

West Midlands Residential Care Homes Limited

# Avenue House - Wolverhampton

## Inspection report

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Date of inspection visit:  
28 November 2016  
29 November 2016

Date of publication:  
12 January 2017

## 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

The inspection of this service took place on 28 and 29 November 2016 and was unannounced

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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 were supported by staff who knew how to keep them safe and free from the risk of harm. Staff could recognise problems or potential signs of abuse and would be confident to report concerns. Risks were assessed and managed safely and sensitively.

People were supported by sufficient staff to meet their needs safely and effectively. People received support promptly and when requested. Staff were recruited safely meaning that only people suitable to work in the role were appointed.

We found improvements had been made in the management of medicines. People now received their medicines safely. This is because the registered manager had introduced safe systems for administering, storing and recording medicines.

People were supported by staff who were gaining in confidence and developing their skills in order to provide effective support. Training opportunities for staff were improving to enable this to happen. Staff felt well supported by the registered manager and their colleagues. Staff understood their roles and responsibilities to ensure people's needs were met.

People's rights were protected under the Mental Capacity Act 2005. The registered manager was aware of their responsibilities under this legislation and training for staff had been planned to enhance their understanding of this in practice. Staff did however ensure people were offered choices and were involved in decision making as far as they were able.

People enjoyed meals which met their dietary needs. They had sufficient to eat and drink. People's individual preferences and cultural needs were catered for. Staff knew how to ensure people's medical conditions were not affected by their diet. Staff worked with healthcare professionals when required to ensure people's continued good health and wellbeing. This joint working ensured people's needs were met consistently and effectively.

People were supported by staff who were kind and caring. Staff were friendly and listened to people. This enabled staff to meet people's needs in ways that they preferred. People felt in control of how they were supported. People's independence was promoted wherever possible. People's privacy and dignity was respected and staff understood the importance of this.

People received a responsive service and staff accommodated people's changing needs and wishes. People did not currently have access to structured activities although this was an area where improvement had been identified.

People told us they were able to raise concerns and felt these would be acted on by the registered manager. The provider had a system to deal with any complaints. People were regularly asked if they were happy with the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon.

The registered manager provided effective leadership. Improvements had been made within the home since our last inspection. This meant people now received a better quality of care and support. People felt involved and consulted in the running of the home, as did the staff team. There were systems in place to monitor the quality of the service provided. Surveys, questionnaires and audits all reflected that the service was improving and this was having a positive impact on the people who lived at the home. Further improvements, especially in relation to the environment had been identified and timescales for achievement identified.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safe because staff knew how to protect them from the risk of harm and potential abuse.

People's needs were met by sufficient numbers of staff who provided a service that met people's needs.

People were supported by staff who had undergone pre-employment checks to ensure they were suitable to work with vulnerable people.

People were supported by staff to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who provided effective care and support. Improved training opportunities for staff enhanced their confidence, knowledge and skills.

People's rights were protected under the Mental Capacity Act 2005. Staff offered people choices and involved them in making day to day decisions.

People enjoyed a varied diet that met their individual needs and preferences.

People had access to appropriate services and on-going health care support. Staff worked with professionals to ensure people's continued good health.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were caring, kind and friendly.

People were listened to and this helped them feel in control of how they were supported.

People's privacy and dignity was respected and promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported by staff who were responsive to their assessed and changing needs.

People had their care and support needs kept under review.

People did not have access to structured activities although this was an area that the registered manager had planned to improve.

People were confident that their complaints would be listened to, taken seriously and acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager had made improvements to the quality of the service provided at the home. This was having a positive impact on the people who lived there.

The provider had a refurbishment plan. It identified areas for improvement in relation to the environment and it set timescales for achievement.

People were involved in the running of the home. Their views were sought and their suggestions were acted upon.

There were procedures in place to monitor and review the quality of the service.

# Avenue House - Wolverhampton

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 28 and 29 November 2016 and was unannounced.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided.

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.

The inspection team consisted of one inspector.

As part of the inspection we spoke with seven people who used the service and three visitors. We spoke with the registered manager, the environmental manager and four staff.

We looked in detail at the care of four people who received a service and reviewed records relating to their care. We also looked at medicine records, recruitment records and records relating to the management of the home which included quality audits.

# Is the service safe?

## Our findings

People were protected from harm because staff were confident they could recognise and report abuse or poor practice. A relative told us, "I have previously worked in care so I'm confident to recognise the signs that something wasn't right. I have no concerns at all." Staff told us that they, "wouldn't hesitate" to say if they saw anyone behaving in an abusive manner. They were also confident the registered manager would take appropriate action. The registered manager told us, "I want people to be happy and safe." They understood their roles and responsibilities in relation to ensuring this happened.

