

Mr & Mrs D Evely

# Averlea Residential Home

## Inspection report

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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 

### Overall summary

We carried out this unannounced inspection of Averlea Residential Home on 31 July and 7 August 2015. Averlea Residential Home is a care home that provides personal care for up to 14 older people. On the day of the inspection there were 14 people using the service. The service was last inspected in November 2013 and was found to be compliant with the regulations.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

People told us they felt safe living at Averlea Residential Home and with the staff who supported them. People told us, "It's wonderful here, like being on holiday", "I like it here" and "It's a very happy place".

On the day of our inspection there was a calm and relaxed atmosphere in the service and staff interacted with people in a kind and sensitive manner. There was a

# Summary of findings

stable staff team who had a good knowledge of each person's needs. People and visitors spoke well of staff and said staff had the right knowledge and skills to meet people's needs. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

Staff interacted with people in a caring way, appropriate to people's individual needs. People told us, "They [staff] are looking after me", "All the staff do their job really well" and "Staff are all very polite".

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were good opportunities for staff to receive on-going training and for obtaining additional qualifications. Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or in their bedroom. People were seen to enjoy their meals on the day of our visit.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. People told us the registered manager and staff were very approachable and they were regularly asked for their views and involved in the running of the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People and relatives told us they considered the service to be safe.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Good



### Is the service effective?

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Good



### Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to

Good



### Is the service well-led?

The service was well led. There was a positive culture within the staff team with an emphasis on supporting people to be as independent as possible.

Staff said they were supported by the registered manager and owner and worked together as a team.

People and their families told us the registered manager was very approachable and they were included in decisions about the running of the service.

Good



# Averlea Residential 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 unannounced inspection took place on 31 July and 7 August 2015 and was carried out by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well

and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people living at Averlea Residential Home and two relatives. We looked around the premises and observed care practices on the day of our visit. After our visit we spoke with the local community nurse team by telephone.

We also spoke with three care staff, the registered manager and the owner. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Averlea Residential Home and with the staff who supported them. People told us, “It’s wonderful here, like being on holiday”, “I like it here” and “It’s a very happy place”.

Staff had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. Records about any risks included a manual handling plan. This plan gave staff clear guidance and direction about how to use the identified equipment to support people safely when assisting them to mobilise. Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events.

Staff encouraged and supported people to maintain their independence. The balance between people’s safety and their freedom was well managed. The door leading into the garden was open and we saw people went into the garden independently, as they chose to. This included people with walking frames who used a ramp to go into the garden on their own. Staff were around to support people should they need it and we saw staff discreetly checked if people were safe while respecting their wishes to make their own decisions about risk.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Averlea. People and visitors told us they thought there were enough staff on

duty and staff always responded promptly to people’s needs. On the day of the inspection there were two care staff on duty from 8.00am to 8.00pm, one from 08.00am to 11.00am and another from 12.00pm to 06.00pm for 14 people. In addition there was a cleaner, the owner (who was the cook that day) and the registered manager. People had a call bell in their rooms to call staff if they required any assistance. People said staff responded quickly whenever they used their call bell. We saw people received care and support in a timely manner.

We discussed with the registered manager how they decided on the numbers of staff on duty. They told us they monitored people’s needs daily and made any adjustments to staffing levels as required. It was clear the registered manager knew everyone well and, because they worked alongside staff, they were aware of people’s changing needs. Staff told us they would always update the manager if an individual’s needs changed, including contacting them when they were not on duty.

Medicines were stored and administered safely. We saw medicines being given to people at lunchtime. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person’s medicines had been given and the initials of the member of staff who had given them. Training records showed staff who administered medicines had received suitable training.

Some medicines were required to be stored in a refrigerator and the service had one specifically for that purpose. On the first day of the inspection the service was using a temporary refrigerator because the thermometer in the usual refrigerator was not working correctly. The temperature of the replacement fridge was not being recorded. When we returned for the second day of the inspection the thermometer had been repaired and the main refrigerator was back in use. The temperature of the refrigerator was being recorded daily as required. Controlled drugs were stored correctly and records kept in line with relevant legislation. A recent external medicines inspection had been completed and found the services medicines to be managed in a safe way.

## Is the service safe?

The environment was clean and well maintained. One of the owners carried out regular repairs and maintenance work to the premises. We found there were appropriate fire safety records and maintenance certificates for the premises and equipment in place.

# Is the service effective?

## Our findings

People and visitors spoke positively about staff and said staff had the knowledge and skills to meet people's needs. "All the staff do their job really well" and "They [staff] are very good". One relative told us, "They [staff] were very good with my dad when he was unwell last year. Staff persevered with him when it was difficult to communicate with him".

Staff completed an induction when they commenced employment. The induction programme was in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone.

Staff told us there were good opportunities for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff had access to training relevant for the needs of people using the service. One care worker told us, "I completed courses in dementia awareness and palliative care, which I really enjoyed". Staff told us they felt supported by the registered manager and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs.

