

Mr & Mrs D Evely

Averlea Residential Home

Inspection report

Fore Street
Polgooth
St Austell
Cornwall
PL26 7BP

Date of inspection visit:
31 August 2017

Date of publication:
25 September 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Averlea Residential Home is a care home that can accommodate up to 14 older people, some of whom have a diagnosis of dementia. On the day of the inspection there were 13 people living at the service.

We carried out this inspection on 31 August 2017. At the last inspection, in July and August 2015, the service was rated Good. At this inspection we found the service remained Good.

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. People and their relatives commented, "I am happy with everything", "Always seems very nice, clean and friendly", "I like visiting, very nice place", "My mum is safe living here and that has taken all the worry away" and "My friend is happy here."

We observed that people were relaxed and comfortable living at the service. People had meaningful relationships with staff and staff interacted with people in a caring and compassionate manner. Comments from people and visitors included, "Wonderful staff here", "We are looked after well", "Staff go the extra mile" and "Staff are super, can't fault them." Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. 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.

Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. Relatives commented, "They always ring me to let me know if my mother is unwell" and "Staff have managed my mother's health conditions well since moving into Averlea. Staff arranged for an optician to visit to test her eyes." A visiting healthcare professional told us, "Staff do a good job."

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

There was a wide range of meals on offer and staff were knowledgeable about people's likes, dislikes and dietary needs. People told us they enjoyed their meals. Comments from people and their relatives included, "The food is good, more than enough", "The food is exceptional" and "I have lunch here every Saturday and Sunday, it's very nice."

People were able to take part in some group and individual activities. These included playing cards, board games and singing sessions. One person told us, "I like to sing in the evening. We sing all the old Cornish songs." Staff supported people to go out into the community to local shops and amenities. On the day of the inspection staff had helped one person to go to a hairdresser appointment, a short walk from the service.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the MCA in the way they cared for people.

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. Staff had a positive attitude and the management team provided strong leadership. There was a stable staff team where most staff had worked at the service for many years. Comments from staff included, "I do absolutely love working here", "It's so rewarding making a difference to people's lives" and "If you need a manager they are always there for you."

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 August 2017 and was carried out by one adult social care 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 five people living at Averlea Residential Home, three visitors and a healthcare professional. We looked around the premises and observed care practices on the day of our visit. After the inspection we spoke with two relatives.

We also spoke with four care staff, the registered manager and the owner. We looked at three 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, and their relatives, told us they were happy with the care they received and believed it was a safe environment. People and their relatives commented, "I am happy with everything", "Always seems very nice, clean and friendly", "I like visiting, very nice place", "My mum is safe living here and that has taken all the worry away" and "My friend is happy here."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Each person's care file had individual risk assessments in place which identified any risks to the person and gave instructions for staff to help manage the risks. 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 sores. These had been kept under review and were relevant to the care provided. Staff had been suitably trained in safe moving and handling procedures. Individual manual handling plans had been developed to give staff clear guidance and direction about how to use any identified equipment to support people safely when assisting them to mobilise.

Incidents and accidents were recorded in the service. Records showed that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduced any apparent risks.

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. 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. On the day of the inspection there were two care staff on duty from 7.45am to 8.00pm for 13 people. In addition there was a cleaner, a cook, a kitchen assistant and the registered manager.

Medicines were managed safely at Averlea. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was

available for medicines which needed to be stored at a low temperature. Records showed that room and medicine storage temperatures were being monitored. However, there were some days where the refrigerator temperatures were not recorded. We discussed this with the registered manager who assured us that this omission would be rectified. We judged that this had not impacted on people receiving their medicines safely.

Staff were competent 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. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The environment was clean and well maintained. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. All necessary safety checks and tests had been completed by appropriately skilled contractors. Gas appliances and electrical equipment complied with statutory requirements and were safe for use. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to make sure staff received appropriate training and refresher training was kept up to date. One care worker said, "Training has been good and we can ask for any additional training." All care staff had either attained or were working towards a Diploma in Health and Social Care.

There was a system in place to support staff working at Averlea. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. The registered manager worked alongside staff which meant they could provide informal support on a daily basis.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. Relatives commented, "They always ring me to let me know if my mother is unwell" and "Staff have managed my mother's health conditions well since moving into Averlea. Staff arranged for an optician to visit to test her eyes." A visiting healthcare professional told us, "Staff do a good job."

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed appropriately by staff. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed 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 had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People told they enjoyed their meals. Comments from people and their relatives included, "The food is good, more than enough", "The food is exceptional", "The food all marvellous, all home cooked" and "I have lunch here every Saturday and Sunday, it's very nice."