People felt safe and well supported at Avenue House. One person told us they felt safe because staff knew what they were doing and this gave them confidence. They said, "I feel safe. There is no danger here." Other people said the equipment staff used made them feel safe. For example one person said, "I have a special chair to help me in the bath. I feel safe with the seat. I don't slip and slide about."

Staff were confident they always took action to remove or reduce risks to keep people safe. Staff promoted health and safety and safe working practices to keep people safe. We heard staff offering people reassurances when they talked about risks in relation to their care and support. For example one person asked staff why they should use the lift when they could use the stairs. The staff member reassured the person that the reason was because they had had a couple of falls and so the lift would be safer. One person had told staff they would not use a certain piece of equipment that would help them to be moved safer. Staff told us that because of their refusal they had assessed the risks of alternative support and were using the person's preferred method while it remained safe to do so. The person told us that they were happy with the support they received when being supported to move from one place to another.

A relative told us, "Staff manage risks well. They put bedsidings up for my [family member] after they had had a fall. There have been no further falls since."

People were supported by staff who had sufficient time to carry out tasks required of them safely. People told us staff had time to meet their needs. One person said, "You never have to wait. If you call staff they come straight away." We saw staff able to spend time with people. Staff appeared unhurried and relaxed. Staff told us that there were enough staff on duty to meet people's needs. The registered manager considered staffing levels were adequate as did visitors to the home.

People were supported by staff who had been recruited safely. Staff told us they were subject to pre-employment checks which included references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. We saw two staff files that reflected this process was followed.

People's medicines were given to them in a safe way. We found improvements had been made in this area since the time of our last inspection. People required varying levels of support. One person managed their own with only minimal support from staff. This person told us how they managed their own medicines but staff stored it for them. They were happy with this arrangement. Where people needed staff to administer

their medicines we saw that this was done at the required time and in the correct dose. One person told us, "I know how many tablets I take and the times that I take them." They said, "They always arrived on time."

We saw how staff completed records to reflect they had given the medicines. One person had pain relief as and when they required it. We heard the staff member ask the person if they needed it. They provide immediately upon their request. We found that it had not always been documented under what circumstances staff should administer certain medicines. The registered manager was confident that staff knew but agreed the guidance was quite general. They committed to add more detail to records to clarify arrangements.

We saw staff administered prescribed topical cream during personal care. They were required to record that they had done so. The senior staff member in charge of the administration of medicines on that day had to observe that it was done and they signed the 'official' medication administration charts to reflect this.

Staff told us that they had received training before they administered medicines and this gave them confidence to do it safely. One staff member told us, "The training was really good." They also told us how they had been observed in practice to ensure they administered people's medicine correctly.

The manager audited medication processes. They told us, "There have been no recent medication errors. We have really stepped up." They said that they worked with a new pharmacist who was provided good monitoring and support. We saw their last audit which reflected arrangements were good.

We saw that medicines were being stored securely although the room was not locked (as required by the registered manager for safety reasons) when we first arrived at the home. This was however immediately rectified.

Medicines were well organised and temperatures of the fridge and the storage room were monitored to ensure they stayed within safe limits for storing medicines.



# Is the service effective?

## Our findings

People who used the service told us that they received good support from staff. People considered that staff knew them well and as a result could provide effective care. One person told us, "They know everything they need to know about me." Another person told us how they liked staff to know exactly how they wanted to be supported. They said, "Staff know what they are doing. They have lots of experience. Some are new and it takes them a few weeks to get to know us." Another person said, "Staff know what I like. The experienced carers showed the new ones what to do." One person who used the service shared positive feedback about a new member of staff. They told us that they felt confident in their ability.

People told us that they thought staff were well trained. Staff told us that training opportunities had improved over the last twelve months. They told us that as a result their confidence was increasing. One staff member said, "Training is improving and it is relevant to our role." The registered manager said that they liaised with their training provider prior to training to outline any specific areas to cover. This made the training relevant to the people who used the service. They also said that the registered manager met with them after the training to discuss the detail of what they had learnt. One new member of staff had not yet attended formal training although they were signed up to the Care Certificate. The Certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life. The new staff member told us that their induction had, so far, been good. They were confident that they knew how people's needs should be met.

Staff told us about some recent training that they had attended to give them an insight into what it was like to live with a visual impairment. One staff member told us, "It was very good. It made you realise how people have to trust you." They felt that this insight had helped them to be more understanding of the challenges people with a visual impairment faced.