Health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. A healthcare professional told us staff had provided appropriate care for one person, when they had a pressure sore, and the pressure area had healed. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

The service monitored people's weight in line with their nutritional assessment. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People told us they enjoyed their meals and staff asked if they wanted any more. People told us, "All the meals are good. They give me the amount I need". A relative said, "food is good". People were given plates, cutlery and cups suitable for their needs and to enable them to eat and drink independently. For example one person had their meal cut up into small pieces and served in a bowl with a spoon. People had different size cups to drink from, according to their needs and preference. One person told us, "I like a small cup as it is easier for me to hold".

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. For example, we observed people were asked to verbally consent to taking their medicines. One person was asked if they wanted pain relief and whether they wanted one or two tablets. The person decided they wanted one tablet that day and the care worker respected their decision. Another person said they did not want any pain relief.

One person had a pressure mat in their room to alert staff to check if they needed any assistance when the mat detected they were moving around. The pressure mat was in place because the person did not always remember to use their call bell to summon assistance from staff. Records showed that the person had the capacity to recognise that they may forget to use the call bell and they had given consent for the use of the pressure mat.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their

## Is the service effective?

decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The registered manager was aware of changes to the legislation following the court ruling. This ruling widened

the criteria for where someone may be considered to be deprived of their liberty. The service had made applications in the past but did not have anyone who required a DoLS authorisation at the time of our inspection.

# Is the service caring?

## Our findings

On the day of our inspection there was a calm and relaxed atmosphere. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People and visitors told us staff were kind and attentive to their needs. People told us, “We [other people and staff] are all like one big family”, “They [staff] are looking after me” and “staff are all very polite”.

The care we saw provided throughout the inspection was appropriate to people’s needs and promoted people’s independence. “This is me” care plans were written with people to record how they wanted to be supported by staff and what things they wanted to do for themselves. For example care plans recorded people’s wishes such as, “I like to shower myself” and “I like to eat without assistance”. At lunchtime we observed one person who had requested to eat their meal unassisted. The person did not find this very easy to achieve and dropped food on the floor and on themselves. However, staff respected their wishes to eat independently and did not comment about the mess that this created. Instead staff encouraged the person by saying “you are doing really well”. Staff told us, “it does not matter because we can clear it up and it is what the person wants to do”.

People were able to make choices about their day to day lives. People’s “This is me” care plans recorded their choices and preferred routines for assistance with their personal care and daily living. People told us they got up in the morning and went to bed at night when they chose to. Some people chose to spend time in the lounge, dining room or the garden and others in their own rooms. People were able to move freely around the building as they

wished to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at Averlea had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people’s needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example a care worker said, “we give some people a limited choice because this means they are not overwhelmed and can make their own decisions”.

People’s privacy was respected. Bedrooms had been personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, “I really enjoy working here” and “I think it is good for people here”.

People were supported to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge, dining room or in their own room.

# Is the service responsive?

## Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Averlea.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. They were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example one person's care plan stated, "Make sure [name of person] is dressed in what they want to wear". Staff told us care plans were informative and gave them the guidance they needed to care for people.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and the registered manager would regularly talk to them about their care.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Averlea. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Staff supported people to take part in different activities of their choice. There was a member of care staff allocated to support people with activities each day. We saw most people took part in a hoop game in the lounge during the afternoon on the day of our inspection. A group of people met together each day to play card games. Although staff helped to facilitate this, the activity had been instigated by people living in the service. One person told us, "I look forward to playing cards every day". Some people liked to spend time in the garden and we saw one person spent a lot of their time sitting on a seat outside. Staff regularly went out to sit with them and have a chat with them. Where people stayed in their room staff visited them throughout the day to chat with them to help ensure they were not socially isolated.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. Although people said they had not found the need to raise a complaint or concern. One person told us, "If I wasn't happy with anything I would not be afraid to say".

# Is the service well-led?

## Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by the owner and a senior care worker. One of the owners worked in the service as a cook and the other carrying out repairs and maintenance.

People told us the registered manager and owners were approachable and very visible in the service. People, visitors and health professionals all described the management of the service as open and approachable. The registered manager showed a great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. Staff told us, “Very good team” and, “The manager and owner are very helpful and supportive”.

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. There was a positive culture within the staff team with an emphasis on making people’s daily lives as pleasurable as possible. Staff said they were supported by the manager and owners and were aware of their responsibility to share any concerns about the care provided at the service. Staff told us they were encouraged

to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management and through regular staff meetings.

The registered manager worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff’s practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they interacted with people. The registered manager carried out audits of falls, medicines, and care plans.

The service gave out questionnaires regularly to people and their families to ask for their views of the service. We looked at the results of the latest survey carried out in January 2015. We found people had all made positive comments about the service. People and their families were involved in decisions about the running of the service as well as their care.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals we spoke with told us they thought the service was well managed and trusted staff’s judgement when they asked them about people’s health needs.