Avery Homes (Cannock) Limited

Alma Court Care Home

Inspection report

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20 March 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Alma Court is a care home that provides nursing and personal care for older people, most of whom are living with dementia. At the time of the inspection, 61 people lived at the service. The home is divided into six separate units, each with its own communal areas.

People's experience of using this service:
● At the last inspection in November 2017, we rated the service as Requires Improvement and found that improvements were needed in a number of areas including moving people safely, ensuring people's records were kept securely and making sure all checks were carried out effectively.
● At this inspection, we found some improvements had been made but further improvements were needed to improve the quality of the service.
● At the time of this inspection, the home was going through a period of significant change. A new manger was in post who was starting to address areas of concern that had been raised by relatives and visiting professionals.
● We found that improvements were underway but more time would be needed to complete all the required actions and work to ensure people received a consistently good service.
● People received their medication at the right time but improvements were needed to some aspects of the management of medicines. Staff had a good understanding of the risks people faced and knew how to identify and report concerns.
● We saw that most units had sufficient staff to keep people safe but people were left unsupervised on occasions and some relatives and staff thought staffing levels needed to be increased.
● Some people required more encouragement and support to ensure they ate meals but people had access to food and drink and were now maintaining healthy weights.
● People's consent was obtained before care and support were delivered and the service was working within the principles of the Mental Capacity Act. Staff were well trained but needed to access more regular supervision to reflect on and improve their practice.
● People were treated with respect and dignity and staff were patient with people when they were distressed or upset. Relatives were made to feel welcome in the home at any time and improvements were being made to the environment to ensure it was more stimulating and relevant to people's needs.
● Improvements were still needed to ensure care plans and paperwork were kept up to date and reflected people's needs. Relatives told us they thought communication could be improved to ensure they were kept up to date with any issues or concerns. Relatives were also concerned about how the laundry service was being run.
● Complaints were promptly and thoroughly investigated and people had the choice to take part in activities that were on offer in the home. Improvements were required to ensure end of life care was properly planned for.
● The provider and managers were open and honest about the improvements that were required and the leadership team has the capacity and ability to take the necessary steps to improve the service.

● Staff and relatives were generally happy that the service was moving in the right direction and that improvements were being made.

More information is in the detailed findings below.

Rating at last inspection:
Requires improvement (report published 11 January 2018).

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Enforcement:
No enforcement action was required.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not consistently 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?

Requires Improvement

The service was not consistently well-led.

Details are in our Well-Led findings below.

Alma 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two inspectors, three assistant inspectors, one specialist advisor (who was a qualified nurse) and two Experts by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:
Alma Court is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. However, the manager was in the process of applying to be registered with us.

Notice of inspection:
The inspection on 19 March 2019 was unannounced and one inspector returned on 20 March 2019 which was announced.

What we did:
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; and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) that had been submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with two people and 11 relatives to ask about their experience of the care provided. 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 to us.

We also spoke with 13 members of care staff, two nurses, the head cook, the manager, the deputy manager, the activities co-ordinator, the trainer and the provider's head of dementia care.

We reviewed a range of records. This included ten people's care records and medicine records. We also looked at four staff files around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

We have inspected this key question to follow up the concerns found during our previous inspection on 14 November 2017. At the last inspection, we asked the provider to ensure there were improvements to moving and handling processes to ensure people were moved safely. We found that these actions had been completed.

Using medicines safely

● Records showed that people received their medication at the right time and relatives supported this view. Some people required medication 'as and when' required (PRN) and one relative told us they observed staff asking people if they needed these medicines. However, records did not consistently show whether these medicines were having a positive impact in terms of pain relief or reducing their anxiety.

● Medicines were stored and disposed of correctly and staff received training in how to give medicines safely. However, the stock of medication stored in the home did not always match records. The provider was in the process of implementing a new electronic MAR system (Medicine Administration Record) which was hoped would improve the accuracy of medication systems.

● Some medicines were being given covertly as it had been assessed as this was in their best interests. We found that agreement and consent to give medication in this way had been requested from medical professionals or people's representatives to ensure it remained in people's best interests. Other people had been assessed as needing to take their medication with food or drink due to swallowing difficulties and the provider sought consent from GPs and pharmacists to do this.