People received care and support from a staff team who felt supported in their role. One staff member told us, "We have good support from the registered manager." A new member of staff told us, "It's good I'm really enjoying it. I am being well supported." We saw how the registered manager worked alongside staff and also provided them with opportunities to speak with them on a one to one basis. These meetings gave staff the chance to discuss their personal and professional development.

People were fully involved and consulted about all aspects of the care and support they received. For example, we heard staff ask people where they wanted to sit, what they wanted to eat or drink, whether they were comfortable etc. People made their own decisions. On occasions staff offered people reassurance or more information so they could make decisions. People were given time to make decisions and choices. We also heard staff ask if it was ok to support them prior to any assistance being given.

Staff understood the importance of seeking people's consent. They told us people were always asked. Staff said that when people were unable or unwilling to make decisions and choices they knew people well enough to act in their best interests. For example, one person was unable to say where they wanted to sit

but staff knew that they liked being in the dining room where it was quieter. This was where they took them and the person seemed happy with this. Such preferences were recorded in care plans to make sure information was available to all staff. Staff told us that they looked out for non-verbal signs that a person was making a choice. For example if their body language was not relaxed they knew the person was not happy.

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 of 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 checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and some staff had received training to enhance their understanding as part of an on-going programme. The registered manager had made a number of DoLS applications to support people who they considered may be having their liberty deprived. We looked at one application in detail. It reflected the issue and detailed how staff were acting in the person's best interests while the application was being processed.

People had sufficient to eat and drink. They told us that the meals at the home were good. One person said, "We have nice meals they are lovely." Another person said, "The food is very nice and there is plenty of it." People shared examples of having meals that were particular favourites of theirs. One person said they loved fish and fish was regularly on the menu. Another person said they liked liver and we saw this was on the menu on the day of the inspection. People said the cook came to their room every morning to discuss meal options. One person told us, "I like a bacon and egg sandwich for breakfast and I have it every day. Lovely."

Relatives told us the food looked of good quality and confirmed there was always a choice.

Staff were aware of people's dietary needs and preferences. One person enjoyed meals that reflected their culture. The cook told us how they regularly incorporated food that reflected people's cultural needs onto the menu. They told us that others also enjoyed them. For example the spicy chicken was always popular.

We saw care plans for eating and drinking were in place. They gave staff guidance on what people could and could not eat. They also identified the impact of their medical conditions on food that they could eat. One person had recently being diagnosed with a specific medical condition. The condition was affected by their diet. Staff knew what the person could and could not eat. The cook had been made aware and was developing more meals that would be suitable for them.

People told us that there was a choice at tea time and the choices had recently improved to include a hot option. We observed lunch to be relaxed and informal. People chose where they sat and were served the meals they had chosen earlier in the day. Meals arrived on a trolley and were served by staff. We noted that, given the time between the two courses, the pudding remained on the trolley and was not kept warm. We spoke with three people about this who all said that the temperature of their pudding was 'fine'.

People did not have a drink with their meal initially but this was served after the main course. We saw that some people used plate guards and assisted cutlery to promote their independence while eating. Where

people required physical support to eat their meals we saw staff were attentive.

People's weight and hydration was monitored when necessary. Staff completed records to support this. Support plans did not however identify what should happen if the required amounts were not taken. The manager told us that they monitored these records and would document acceptable ranges for staff to be aware of.

People were supported to remain fit and healthy. Everyone we spoke with told us that their health care needs were met. One person told us, "I see the doctor when I need to. They come out at any time. The other night it was after 10 o'clock." We saw doctors recorded their visits and the outcomes. Staff told us that this meant they could carry out the doctor's instructions to keep people well. People also told us they had visits from opticians and chiropodists. Again these were documented.

The staff worked closely with district nurses. Records from the nurses were kept up to date and staff shared information about people's progress with them. For example one person was seeing the nurse to have their leg dressed.

We saw information about people's medical conditions was well documented

# Is the service caring?

## Our findings

People were supported by staff who were caring and kind. One person described staff as being, "Very caring." Another person said, "Staff are like your own family. They are marvellous." Relatives and visitors to the home also said that staff were kind. One relative told us that their family member, "Has been treated like a queen."

People told us that staff were polite and always treated them with respect. One person said, "They have very good manners." Another person valued the fact that staff addressed them in their preferred way and respected their decisions. One person said, "They support me how I like to be supported. This is important to me." People told us that staff were friendly. Two people particularly liked one member of staff who they said, "You can have a laugh and a joke with."

