

Avery Homes Rugeley Limited

Horse Fair Care Home

Inspection report

Horse Fair
Rugeley
Staffordshire
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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

This inspection took place on 6 April 2016 and was unannounced. At the last inspection, the service was rated as 'Good' but we asked the provider to make improvements to ensure people living with dementia were fully supported to enjoy their meals. At this inspection, we found the required improvements had been made.

Horse Fair Care Home provides accommodation and or personal care for up to 72 people, Elmore suite on the ground floor and Lea Hall suite on the first floor. On the day of our inspection, 56 people were living in the home, 29 in Elmore, and 27 in Lea Hall, some of whom were living with dementia.

There was a registered manager at the home. 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 felt safe living at the home and their relatives were confident they were well cared for. If they had any concerns, they felt able to raise them with the staff and management team. Risks to people's health and wellbeing were assessed and managed and staff understood their responsibilities to protect people from the risk of abuse. People's care was regularly reviewed to ensure it continued to meet their needs. There were sufficient, suitably recruited staff to keep people safe and promote their wellbeing. Staff received training so they had the skills and knowledge to provide the support people needed.

Staff gained people's consent before providing care and support and understood their responsibilities to support people to make their own decisions. Where people were restricted of their liberty in their best interests, for example to keep them safe, this was authorised in accordance with the legal requirements.

Staff knew people well and encouraged them to have choice over how they spent their day. Staff had caring relationships with people and promoted people's privacy and dignity and encouraged them to maintain their independence. People were supported and encouraged to eat and drink enough to maintain a healthy diet. People received their medicines as prescribed and were able to access the support of other health professionals to maintain their day to day health needs.

People received personalised care and support that met their individual needs. The provider offered people a programme of recreational and leisure opportunities and encouraged people to follow their individual interests. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes. People's care was reviewed to ensure it remained relevant and relatives were invited to be involved.

There was an open and inclusive atmosphere at the home. People and their relatives were asked for their views on the service and this was acted on where possible. People knew how to make a complaint and were

confident this would be fully investigated and action taken if necessary.

Staff felt supported by the provider and management team and were clear about their roles and responsibilities. Arrangements were in place to assess, monitor and improve the quality and safety of the service people received.

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.

Risks to people's safety were assessed and managed and staff knew how to keep people safe. The staff were confident concerns they raised would be listened to and appropriate action taken. There were sufficient staff and the provider followed recruitment procedures to ensure they were suitable to work with people. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities to support people to make their own decisions and where people were being deprived of their liberty in their best interests, the correct authorisations had been applied for. Staff received the training and support they needed to care for people. People were supported to eat and drink enough to maintain their health and accessed the support of other health professionals to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People were able to make decisions about their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends who felt involved and were kept informed of any changes.

Is the service responsive?

Good ●

The service was responsive.

The care and support people received met their individual needs

and preferences and regular reviews ensured it remained relevant. People were supported to follow their interests and were able to engage in a range of social and recreational activities both inside and outside of the home. People felt able to raise concerns and complaints and were confident they would be acted on.

Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff felt supported and listened to by the management team. Systems were in place to assess, monitor and improve the quality and safety of the service provided.

Horse Fair Care Home

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 6 April 2016 and was unannounced. The inspection team consisted of two inspectors.

We reviewed information we held about the service and the provider including notifications they had sent us about significant events at the home, which included safeguarding concerns. We spoke with the service commissioners who are responsible for finding appropriate care and support services for people, which are paid for by the local authority. Before the 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 spoke with 11 people who use the service, five relatives, eight members of the care staff, the assistant chef, the registered manager and the area manager. We also spoke with two visiting professionals. We observed how staff interacted with people and looked at four people's care records to see how their care and treatment was planned and delivered. We reviewed four staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Staff we spoke with told us that they received training in safeguarding and understood their responsibilities to protect people from harm. Staff recognised the different types of abuse and knew how to report abuse if they suspected it. One member of staff told us, "If I see bruising or have any concerns, I report them to the home manager". Another said, "It's very important that we keep our eyes and ears open for everything". All the staff we spoke with were confident that any concerns they raised were acted on. They told us they had the information they needed to escalate their concerns if necessary. One member of staff told us, "We have an Adult Protection Folder with all the telephone numbers we need and there are posters in the staff room with guidance on what to do. Anything we report is taken really seriously". Our records confirmed we received notifications from the registered manager when safeguarding concerns were raised at the home. This showed the registered manager and staff understood their responsibilities to keep people safe from harm.

