Avery Homes (Nelson) Limited

Elvy Court Care Home

Inspection report

200 London Road
Sittingbourne
Kent
ME10 1QA

Tel: 01795437449
Website: www.averyhealthcare.co.uk/care-homes/kent/sittingbourne/elvy-court/

Date of inspection visit:
30 May 2019

Date of publication:
27 June 2019

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

About the service:
Elvy Court Care Home is a care service that provides personal or nursing care to up to 55 adults. There were 46 people living at the service at the time of the inspection. There are two floors in the service providing nursing care to older people with varying needs. People with complex general nursing needs were cared for on the ground floor and people living with dementia were cared for on the first floor.

People's experience of using this service and what we found
People told us they received a good service and felt safe. The registered manager understood their responsibilities about safeguarding people from abuse. Staff had been appropriately trained and knew how to raise safeguarding concerns. Peoples medicines were managed safely. People said they received their medicines when they needed them.

Staff knew how to keep people safe from risks. Potential risks were recorded to make sure staff had clear written guidance on what to do to keep risks to a minimum.

When there were any incidents and accidents these were recorded, and steps were taken to prevent any re-occurrence. Staff understood how to prevent infection and wore protective equipment when necessary.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant safety checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they started using the service. People were supported to express their views and make decisions about their care. People had care plans that provided guidance for staff to provide care that was responsive to people's needs. Care plans were specific and personalised.

People were encouraged and supported to enjoy and participate in activities and hobbies if they wanted to. People and their relatives spoke highly of the activities provided. There was a lively, cheerful and inclusive atmosphere at the service.

People said they enjoyed the food and could access snacks and drinks when they wanted to. Staff supported people to maintain a balanced diet and monitor their nutritional health.

When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. People's end of life wishes were recorded and people were supported at the end of their lives to be comfortable and pain free.

Staff treated people with dignity and respect. Staff helped to maintain people's independence by encouraging them to care for themselves where possible. People were supported to do things they wanted

to do. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People knew how to complain, and any complaints had been resolved to people's satisfaction. People were asked their opinions on the service by attending meetings and completing surveys, suggestions had been acted upon.

People and their relatives gave positive feedback about the service they received. They said the registered manager sorted out any issues they had.

Staff knew their roles and were able to tell us about the values and the vision of the service. There were adequate quality assurance measures in place. The service was well linked locally.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
Good – published on 25 October 2016.

Why we inspected
This was a planned inspection based on the previous rating. The service remained 'Good' overall.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Elvy Court Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
Elvy Court Care Home 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.
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. The inspection took place on 30 May 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
During the inspection we spoke with five people using the service, five relatives, the registered manager, the unit manager, two nurses, three care staff, the activities coordinator and domestic staff. We observed interactions between people and staff in the dining areas. 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 also looked at the environment, including the communal areas, bathrooms and people's bedrooms.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were protected from harm and the risks of abuse. People told us that they felt safe. One person said, "I absolutely feel safe. They (the staff) always come quickly if I call. I trust them."

● Staff knew about their responsibilities to safeguard people and knew about the different types of abuse. Staff received training in safeguarding people, knew what signs to look out for and felt confident the management team would listen and act on any concerns they raised. Staff told us that they had not had any concerns about people's safety.

● There had been one safeguarding issue raised by the registered manager to the local authority in the last 12 months. Actions were taken to reduce the risk. The registered manager followed safeguarding protocols published by the local authority with a legal duty. People benefited from the safeguarding investigation.

Assessing risk, safety monitoring and management

●The registered manager assessed risks to individual people. The nurse in charge was responsible for managing any emergencies that may arise.

●Staff assessed people's mobility, nutrition and health needs. Individualised risks assessments identified areas of risk and what action to take to keep these to a minimum.

●If people's skin was at risk of becoming sore and damaged there was, air mattresses, creams and additional monitoring of their skin took place. Actions were recorded to mitigate risks.

●When people were on oxygen therapy to assist them with breathing, staff were aware of how to manage this situation safely.

● Environmental risks and potential hazards in the premises were assessed. Gas, electricity and fire systems were tested. People had individualised emergency evacuation plans in place. Regular fire drills were done, and staff knew how to evacuate people safely from the building.

Staffing and recruitment

●People told us that there was enough staff to give them the care and help that they needed. People said that staff responded quickly if they used the nurse call bell. Relatives said, "There are always staff around. You don't have to ask twice if you need something" and "People are never neglected."

●Staffing numbers were consistent. Staff said that on the whole there was enough staff to look after people. During the inspection staff had time to spend with people and support them to do what they wanted. People did not have to wait for care and support.