People told us that staff were compassionate. We saw staff offered reassurance and comfort to people when needed. Their calming approach was effective and we saw people calm down and relax as a direct result.

People received individualised care and support. Staff knew people's individual needs and preferences and their preferred routines. Care records documented these so that new staff could read them and get to know people if they were unable to share their wishes verbally. These records were being improved by the registered manager to be more person centred. One person had cultural needs which staff respected and supported. The registered manager told us how staff had worked closely with two families to meet cultural needs in relation to washing and in the event of the person's death.

People told us they were involved and consulted about how they wanted their care and support needs to be met. We heard staff ask people to express their views and make choices throughout the day. Some people told us that they had been involved in their initial assessments when they moved to the home. One person told us their support had recently been reviewed and they had been involved in the process. Relatives also told us that they were involved and consulted as appropriate in relation to their family member's needs, preferences and wishes.

People were supported to be as independent as they were able. One person told us that they liked to be fully independent. Other people told us how they completed some personal care tasks independently and then staff helped them with others. One person's plan said "I am able to do small tasks such as washing my hands and face. Staff give me time to do this."

Everyone we spoke with felt listened to by staff and the registered manager. They told us that the registered manager spoke with them regularly about their care and support. They told us that any suggestions made in relation to how they liked to be supported were listened to and changes were made to care plans to reflect these. For example one person had said they liked to have more time in a morning to wake up. This was supported.

People told us how they enjoyed spending time with other people who used the service. Some people had

forged very close friendship groups and they enjoyed each other's company. A relative told us "[My family member] has developed friendships and these have been encouraged and supported." Visitors told us that they were always welcomed at the home. People were supported to maintain relationships with people who were important to them. Staff worked closely people's families to ensure continuity. Relatives felt involved and consulted.

People told us staff always treated them with dignity and respected their privacy. People gave examples of how doors were closed during personal care and any support required in communal areas was discreet. We saw staff discreetly adjusting people's clothes to protect people's modesty. One person told us, "They always close the door when I'm in the bathroom." We saw staff closing doors for people who went into bathrooms. Staff told us that they always treated people with dignity and respect. One staff member shared examples of how they promoted and maintained people's privacy and dignity. They said, "We cover people when we do personal care and always close doors." Staff also told us that any personal care including visits from doctors and nurses always took place in people's own rooms.

# Is the service responsive?

## Our findings

People received a responsive service that met their individual support needs. One person told us, "You can ask any of them [the staff] anything and they will do it for you." Another person said, "The staff are lovely. They will do anything for you." People told us how staff came promptly if they requested help or support. One person said, "I've got a buzzer. They come if you want anything."

People were satisfied that staff met their needs in ways that they preferred. One person was very specific about how they wanted to be supported. They told us that staff could accommodate this. People told us that nothing was too much trouble for staff and that they always responded promptly to requests. One person told us, "If you want to go to the toilet staff take you straight away. They are very good like that. Any of them will take you." Another person said, "Staff come quickly if you need them." Relatives told us that they considered the service to be responsive. They felt that the staff could respond effectively to people changing needs, especially as these needs became greater.

People told us they had their support needs had been assessed and they were also reviewed to ensure they reflected current arrangements. People told us that they could get up and go to bed when they wanted and staff also had the flexibility to offer support when required. Staff knew people well and were responsive to meet their identified needs.

We saw how each care file had a 'pen picture' of the person it belonged to. The information was sensitively recorded and very personable. Those we saw reflected what we observed during the inspection which suggested they were an accurate reflection of the person. Care plans in general were described by the registered manager as, "A work in progress." We found information was recorded but not easy to find.

We saw a group of people shared some general concerns with a staff member. The staff member listened to what they were saying and responded sensitively but reassuringly. They recognised the people's concerns but also promoted positive relations with others who lived at the home. The staff member diffused an escalating situation professionally and with tact. People were reassured by their response. We heard another member of staff explain to one person why they were being asked to do exercises and use particular equipment. When the person refused the advice the staff member helped the person think of an alternative arrangement that would be acceptable to them. The staff member was then able to accommodate this change in the support they offered.

The registered manager gave us examples of how they were responsive and had improved the service as a result. For example they had arranged for a befriender for one person who they thought would benefit from speaking with someone who could relate to their personal circumstances. They changed the carpet in the lounge after noticing that people with dementia care needs seemed to be hesitating when they walked in. The change meant that people felt more able to enter the lounge. The cook had revamped the menu after talking to people and identifying that people were not keen on pasta.