People we spoke with told us they liked living at the home and felt safe. One person told us, "My family don't worry about me and I don't worry about them. It's a 'win win' situation". Another person said, "I feel safe here, you know the staff are reliable, sensible people". A third said, "It's like being at home, it's lovely". Relatives we spoke with told us they had no concerns about their relations. One relative told us, "I feel [Name of person] is safe here, there's help available 24 hours, that's important".

People told us that there were enough staff to support them. One person told us, "There are enough staff, I've never had to wait long if I need anything. At night, I've had to press my bell and within 5 minutes, they are there". Another said, "Staff help me to move, I can call them when I need to and they come quickly". A visiting professional told us, "Staff are always happy to help out and staff are on hand when needed". Staff told us staffing levels took into account people's needs to ensure there were enough on each shift. We spent time observing care in the communal areas and saw there were enough staff to respond promptly to people's requests for assistance. We saw staff had time to sit and talk with people. The registered manager told us staffing levels were based on people's individual needs. We saw this was kept under regular review, for example staffing levels had been reviewed recently and increased to address a pattern of increased falls. This showed staffing levels were kept under review and varied to meet people's needs at all times.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

Risks to people's safety were identified and assessed and care plans we looked at had risk management plans in place for all aspects of people's care. For example, where people needed support to mobilise safely, plans were in place to guide staff on the way they should be assisted. Staff knew about people's individual risks and we observed they followed the plans to keep people safe, for example when moving people using equipment. One person told us, "When I need help staff are very accommodating and always

get the hoist to make sure I'm safe". We saw that accidents and incidents such as falls were recorded and people were monitored closely over a 24 hour period to ensure that any concerns could be raised and appropriate action taken. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency. This showed that staff had the information they needed to keep people safe.

We saw that people received their medicines as prescribed. Staff spent time with people and explained what the medicine was for and checked to ensure the person had taken it before moving on. Some people told us they administered their own medicines and we saw appropriate arrangements were in place to minimise any identified risks. One person told us, "The staff check things regularly, for example to make sure I've got plenty and nothing is running out". Staff we spoke with had received medicines training and had their competence to do so checked by the registered manager. Staff understood people's individual needs and followed the guidance provided for people who required medicines on an 'as required' basis. This ensured people were protected from receiving too much or too little medicine. We saw that medicines, including controlled drugs, were stored securely and disposed of in accordance with legislation.

Is the service effective?

Our findings

At the last inspection, we found that specialist eating utensils were not being provided where needed to promote people's independence. At this inspection, we saw people's individual needs had been assessed and plate guards and adapted knives and forks were being provided.

People we spoke with told us the meals were good and included their favourite foods. People told us they had a good choice of meals and alternatives were provided if requested. Staff supported people to make choices by showing them small plates of the main course meals. People told us the chef sought their opinions and responded to their individual requests. One person told us, "The food and drink is first class, the chef comes round for comments and they are always keen to amend the menus. I mentioned that there was a topping I liked on desserts. The chef got something similar for me to try. They do their best to get things we particularly ask for". At lunchtime we saw staff were attentive and provided support to meet people's individual needs. The mealtime was a sociable, relaxed experience and staff made sure people had time to savour and enjoy their meal.

People's nutritional needs had been assessed and where risks were identified, people had been referred to specialists, such as the dietician and speech and language therapists. We saw that staff followed the advice given, for example some people had their food pureed to reduce the risk of choking and staff explained to people what they were serving on the plate. People were encouraged to eat and drink enough to maintain good health, with drinks and snacks such as homemade pastries available throughout the day. The provider had referred to a dietician's project, Every Mouthful Counts, in their PIR. The chef explained how they fortified food and drinks to provide additional calories and provided snack boxes and pastries to help people maintain their weight. This showed people were supported to eat and drink enough to maintain a healthy lifestyle.