Staffing and recruitment

● Relatives and staff had mixed views on staffing levels. One relative told us, "The system doesn't work because there is not enough adequate supervision" and one member of staff said, "We are always short staffed and things don't always get done to the highest standard as we are rushed." Another relative said, "I think there is enough staff."

● We observed staffing levels in the different units during the inspection. Most units were well staffed and people did not have to wait long for care and support. However, we did see one unit which was short staffed for a period which meant people were left unsupervised and put at risk. We spoke to the manager who agreed additional staff could have been deployed from another unit to ensure people were safe.

● We spoke to the manager about staffing levels and saw that they were using a dependency tool which was reviewed weekly. This indicated there were sufficient staff to meet people's needs. Some relatives told us they were concerned that some 1-1 staffing had recently been withdrawn from the home but the provider assured us that additional staffing had been provided where 1-1 staffing had reduced.

● Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

● Some risks that had been assessed were not reflected in people's care plans. However, staff knew about the risks people faced and we saw that action had been taken to reduce the level of risk . For example, some people had sensor mats in their bedrooms to monitor their movement at night if they were at risk from falls.

● We saw that people had access equipment such as walking aids and a lift to help them move safely around the home and we observed staff moving people safely in line with their care and support plans.

● Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and moving and handling equipment and we saw the environment was free from clutter to reduce the risk of trips and falls.

Systems and processes to safeguard people from risk of abuse

● We were aware from information received prior to the inspection that there had been a high number of incidents in recent months where people had hurt each other. These had been reported and investigated and the provider had taken steps to reduce the risk of harm. For example, some people had been moved to other units which were more suitable to their needs and levels of support had been increased.

● People told us that staff kept them safe in the home. Comments included, "I can't go outside on my own, so I am safer staying here" and "I am ok, I am well looked after here". The feedback from relatives was mixed. Some relatives were concerned about whether there was enough staff to ensure people were supervised but others recognised that the home had made improvements to safety arrangements.

● The provider had effective safeguarding systems in place. Staff had received training in how to recognise abuse to protect people from harm and were able to tell us who they would report concerns to. Staff were confident that action would be taken if they raised concerns. One member of staff said, "I would discuss with managers if I felt uncomfortable and if they ignored it, I would take it further."

Learning lessons when things go wrong

● Incidents and accidents were investigated and actions were taken to reduce the risk of re-occurrence. For example, one relative said, "My relative now has a sensor mat and a walker which has helped."

● A new incident record form had just been introduced to ensure staff reflected on incidents to try and understand what may have triggered each incident. We saw that this was starting to have a positive impact. For example, we saw that one person's care plan had been updated to ensure they received additional support following family visits as it was thought they found these times difficult.

Preventing and controlling infection

● The home was clean and staff used personal protective equipment to reduce the risk of infection. The local authority had recently completed an infection control audit in the home with a positive outcome.

● We saw that the home had recently improved hygiene standards in the kitchen and had been awarded a five star food hygiene rating.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives were generally happy with the food provided. One relative told us, "Yes, I am sure the food is wonderful and [person's name] is on a soft diet." We saw drinks and snacks being offered throughout the day and people had access to food choices in line with their cultural preferences or dietary requirements. However, we did observe one person asking for a specific food for lunch but was told that item was only available for breakfast.
- We observed lunch in all of the units and we saw that people could choose to eat in the dining rooms, lounges or their rooms. Staff were available to support people but in some units, were not always proactive in supporting and encouraging people to eat and drink. This was supported by the views of some relatives. For example, one relative told us, "I feel I have to help out at meal times to make sure that my husband gets his meal." Another relative told us "Staff do not have much time and patience to feed [person's name] so I visit twice a day to make sure my wife is fed properly." In other units, staff spent more time with people and did not rush people who needed to take longer to eat their food.
- We saw that improvements were being made to ensure food and drink were provided in line with people's needs and routines. For example, more finger food options were being provided because some people preferred to eat whilst on the move and all units were provided with snack boxes as some people enjoyed hot snacks during the evenings and overnight.
- Records showed that people's food and fluid intake was recorded and monitored if people were at risk from weight loss. The manager carried out a monthly review of people's weight and ensured action was taken if concerns were noted. For example, some people were now being weighed more regularly or being given high protein drinks to support their diet. These records showed that people had maintained their weight in the last two months.