● People were protected from the risks of the provider employing unsuitable staff. Staff were recruited safely. The provider followed safe recruitment procedures. All safety checks had been done to ensure that staff were fit and of good character to support people.

●The Nurses were registered to practice with the Nursing and Midwifery Council and their ability to practice in the UK was recorded.

Using medicines safely

●People told us they received their medicines when they needed them and as prescribed by their doctors.

● Overall people received their medicines safely and as prescribed to protect their health and wellbeing.

●'As and when' required medicines (PRN) were administered safely and staff followed the guidance given by the persons GP and the providers procedures.

●When people needed cream applying to their skin to keep it healthy there was guidance in place to show where the cream needed to be applied and staff recorded that they had applied the cream to the areas.

●Nurses and senior staff were trained to administer medicines. Their competencies in administering medicines was regularly checked.

●Medicines were stored safely and in line with legal requirements. Storage temperatures were recorded within recommended ranges to maintain the effectiveness of medicines. Medicines were audited, and stocks tallied with administration records.

Preventing and controlling infection

●All areas of the service were clean and odour free. People and their relatives told us that the service was always clean and odour free. One person said, "Everywhere is spotless."

● Staff followed hygiene procedures and had access to personal protective equipment (PPE), such as disposable gloves and aprons. Staff told us PPE was always available. Food Safety training was provided for catering staff.

● Bins were covered, and clinical waste was separated and disposed of safely. Cleaning staff followed a cleaning programme that included the emergency and routine deep cleaning of higher risks areas.

Learning lessons when things go wrong

●Accidents and incidents were recorded, and appropriate action was taken to prevent any re-occurrence.

●Lessons were learnt from incidents. These were documented and shared with staff via daily clinical meetings, supervisions and staff meetings.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●People's needs were assessed before they started using the service and continually evaluated to develop care plans. One person said, "The registered manager visited me at home. They asked me and my family lots of questions about all sorts of things. I was very happy when they said they would be able to help me."
● People were encouraged to discuss their lifestyle preferences as well as their rights, consent and capacity.
●Staff had equality and diversity training and were aware of the need for consent from people for their care. Records included information and guidance about the person's physical, mental, communication, emotional, spiritual and sexual needs as well as their likes, dislikes, preferences and any protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience
●Staff training was up to date. Staff told us that they received all the training they needed to make sure people received the care and support that they needed.
●Staff received mandatory training and had regular updates. When specialist training was required, for example, to support people living with dementia or mental health needs training was provided. Staff were knowledgeable about the people they were caring for.
●People and their relatives told us they thought staff were appropriately trained and skilled.
●People commented, "The staff are all very good. They know what they are doing." A relative said, "They [staff] look after my relative well." "All the staff are very good." and " I have confidence in the girls."
●Newly recruited staff received an induction and then gained experience by shadowing more experienced staff. One staff member told us, "I shadowed a colleague until I felt comfortable. There was no rush."
●Staff said they felt supported by the management team. They said they could go to the office at any time or contact them by phone if they needed any support.
●Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager which identifies what is going well and areas where staff might need support.
●Staff were encouraged to improve their skills and continuously develop.
● Nurses received clinical supervision and were supported to maintain their nursing skills. Nurses lead as champions for training. For example, in infection control and dignity.

Supporting people to eat and drink enough to maintain a balanced diet
●Dining areas were pleasant with enough seating for anyone who wanted to sit at the table. Tables were set

with tablecloths, cutlery and condiments.
●People had the choice to eat in their rooms if they preferred.
●People told us the food was good with two meals to choose from. They could request something different if these were not to their liking. One person said, "The food is nice, we can have an alternative if we don't like the menu", and "I've always got plenty to drink".
●There were enough staff to sit with people, encouraging and interacting throughout the meal time.
●Some people needed a special diet to make sure they remained healthy and safe. These diets were catered for by the kitchen staff.
●If people were at risk of not eating and drinking enough then their diet and fluids were monitored to make sure they remained as healthy as possible. If any concerns were identified they were referred to the appropriate professional for further dietary guidance and support.
●Each dining area had a small well-equipped kitchen so hot drinks could be made for people when they wanted. Snacks and fruit were available in the lounge areas, encouraging people to eat when they were hungry.

Staff working with other agencies to provide consistent, effective, timely care
● The registered manager had established working relationship with different professionals. Staff worked closely with professionals to promote people's health and wellbeing. This included the local GP, the community nursing teams, occupational therapist. Referrals to other health professionals were done in a timely manner.
●The local GP visited the service at least weekly and dealt with any medical concerns that were raised by people and the staff.