People we spoke with told us the staff understood their care needs and looked after them well. One person said, "The staff all know about my needs, for example they are strict about my walking stick, checking to see if my balance is okay, they are on the ball. They are a great set of people". Staff told us and records confirmed they received the training and support they needed to care for people effectively. They told us they had regular supervision sessions which gave them the opportunity to discuss their performance and any concerns they had. One member of staff told us, "Supervision is monthly or as I want, the manager's door is always open". Staff told us and records confirmed that during supervision, the registered manager focused on a different area of practice each month, for example safeguarding and whistleblowing. Staff completed a reflective practice sheet at the end of each session which was reviewed by the registered manager to identify any gaps in the staff's knowledge and skills. This was addressed with further training and support from senior staff to ensure staff maintained the skills and knowledge to meet people's needs.

Staff told us there was an induction programme which gave them the skills and confidence to carry out their role effectively. One member of staff told us, "It was a good induction, the training was good and we shadowed other staff which enabled us to learn people's routines". We saw that the induction followed the Care Certificate, which is a nationally recognised set of standards which support staff to achieve the skills

needed to work in health and social care. We saw that new staff received feedback on their progress during their induction. One member of staff told us, ""All the team leaders and the manager are very supportive, I never feel I can't go to them for advice". These arrangements ensured staff received the information and support they needed to care for people effectively.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the registered manager and staff were acting in accordance with the MCA. We heard staff discussing decisions that affected people's daily routine with them, for example asking what they wanted to have for their lunch and where they wanted to sit. One member of staff told us, "We offer choice, for example what people want to wear, what they want to eat and drink and if they want to wear perfume or aftershave". We saw staff explained what they were doing and reassured people as they supported them, for example when helping people to move using equipment. Staff respected people's wishes. We saw one person asked to have their pain relief medication when they had finished their meal and the member of staff administering medicines returned to them later. Where people lacked the capacity to make decisions for themselves, we saw that mental capacity assessments and best interest decisions had been completed appropriately.

The registered manager understood their responsibilities to obtain authorisation where people needed to be deprived of their liberty in their best interest and had made referrals to the local supervisory body. We saw that approvals had been received for two people and assessments were awaited for others.

People told us they were able to access the support of other health professionals to maintain their day to day health needs. One person told us, "I can see the GP or District Nurse whenever I need to". Another person said, "The staff are very good if I'm not well, they get the doctor and things are sorted out". On the day of our inspection, we saw that one person was supported to attend a hospital appointment and accompanied by a member of staff for reassurance. We saw that people's care plans included records of visits and advice from health professionals which was acted on, for example we saw exercise programmes were followed for people. A visiting professional told us, "People's care notes are up to date when I come and there is space for me to record my advice which is acted on".

Is the service caring?

Our findings

People told us they were very happy with the care they received and liked living at the home. One person said, "It's one of the best moves I ever made coming here". Another said, "It's a lovely place". People and their relatives were very complimentary about the staff. One person told us, "The staff are excellent, they are always pleasant and very kind". One relative told us, "The carers are fantastic. They seem to have empathy as well as sympathy". Another said, "Staff are responsive and thoughtful".

We saw staff treated people with kindness and respect. People looked relaxed in the company of staff and we heard some light hearted banter between them. Staff knew people well and recognised their individuality, for example one person told us the staff were very aware that their hearing was poor. They told us, "The staff respect that I can't hear too well, nobody mumbles". A relative told us the staff recognised when their relation needed extra reassurance. They said, "They know when [Name of person] is on a down day more than I do. They are fantastic". Staff told us they enjoyed working at the home and focused on making people feel really cared for. One member of staff said, "It's important that people are happy, they come first". Another told us they made sure people felt at home. They said, "I work in their home, they don't live in my workplace. If I can go home having made someone smile, that's great".

People were involved in making decisions about their care. One person told us they had been involved in making the decision to source new equipment to enable them to shower safely. They told us, "My care plan is being updated and I'm asked to sign the changes. I wouldn't sign it if I disagreed". Another person told us, "We can see the care plan anytime and they are discussed with you and altered from time to time". Advocacy services were promoted to people and we saw that a specialist service had been sourced for a person with a visual impairment. An advocate is someone who helps people to be involved in important decisions about their care and support.