Staff support; induction skills, knowledge and experience

- Staff told us and records showed that a significant number of staff were not receiving regular supervision or an annual appraisal. This meant that staff did not regularly have the opportunity to reflect on their practice or development.
- People were supported by staff who had received appropriate training to enable them to deliver effective care. There was a system in place to monitor and ensure that staff training was up to date, and refresher training was completed.
- New staff completed an induction and mandatory training when they first started work in the home. Staff told us about more recent training that all staff had received around dementia care and some staff had booked to attend end of life care training which was being delivered by a local hospice

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Staff had received training in MCA and DoLS and we saw that staff tried to obtain consent before delivering care and give people as much control as possible.

● Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, sensor mats had been fitted in some bedrooms to monitor people's movement when they were at risk of falls. This was seen to be less restrictive than having bed rails.

● Mental Capacity assessments had been completed appropriately and DoLS applications had been made when people did not have the capacity to consent to receiving care and treatment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● People had access to visits from external healthcare professionals such as community psychiatric nurses and occupational therapists. Records showed that people were referred to specialist teams when required.

● Staff were vigilant in monitoring people's health, such as checking people's bowel movements and skin when required.

● There were systems in place to ensure staff knew about changes to people's care and support, although some staff told us it was difficult to catch up if they had been off work for a while. The manager was aware of this and was introducing a written handover system which staff could read rather than having to refer to individual files.

Adapting service, design, decoration to meet people's needs

● Communal areas were spacious and well laid out and people could choose to spend time in their rooms or in communal areas. There were separate lounges which enabled people to have some privacy when family and friends visited.

● Work was underway to make the home more suitable for people living with dementia. Some units had recently been decorated and people's doors had personalised pictures of their favourite things to help them recognise their rooms. Signage was clear and furniture was on order for corridor spaces so that people had more choice where to spend time.

● The provider had also started to purchase pictures for corridors which staff and visitors could use as conversation topics.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed prior to admission and were reviewed every month.

● Records showed that the management team made referrals to healthcare professionals appropriately in order to deliver care in line with best practice guidelines.

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.

People's needs were supported with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and professionals were mostly positive about the staff's caring attitude. One person said, "Some of the carers are very good. I get on well with them". One visiting professional added, "Things have improved in the last few weeks here. I have noticed an improvement in the attitude of the staff and have observed some good interactions".
- We observed staff supporting people with calmness and patience. For example, one member of staff was reassuring one person who was distressed by holding hands and rubbing their back, as outlined in the person's support plan. One relative told us, "Some carers are very sympathetic, thoughtful and interact with [person's name] who is able to understand them. Despite the issues, they manage to communicate effectively".
- Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when delivering their care. For example, we saw that people's rooms had life history boards with information about each person's past. This helped staff to respect people's individuality and diversity and understood how people's past experiences could affect their responses now.

Supporting people to express their views and be involved in making decisions about their care

- People were asked to make choices about everyday life in the home such as what they wanted to wear and where they wanted to sit. We observed one person being given the choice of which toilet they wanted to use..
- Two people told us that they were free to choose when they wanted to get up and go to bed at any time and we saw another person choosing to stay in bed and have their breakfast at 11.30am.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. Staff supported people to do things for themselves where possible. For example, some people were getting around the home independently using walking frames.
- People's dignity and privacy was respected. For example, we saw that staff always knocked on their bedroom doors before entering and we observed maintaining people's dignity. For example, we saw staff alter one person's trousers when they were catching their slippers and supporting another person to get dressed before coming in for lunch.
- People were supported to maintain and develop relationships with those close to them. There were a number of visitors during the inspection and relatives told us they were made to feel welcome at any time.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them control

● Peoples' needs had been assessed and care and support was provided in line with these assessments and peoples' preferences. Care plans were personalised and some contained good detail about how people wanted to be supported and their needs.

● Other relatives were aware of care plans and told us they had been involved in updating them but some did not know whether their family member had a keyworker or whether there had been a recent review of support.

● There were activities organised on the day of inspection that people enjoyed and we saw that people had a choice of whether to join in. The provider had recently appointed two activity co-ordinators who were in the process of supporting staff to find out what activities people would enjoy. This information was going to be used to further develop the activity plans for the home. ● Progress was being made in introducing life story boxes and boards with support from families. These were being used by staff, visitors and professionals as a way of aiding conversations and spending time with people.