Adapting service, design, decoration to meet people's needs
●One floor of the home was dedicated to caring for people living with dementia.
●This floor, called Memory Lane had memorabilia that people may have recognised and been familiar with from when they were younger in age. There was a cinema room with pictures and memorabilia from the past and people regularly watched old films. People had memory boards in their rooms.
●Corridors and doors were wide so people had easy access to different areas.
●People had en-suite facilities. There was easy access to outdoor spaces, which were well kept. People said they enjoyed going into the garden in the better weather.

Supporting people to live healthier lives, access healthcare services and support
●The registered manager had established working relationship with different professionals. Staff worked closely with professionals to promote people's health and wellbeing. This included the local GP, the community nursing teams, occupational therapist. Referrals to other health professionals were done in a timely manner.
●The local GP visited the service at least weekly and dealt with any medical concerns that were raised by the staff.

Ensuring consent to care and treatment in line with law and guidance
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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had training in and a good understanding of the MCA and DoLS. They told us how any restrictions they put in for people, should be the least restrictive option. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- The registered manager was able to explain clearly when a restriction had been placed on a person to make sure they remained safe. At the time of the inspection DoLs applications had been sent to the local authority and five had been authorised.
- Staff supported people to make decisions about their care and how to spend their time.
- Staff respected the decisions that people made people made about their care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
●Staff treated people with kindness, compassion and care.
●Everyone was treated well regardless of their needs and staff spent time with people engaging them in conversations. Staff sat with people and held their hand to reassure them when they were upset.

●When staff spoke with people they were respectful and unhurried. Staff knew people's choices and preferences and supported people in these.
●People and their relatives said they were happy and well cared for. One person said, "I'm happy to stay here now, the staff are lovely, and I get spoilt."
●People were supported to maintain relationships that were important to them and visitors were welcome at any time.
●People were able to move around the service and were supported when required. People had choices about how and where they wanted to spend their time. People could go to their rooms when they wanted to, they could choose to join in activities.
●Staff had built up trusting relationships with people. One person said, "It's like home. It feels likes family."

Supporting people to express their views and be involved in making decisions about their care
●People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported with their daily personal care, preferred name and whether they preferred male or female staff.
● People told us they were involved in making day to day decisions about their care. One person said, "I and my family have been involved since the manager came to visit me at home. They have let us know what is happening every step of the way." A relative said, "The staff always contact us if there are any issues. They keep us up to date when we visit. It's reassuring for us as a family,"
● People decided how they wanted to be supported. The registered manager assessed each person's ability to do things for themselves or the levels of staff care required.
●Information on advocacy services was made available to people. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. At the time of the inspection no-one required advocacy services.

Respecting and promoting people's privacy, dignity and independence
●Peoples dignity was respected. Staff were sensitive and discreet in offering support to people and ensured

people's dignity was maintained at all times.

●Staff were attentive and observant to people's needs. When one person tried to get up from their chair staff immediately went to help and support them, reassuring and encouraging them to mobilise safely.

●People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.

●People carried out tasks independently, such as eating and drinking, and mobilising and staff were close by to help if it was needed.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same 'Good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●People received personalised, individual care in line with their different needs. Care plans were detailed and set out people's needs, preferences and how staff should support them. One care plan read, "I like my own company and prefer to have my meals in my room."

●Staff knew people well and could tell us about people and what was important to them.

● Life histories were in place and were used by staff to get to know people and to initiate conversations.

●Care plans were reviewed regularly and updated when people's needs changed. Relatives told us that they were kept informed of changes in their relative's wellbeing.

●Daily records,recorded the care and support people had received.

●Staff told us they communicated during handovers.

●A keyworker system was in place. Pictures of the key workers were in people's rooms so people and their relatives knew who to go to discuss any issues.

●Pets were welcome to visit the service. One person had a dog, which also provided a talking point for other people living in the service.

● A wide range of activities were provided to promote people's wellbeing. A relative said, "The activities have improved. People are more engaged. It's good to know (my relative) is not just sitting around looking at the four walls. They really enjoy joining in."

●We saw people having fun participating in a memory game. There were lots of items for people to look at and touch, such as pictures and objects with different textures and colours.

●The activities staff had organised a local school to visit and work on a project together with people. They had made Punch and Judy puppets together and were going to have a Punch and Judy show as part of a social event. People were animated and looking forward to this.

●One member on the activities staff said, "I love working here. We can make such a difference to people's lives. I love to see people smile and enjoy what they are doing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Peoples different communication needs were documented in their care plans. When people had illnesses where they could not communicate verbally or could not move independently,advanced technology was used to support them to communicate and do tasks for themselves.