People told us they were able to do as they wished and chose how they spent their day. We saw that some people spent time in the communal lounges whilst others chose to stay in their rooms. One person told us, "I can go wherever I please". Another said, "I can go around as I wish, the staff are there if needed". People told us they had formed good friendships whilst at the home. One person was sat chatting with another person and said, "It's surprising how you are drawn to people. We didn't know each other before but we are close now and our families are too".

People told us the staff encouraged them to maintain their independence, for example with their personal care. One person told us, "The staff wash my back but I do everything else, which I prefer". Another person told us, "The staff let you get on with things but are very attentive and help if they see you are struggling". We saw some people got involved in the daily chores at the home, for example by helping a member of staff serve tea in the afternoons.

People told us the staff respected their privacy and dignity. One person told us, "I like to keep my door open but the staff always knock or tap on it when they come to speak with me. They always ensure I have my privacy by closing the curtains and the door when assisting me with personal care". We saw that all the staff

spoke quietly and discreetly when asking people if they needed assistance with personal care.

People were supported to keep in touch with people that mattered to them. Visitors told us they could visit at any time and staff always made them welcome. People were able to use the café on the first floor to entertain their visitors. One relative told us, "I'm able to visit any time. I have lunch every Sunday with [Name of person]". People were able to use a computer to keep in touch with family and friends and the home had a social media site which recorded events that occurred at the home. A relative told us, "It's invaluable, I can see what [Name of person] has been doing when I'm not able to visit".

Is the service responsive?

Our findings

People were pleased with the care and support they were receiving and told us it was responsive to their needs. One person told us, "I get lots of encouragement here. I'm able to go out regularly and I get the care I need from staff and the district nurse". People told us they were asked about their likes, dislikes and preferences and these were responded to. For example, one person told us they had a wheat allergy and their family had arranged a supply of specialist bread. They told us, "The staff know about my allergy. The bread is delivered here, the kitchen freeze it and take it out as needed. The staff are very good". Another person told us before they retired they'd had a job which meant they had to get up very early and liked to keep to this routine. They told us, "I'm up early in the morning, usually around 5am. Staff are used to it, they pop their head round the door to and ask me if I want a cup of tea". A relative told us the staff were proactive when their relation's needs changed. They said, "[Name of person] had a restricted diet when they came out of hospital, the staff had it all in hand when they got back to the home". Where people were unable to give information about their preferences, their families were asked to provide information. We saw that care plans included information about people's life history, interests, and important relationships. Staff were able to tell us about people's individual preferences and we saw that this matched what people told us and what was recorded in their care plans.

People told us their care was reviewed on a regular basis to ensure it remained relevant and relatives were invited to attend meetings to provide support if needed. One person told us, "Any senior carer can do the review which makes it more flexible and means my family can attend". Relatives we spoke with told us they felt involved in people's care and were kept informed of any changes. A relative told us, "Staff always involve me and call me if there are any changes". We saw staff kept daily records of how people were and how they spent their day and shared information during the shift handover meeting. This ensured the staff coming on to the next shift were kept up to date about people's needs.

People were supported to follow their individual interests. Some people were involved in producing two newsletters with staff, one was circulated weekly to people living at the home, the other on a monthly basis for people's family and friends. This included quizzes, items of historical interest, poems and information about activities and events at the home. One person told us, "[Name of person] writes the poems, the activities staff do the pictures and I use the computer to produce it. It shows people what they are missing and is improving attendance at different events". Some people told us they were able to use the courtyard garden to follow a daily fitness routine. One person told us, "I used to play a bit of football and I like to keep fit. I walk a few laps around the courtyard with a few other people each morning".

People told us there was a range of activities and social events on offer both in and outside the home and they were free to join in or not, as they wished. One person told us, "There are activities such as bingo, baking and icing cakes, singing. We have a minibus and go on outings to Cosford, Trentham Gardens, Lichfield Cathedral. I do lots more here than I did at home". Another person told us, "There's something on nearly every day and there's usually music playing somewhere". On the day of our inspection, we saw people enjoyed a visit from a pets as therapy dog, which stimulated lots of conversation and memories about pets people had owned. We saw that the home had links with the local community, for example local

church groups, which enabled people to follow their spiritual and religious beliefs.