End of life care and support

● Some care plans did not record whether people and their relatives had been asked about people's individual wishes regarding end of life care. We spoke to the manager about this and plans were in place to do this.

● Some staff were due to attend end of life care training and we saw that the provider had received some compliments about the end of life care that had been delivered to people. One such letter said, "Many thanks for making our Dad happy through his last months – especially the lovely caring ladies and gents."

Improving care quality in response to complaints or concerns

● People and relatives we spoke with knew how to complain and felt confident that any concerns would be dealt with quickly. One relative told us how they felt listened to by the manager. They said, "If something is raised, it does get done." There was a complaints policy available in the home for people and their relatives to use.

● The provider had received 11 complaints in 2019; most of these were around missing laundry items and staff conduct. All had been responded to promptly and investigated with any outcomes being clearly communicated.

● The provider had received a range of compliments from families and professionals thanking them for the support and care that had been provided.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- There were a number of new systems and processes being introduced at the time of the inspection aimed at improving the quality of the care offered. These included new handover records, new behaviour records and checks on weight loss and personal care.
- We saw that there had been some improvement in some areas of practice; however, more time was needed to ensure these changes were fully embedded across the home and before there was a positive impact on people's care and support. For example, in response to some concerns, the manager had introduced a new process for each unit to monitor people's bowel movements when required. We saw that the first audit of this was being carried out on the day of the inspection to see how effective this had been.
- There were clear plans in place to address areas for concern and action was being taken in some priority areas. For example, the provider had recruited a number of permanent staff to reduce the need for agency staffing.
- Staff told us that the manager would challenge staff and address areas of underperformance. One member of staff said, "The staff ran the home before but this has changed. They know the manager is not a soft touch and this is what is needed".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives had mixed views on how well the service engaged with them. The provider had held a recent meetings for relatives which was well attended and was used to hear concerns. Relatives told us they appreciated being invited and welcomed the chance to meet managers and staff. One relative told us, "The meetings are well structured and I can raise any matter."
- Other relatives told us they had not been asked for their views or that they had completed questionnaires but had not received any feedback about concerns they had raised. Some relatives told us they thought communication could be improved to ensure they were aware of any issues or incidents. One relative told us, "I attended a meeting today but there was no information given to me and as far as I am concerned, the communications are bad."
- The manager and deputy were manager were visible throughout the day and took time to speak to people, their relatives and the staff team.
- Staff were generally positive about the impact the manager was having on the service; one member of staff said, "[Manager's name] gets things done and is very hands on. They listen to what staff say and is working with us."

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

regulatory requirements

● Relatives were generally unhappy with the laundry service in the home and complained that people's clothes went missing on a regular basis. One relative said, ""When [person's name] moved here, all of their clothes disappeared, they are still missing and we are fed up." We spoke to the manager who was aware of this as it had been raised at a recent relative's meeting. Plans were in place to change the system for collecting and delivering laundry items but this was yet to take effect.

● The provider had notified us of various incidents and events as they are required to do.

● A range of checks and audits were carried out to monitor the performance of the service and staff. These included checks on falls, medication, health and safety and care plans. The manager and deputy manager also carried out spot checks overnight.

● We saw that action was taken as a result of these audits; for example, we saw care plans being updated and improved following audits.

● We saw that the provider took an active interest in the running of the home and completed visits and checks to monitor how well the home was being run. The manager told us they felt well supported by the provider and we saw evidence that the provider was willing to allocate time and resources to help the home to improve.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

● The manager and deputy manager led by example and were committed to improving the service and developing a culture of high-quality care across all staff teams. There was a shared vision from leaders and managers about what improvements were required and how these would be achieved. One member of staff said, "The atmosphere is gradually getting better; the first few weeks were hard because some staff left because they didn't want to change."

● Managers and the provider were open and transparent during the inspection and demonstrated a willingness to listen and improve. This was supported by the view of a visiting professional who said, "The managers are very open to criticism – they will listen and respond,"

Working in partnership with others

● The service had good links with the local community and the provider worked in partnership for people's benefit. For example, partnerships had been developed locally to enable people to visit coffee shops and take part in activities.

● The manager told us that people were not all receiving a good level of service from local GP surgeries; we saw that the provider had raised this with the relevant authority to improve the service people received.

● Visiting professionals told us that the service was working in partnership to review the levels of care and support that were being commissioned to ensure people were getting the care they needed.