possible, such as obtaining memorabilia of a particular holiday centre when it was not possible for the person to visit it. Staff had also arranged a regular visit to a local speedway that one person had frequented with their friends before moving to the home.

We looked at three people's support plans and other associated records. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. Staff had also recorded what was important to each person and how they should support the person. Most plans were sufficiently detailed to guide staff members' care practice and were reviewed on a regular basis. Staff had updated most plans following changes in people's condition. We noted in one plan there was conflicting advice about a person's mobility and inadequate information about a health condition monitored by health professionals in another. However, staff were able to clearly describe the change in one person's mobility and how the person's ability now fluctuated. They also provided an explanation of what they would do for the other person's health condition until guidance was available from health care professionals.



Staff consulted and involved people in developing their care plans where they were able to do this. We saw some examples where people and their families were involved in reviews of the person's care, although not all people were able to participate in this. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they would be able to speak with a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person also said "...but I have not needed to make a complaint". Staff confirmed they knew what action to take should someone in their care want to make a complaint. They were confident about trying to resolve issues if they were able or passing on to the registered manager would deal with any given situation. We saw that there had been one complaint, which had been investigated and forwarded to the provider organisation to resolve.

## Is the service well-led?

### Our findings

The service remained good at providing a positive and open culture. A person at the home and their visitor commented, "It's a lovely place and we are very happy."

Staff members told us that they liked working at the home and that they got on well together. One staff member described the staff as, "A good team of staff" and commented that they worked in a way that put people who lived at the service first. Another staff member said, "I love working here, the team work is incredible." Staff said that they felt supported by the registered manager and said that they were approachable and a good support for all staff. Our observations showed that the registered manager spoke with staff in a positive and appropriate way. Staff members were able to explain their roles to us and understood how the home and organisation structure worked. The registered manager told us that they had a close working relationship with the local authority to discuss any issues or problems before situations became worse. We concluded that staff members were supported and that the home was well run, with an open atmosphere.

Staff supported people who volunteered their time at a local church and a national charity shop. We saw that two other people had presented knitted items to the Special Care Baby Unit that had been made in the home's knitting club. This provided people with opportunities to maintain community links that they may have had before moving to the home.

There was a registered manager in post. 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 that they saw the registered manager around the home and knew who they were.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as health and safety, medicines and the care records. These identified issues and the action required to address them. This information was then passed to other staff to address and to the organisation's management team to oversee and ensure issues did not carry on. The registered manager monitored complaints, accidents and incidents and provided us with an analysis of incidents over the previous year. This identified trends and allowed staff to take interventions to reduce these reoccurring.

The registered manager obtained the views of people, their relatives, staff and visiting health care professionals on an on going basis and collated into an annual summary. These were through questionnaires or meetings for people and staff. Few issues were identified and these were responded to in a 'you said, we did' report. We saw that actions, such as increasing access to the garden or adding something to the menu, were taken following meetings, surveys or discussions with people.