On the Lea Hall suite, we saw that sensory items were available to provide stimulation for people living with dementia, for example rummage boxes and sensory mitts and a small lounge had been converted into a reminiscence room, with items of clothing and household objects from the past. We saw one of the activities co-ordinators reading the "daily sparkle" to a person, which was a newspaper which highlighted something that happened on this day in the past, to help keep people's memories alive. Activities were tailored to meet the needs of people living with dementia, for example we heard staff singing and people were encouraged to guess the name of the song and join in.

People and their relatives told us they would feel comfortable approaching the registered manager or staff if they had any concerns or complaints. One person told us, "I'd feel happy telling any of the staff if I had any concerns. The manager is always about and will always talk you". Another person said, "I'm not one to sit back if something is bothering me but I have no complaints whatsoever". There was a complaints procedure on display and records showed that any complaints were recorded, investigated and responded to promptly.

Is the service well-led?

Our findings

Our records showed that the registered manager notified us of important events that occurred in the service promptly in accordance with the requirements of their registration with us. This meant we could check that appropriate action had been taken. The registered manager was open and transparent and had kept us informed of the progress of an ongoing safeguarding investigation at the home which had identified concerns with the accuracy of training records. We saw a programme of training was underway to address this, which included reviewing the safeguarding and whistleblowing procedures at the home. Staff confirmed they were aware of the whistleblowing policy and were confident they would be supported if they raised any concerns about poor practice. The registered manager told us they had received good support from the provider during the investigation and a member of the senior management team was visiting on the day of our inspection.

People and relatives we spoke with told us about the positive atmosphere at the home and the supportive attitude of the staff and management. One person told us, "I like it here, it's the atmosphere, everyone is friendly". A relative told us, "I knew as soon as I walked in the home was right for [Name of person]. The staff are excellent". An open and inclusive atmosphere was promoted at the home. People, relatives and staff mixed easily and looked comfortable in each other's company. One member of staff told us, "There's a warmth when you walk in, everyone is happy and the staff are enjoying their work. There's a positive vibe". Staff told us the registered manager had an open door policy and recent changes in the management structure meant that all staff were clear about their roles and responsibilities. One member of staff told us, "The support is better than it's ever been". Another said, "The manager is lovely, really approachable, their door is always open if you have any concerns". Staff told us they had regular meetings to discuss any changes in the service that affected them. A member of staff told us, "If we are concerned about anything, the manager calls a meeting to reassure us".

We found that gathering people's views was an integral part of developing and shaping the service. Feedback from people, relatives and staff was captured in a variety of ways including surveys and regular resident, relative and staff meetings. One person told us, "Avery [the provider] always ask for our views via questionnaires and there are opportunities at monthly residents meetings. If there is anything wrong anywhere, it's dealt with promptly". Another person said, "You are free to say anything you want but it's hard to find something to moan about, it's absolutely brilliant here". We saw a food satisfaction survey had been carried out in March 2016 and the results had been collated for further discussion and action planning at the next resident's meeting. This showed the provider sought people's views to enable them to make improvements to the service where needed. We asked the registered manager about plans to involve people in the running of the home which were referred to in the PIR. The registered manager told us people were becoming involved in staff recruitment and there were plans to develop a resident's health and safety committee. One person told us, "I was asked to attend an interview for a recreation and leisure member of staff. I was very pleased to do so, it took me back to my days when I was in work". This showed the provider had a person-centred approach to the management and governance of the home and recognised the importance of people having a say over their daily lives.

The registered manager had systems in place to assess, monitor and improve the quality and safety of care people received. We saw the results of the recent audits of medicines, care plans, pressure areas and infection control. A detailed analysis had been carried out and plans were in place to address concerns raised. For example, for a person who had skin damage caused by pressure, we saw that further advice was being sought from the tissue viability nurse. Accidents and incidents, including falls, were monitored for trends and where required, action was taken to prevent reoccurrence, such as referrals to the falls clinic. Additional checks were carried out by the provider's senior management team and action plans were put in place to ensure any improvements were completed where needed. We saw that the findings of all audits were discussed with staff to ensure improvements were made where needed. This meant the provider took appropriate action to minimise risks to people's health and welfare and provide high quality care.