People told us that they used to enjoy structured activities but there currently weren't any. One person told

us, "There is not much going on during the day." A staff member told us, "Activities are our down fall." People were not dissatisfied with current arrangements as they could all recall recent activities that they had enjoyed. One person told us, "I like to go and sit outside in the sun. I am able to do this." The registered manager told us that the person employed to arrange activities had left and they were in the process of recruiting someone new. Staff told us that they had a number of activities organised over the Christmas period and people told us that they were looking forward to parties and carol concerts.

We saw staff engage people in impromptu activities such as singing and dancing. One person loved dancing and on three separate occasions we saw staff singing and dancing with them. The person responded by smiling and singing along. We saw one person had a basket with special items in. They shared their pictures with us. They clearly treasured the contents of the box and had great pleasure looking at them. Staff understood the importance of the items and made sure the box was safe while the person ate their lunch.

We asked people what they would do if they had a worry or a complaint about the service provided. People told us that they would speak with staff or the registered manager. One person told us that the registered manager, "Will come round and ask if everything is alright. Occasionally I have a complaint but they sort it." The registered manager told us, "I see people every day so I hope to hear concerns before they become complaints."

The registered manager took a proactive approach. They regularly spoke with people to see if they were happy. The complaints procedure was prominently displayed and for the future the registered manager will look at producing it in an easy to read format to make it more accessible. Complaints were managed sensitively and resolved to people's satisfaction. The registered manager had investigated one recent complaint and apologised to the complainant.

One person told us about a complaint they had made. They said that it was dealt with promptly and they were satisfied with the outcome. We later saw this complaint appropriately documented by the registered manager. Most people told us that they had not had to make a complaint about the service provided. They said, "It's perfect here. We have nothing to complain about." A relative told us, "We are very pleased, we are happy. No complaints. No concerns at all. The manager is approachable."

## Is the service well-led?

### Our findings

People who we spoke with told us that they thought the home was well run by the registered manager. One person told us, "Its fine here. Well run. I'm very happy." Another person said, "I'm happy with the service provided."

Relatives told us that the registered manager was approachable and liaised regularly with them which meant they felt involved and consulted. The registered manager told us how they tried to involve people in the running of the service. They told us they had arranged meetings which had not been very popular. They said that no one attended the last meeting so they went round and met with people individually instead. We saw how they had recorded this.

Staff told us they felt well supported by the registered manager. One staff member told us the registered manager had told them, "Any issues come to me." Staff said meetings took place to discuss the running of the service and the quality of the care provided. We saw that the last meeting held with the catering staff prompted the meals review that people had told us about. Staff told us that the manager listened to them and was an effective manager. One staff member told us, "They are very good. Very supportive."

Staff told us that they would be confident to raise concerns. They knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally without fear of reprisal.

Visiting health and social care professionals were confident that the registered manager was committed to ensuring that the home was well run. They all told us how the registered manager worked openly with them to make improvements and address issues.

The registered manager told us how they met with outside agencies to improve communication and the service. For example they showed us a record of a meeting with the manager of an agency who supplied them with staff. The minutes identified there had been an improvement in communication since these meetings started.

Since the time of the last inspection we noted a number of improvements made to systems and processes. For example, the registered manager had begun to address issues of staff absenteeism by introducing a return to work interview and some very specific guidelines about staff reporting sick. They told us that the numbers of staff taking odd days off had reduced and as a result people were getting a more consistent service.

We saw that the registered manager regularly audited records to ensure they were accurate and up to date. We saw how checks were made to care records, medicine administration, recording processes and other areas pertaining to the running of the home. Staff told us about their roles in relation to the audits and said that the registered manager reviewed them upon completion. The audits we saw in relation to medicines, care plans and food reflected that high standards were being achieved. This suggests that the current monitoring arrangements were driving improvement to the service people received.



We saw that the registered manager had identified that the environment was an area where improvement was required. In particular they told us how they had worked to improve infection control systems in the home.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered manager was aware of their responsibilities in relation to this. A notification is information about important events which the provider is required to send us by law. Prior to our inspection the registered manager provided us with detailed information that accurately reflected what we found during the inspection. This suggested that the registered manager was aware of how the home was performing and what they had to do to improve it.

People told us that they had completed questionnaires about the running of the home. We saw how questionnaires were readily accessible at the main entrance to the building. We saw some completed questionnaires including one from a person who used the service. Latest questionnaires (seen) identified that people wanted the tea time menu improved. We saw how this was being actioned demonstrating people were listened to and their suggestions were implemented by staff.