●Staff adapted activities so people with sensory impairment could join in, for example 'sound bingo'.
●People could use social media to communicate with their relatives and relatives were kept up to date about what was happening at the service.
●One person told us about how they were able to communicate with their family who were unable to visit. They said, "It is lovely to be able to see them and talk to them. Its like they are here."

Improving care quality in response to complaints or concerns
●There was a complaints procedure in place.
● People and their relatives told us that they were able to raise any concerns or complaints which were investigated, and actions were taken to resolve any issues.
●The records of complaints showed that concerns raised had been investigated and when shortfalls were found, apologies had been given and actions identified. One relative told us that when they had raised a complaint the registered manager had dealt with it immediately to the satisfaction of the persons family.

End of life care and support
●People had been and were being supported at the end of their life to have a comfortable, dignified and pain-free death.
●Support was provided by a local palliative care team and the local GP practice.
●People's end of life wishes were recorded in their care plans. These were being further developed to make sure they were more personalised and explained what people and their families wanted at the end of their lives.
● A relative told us that the staff had spoken to their family about what they wanted at the end of their relative's lives. They said, "It was a difficult conversation but one that had to happen. It is good that we are prepared now."
●There where guest room available at Elvy Court so that relatives could stay close to their loved ones at this time in their lives.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained 'Good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●The registered manager had been in post at the service for one year. They were supported by a unit manager who was based on the dementia floor. The deputy manager had recently left the service and the provider was in the process of recruiting a replacement.

● The registered manager consistently made people, staff and relatives aware of the care standards they expected. If any concerns or issues were identified the registered manager acted quickly to resolve them.

●People told us that the registered manager goes around the service two or three times a day to check that everything was alright.

●People and relatives told us that the registered manager was approachable, and they could go to speak to them at any time.

●On the day of the inspection a person raised an issue directly with the registered manager. They listened to the person's concern and the issue was sorted out quickly.

●Every morning the registered manager met with the nurses to discuss the plans for the day. Everyone was updated on any changes and any events/issues that needed dealing with that day. This information was then cascaded to the care staff and plans put in place to ensure the smooth running of the shift.

●A member of staff said, "I get on very well with the registered manager, they are firm but very fair. If I am unsure about anything I know they will give me the support that I need." Another said, "The registered manager is very professional."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

●When anything went wrong it was reported to the appropriate out-side agencies and action was taken to prevent re-occurrence.

●Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●The registered provider used thorough and regular quality monitoring systems. People benefitted from a service that was continuously trying to improve.

●The providers senior management team undertook several audits to check on the care delivery as part of the provider's quality auditing system. These looked at a range of areas including care plans, infection

control, medicines and health and safety. When shortfalls were identified there were clear timescales for improvements.
●The registered manager and the staff were committed to making life better for people who lived at Elvy Court.
●Registered persons' are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives told us that they were kept fully informed of the care they were getting.
● The registered manager sought people's views and took action to improve their experiences.
●There were regular staff meetings and residents meetings where everyone could discuss and suggest ways to improve the service.
● The provider's quality assurance system included asking people, relatives and staff about their experience of the service. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience.
●The most recent surveys had been positive. People and their relatives had identified that the televisions in the communal areas were too small, so larger televisions had been purchased.
●People had also said they would like improvements to the gardens. This issue was being addressed and the gardens were improving. The registered manager was in the process of buying raised planters so that people could be involved in gardening activities.
●Relatives had also stated there was not enough accessible parking at the service. The registered manager had negotiated parking spaces at a large shop nearby.
● People, relatives and staff could give their opinions about the service and share their views at any time.
●There were strong links with the local community. The local school visited people at Elvy Court and they did activities together. People were working with the local Guides and Beavers groups to support them to obtain their gardening badges.
●People took part in local charity events to raise money for good causes. There were also visits to local café's, pubs and shops.

Continuous learning and improving care
●Staff were keen about learning and implementing the latest and best practices. For example, electronic tablets were used to assist people with communication. Nurse champions ensured that all aspects of care and support reflected the most up to date and approved methods and practices.
●The registered manager attended different forums and courses. They had recently completed a course in dementia. They were passing this learning onto staff.
●The registered manager received regular support visits from the provider's area manager and attended management meetings with managers from other services owned by the provider to share ideas and best practice.

Working in partnership with others
●Staff worked closely with a range of different professionals, authorities and charities.

- The registered manager attended local forums to keep up to date with changes in health and social care.
- The service worked with other agencies to provide people with joined up care.