Care files contained consent forms for people, or their legal advocates, to agree to areas such as care, photographs and the sharing of information with other professionals. We observed throughout the

inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

The manager and staff demonstrated a good understanding of the principles underpinning the MCA. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Care plans detailed the type of decisions people could make and where decisions would need to be made on a person's behalf. When decisions had been carried out on behalf of a person, the decision had been made in their best interest at a meeting involving key professionals and family where possible. Records of these best interest processes were well documented and clearly explained the reason for a specific decision.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. Bedrooms doors were marked with people's names and pictures, which had a special meaning for each person, to help them identify their rooms.

Is the service caring?

Our findings

During our inspection we spent time in the communal areas of the service to observe how care was delivered and received. Throughout the day we found people were relaxed and comfortable living at the service. People had meaningful relationships with staff and staff interacted with people in a caring and compassionate manner. Comments from people and visitors included, "Wonderful staff here", "We are looked after well", "Staff go the extra mile" and "Staff are super, can't fault them." Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, one person became upset and staff were quick to calm them in a kind and respectful way. We observed that the person responded well to this caring approach.

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 in their own rooms. 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. The service had worked with relatives to develop life histories to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

The service promoted people's independence and encouraged people to maintain their skills. Throughout the inspection we saw staff gently and discreetly ask people if they needed any assistance. For example, with cutting up food, help with dressing or help to get up from a chair. On all of these occasions we observed people answered that they wanted to do the tasks for themselves. Staff respected people's wishes to complete these activities independently. Even though this meant more time was needed for people to complete tasks staff did not make people feel they were being rushed.

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.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People were involved in monthly care plan reviews and the registered manager regularly spoke

with people to ask for their views about the service.

Is the service responsive?

Our findings

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.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. For example, one person's care plan stated, "[Person] likes a light to be left on in their bedroom all night and the door shut." Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

Care plans were reviewed regularly and whenever people's needs changed. Staff added handwritten changes to care plans as soon as people's needs changed or staff became aware of any new information about people's choices. This showed that people's care plans were constantly updated to accurately reflect people's needs and wishes. People were involved in planning and reviewing their care. People told us they knew about their care plans and the registered manager would regularly talk to them about their care.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. Monitoring records had been accurately completed.

Daily handovers were led by the registered manager. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

People were able to take part in some group and individual activities. These included playing cards, board games and singing sessions. One person told us, "I like to sing in the evening. We sing all the old Cornish songs." Staff supported people to go out into the community to local shops and amenities. On the day of the inspection staff had helped one person to go to a hairdresser appointment, a short walk from the service.

Before moving into the service the registered manager visited people to carry out an assessment of their needs to check if the service could both meet their needs and expectations. Copies of pre-admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. The relative of one person told us how well staff had helped the person settle in to the service when they moved there a few weeks before our inspection. They told us, "The manager has been really helpful, making the move as smooth as possible. Mum has settled in really quickly."

People were supported to maintain contact with friends and family. Visitors were always made welcome

and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

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.

Is the service well-led?

Our findings

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.

The registered manager was supported by the owner and two senior care workers. The owner of the service visited every day and supported the registered manager in their role. The registered manager told us the owner always discussed any investment needed for the service and trusted the registered manager's judgement about any money spent. The registered manager also worked closely with the registered manager of the provider's community care service, which was managed from the same premises.

Staff were clear about their roles and responsibilities. There was a positive culture within the staff team and it was clear they all worked well together. There was a stable staff team where most staff had worked at the service for many years. Staff told us the service was well-led and staff were highly motivated and keen to ensure the care needs of people they were supporting were met. Comments from staff included, "I do absolutely love working here", "It's so rewarding making a difference to people's lives" and "If you need a manager they are always there for you."

People and relatives described the management of the service as open and approachable and thought people received a good service. Comments included, "The managers are very good" and "The service is well managed, very friendly and welcoming. We visit at different times and we have never had any concerns."

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, at daily handover meetings, staff meetings and one-to-one supervisions.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager was in the process of implementing a formal audit process. Although, they checked all aspects of the care provided on a daily basis. They did this by working alongside staff, regularly providing care for people and this enabled them to check if people were happy and safe living at Averlea. By actively working in the service the registered manager was able 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.

A member of the management team met with every person on a monthly basis to update their care plan and ask people about their views of living at the service. If any concerns or comments were raised through this process these were actioned promptly and appropriately.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are

required to notify CQC of various events and incidents to allow us to monitor the service. We identified that the service had not notified us of a recent unexpected death of a person who had lived at the service. We discussed this with the registered manager who assured us that this was a one off oversight and notifications would be submitted correctly in the future.