

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 ●

Summary of findings

Overall summary

About the service

Averlea Residential Home is a care home providing personal care to 14 people, some of whom are living with dementia. People are primarily aged over 65 years. At the time of the inspection 14 people lived at the service. The home was on two floors, connected by a chair lift. The home had a lounge and dining room for communal use.

People's experience of using this service and what we found

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

Risk assessment procedures were satisfactory so any risks to people were minimised.

The medicines system was managed effectively. The system was well organised, we did not find any errors, recording was to a good standard and people said they received their medicines on time. Staff received suitable training about medicines.

Staff were recruited appropriately. For example suitable references were obtained, for example when new staff had previously worked in a caring capacity. Checks from the Disclosure and Barring Service were obtained.

Staffing levels were satisfactory. We observed people receiving prompt support from care staff when required. People said they were happy with the support they received.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

The service had suitable assessment systems to assist the registered provider to check they could meet people's wishes and needs before admission was arranged.

People received enough to eat and drink. Some people said the quality of meals was good and they received a choice about the meals they received.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. Policies and systems in the service supported this practice.

Care planning systems were satisfactory. Care plans outlined people's needs and were reviewed when people's needs changed.

People received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

Some activities were available. The registered manager, and people who used the service said there was currently further actions to develop activities on offer.

People felt confident raising any concerns or complaints. The service had an effective complaints procedure.

Staff induction procedures were satisfactory. Staff received suitable training to carry out their roles. Suitable records were available to demonstrate staff received regular one to one supervision with a senior member of staff.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

The service was managed effectively. People, relatives and staff had confidence in the management of the service.

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

Rating at last inspection

The last rating for this service was Good (published 22 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Averlea Residential 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Averlea Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. A registered manager, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was asked and returned a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 11 people who used the service and two relatives about their experience of the care provided.

We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At this inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and were not at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff received safeguarding training.
- The provider was aware of multi-agency safeguarding procedures, and what action was necessary if they had a concern. Where necessary the service had made safeguarding referrals to ensure people were protected.
- People said that they felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm.
- We observed staff working with people in a safe manner, for example when assisting people to walk or transfer from a chair, while maximising people's opportunities to be independent.
- Staff had access to relevant and up to date information. Risk assessments were in place to reduce the risks to people. Risk assessments were regularly reviewed.
- People had suitable equipment to help ensure their health needs were met. For example raised toilet seats and specialist mattresses.
- The environment and equipment were safe and well maintained. Risk assessments were completed to ensure any health and safety risks were minimised. There were suitable records in place to demonstrate equipment was regularly checked, maintained, and where necessary serviced.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work in the care sector. Staff turnover was very low.
- The registered manager said each day two care staff were on duty in the morning, afternoon, evening, and two staff on waking night duty. Catering and cleaning staff were employed.
- People and staff told us that they felt there was enough staff. The majority of people said if they used the call bell it was responded to quickly, although one person told us there were sometimes delays in receiving assistance when they wanted to get up in the morning.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe. Medicines were regularly checked by senior staff to ensure no errors were being made.

- Medicines were kept securely in locked trolleys and cupboards. Stock levels were mostly satisfactory although we found overstocking of a minority of items. This matter was discussed with the registered manager who said they would address the matter. Where medicines needed to be stored with additional security, suitable storage facilities were in place, and appropriate records were kept.
- Medicine records were fully completed and were tidy. When medicines were handwritten on to medicine administration records they were not always countersigned by a second member of staff (to check no error was made). This matter was discussed with the registered manager who said she would ensure the issue was addressed. We did not find any other errors how the system operated. Where necessary there were body maps to indicate to staff where to apply creams and lotions.
- When medicines were prescribed for use 'when required' there was sufficient written guidance for staff to know when these medicines should be given.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- Staff received appropriate training to ensure they were able to administer medicines appropriately.

Preventing and controlling infection

- The service was clean and risks of infection were minimised.
- Suitable measures were taken to minimise the risk of infection. The building, carpets and furnishings were all very clean. The home smelled fresh. Cleaning staff were employed and suitable routines were in place to ensure cleaning and infection control standards were maintained to a high standard. People told us the home was, "Nice and clean."
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we observed staff carrying out suitable infection control measures. For example, where necessary, wearing aprons and washing hands.

Learning lessons when things go wrong

- The registered manager said when surveys to check people were happy with the service were completed, results were always assessed to ensure improvements were made so people's expectations of the service were always met. The registered manager said she did not think that anything significantly had gone wrong since she had been in post.

Is the service effective?

Our findings

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

At this inspection this key question was rated as Good At this inspection this key question has remained the same. This meant the service was effective at meeting people's needs.

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

- Assessments of people's needs were detailed and expected outcomes were identified.
- The registered manager met the person to complete an assessment before the person agreed to move to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- The person and their representatives had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs.

Staff support: induction, training, skills and experience

- Staff records demonstrated new staff had received an induction, and induction records inspected were completed appropriately. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to. Staff said the induction process was thorough and when they commenced employment they had shadowed an experienced member of staff and had felt supported.
- Records demonstrated staff had received training required according to legal and industry standards. The registered manager said face to face training sessions were organised on a regular basis with an external trainer. Records inspected had suitable evidence of appropriate training. Staff were positive about the training they had received. For example staff said, "We do all sorts of training. A lady will come and we will do training sessions on a monthly basis," and "We get lots such as first aid, manual handling...It is to a good standard."
- There was documentary evidence staff received one to one supervision, where they had sat down with a supervisor to discuss their work, and any training and development needs. Staff said they felt supported by colleagues and the registered manager. Staff also received an annual appraisal.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary, arrangements could be made to change the texture of foods to reduce the risk of choking.
- The registered manager said the catering emphasis was on providing "homemade food," from local suppliers. "Vegetables are always fresh and we provide homemade cakes."
- People and their relatives said food was to a good standard and enjoyable. Comments included, "It is very good," and "It is wholesome."
- Where necessary, arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration.
- Where necessary people could receive suitable support to eat. For example, to have food cut up, or one to one support with eating. People who needed special diets for example food pureed or softened or if they

were diabetic were all catered for appropriately.

Staff working with other agencies to provide consistent, effective, timely care

- The service had good links with the GP surgery, district nurse team, local authority and other professionals. The registered manager was aware of the process to refer people to other services such as the speech and language therapy service and dietician.
- The registered manager said the service had established links with health care professionals such as GP's, district nurses, chiropodists, opticians and dentists. People told us staff called their doctor if they felt unwell. A relative told us, "Staff will recognise if (my relative) is unwell and act on it."

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

- The building was suitably adapted to meet people's needs. For example, there was a bath hoist and a walk in shower.
- The building was well maintained and comfortable and homely. Carpets and furnishings were all of good quality and were clean. The registered manager said redecoration of some of the communal areas and the fitting of new carpets was to take place shortly. Any maintenance tasks were promptly attended to.
- People said they liked the accommodation and thought it was suitable for their needs.
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions. People were happy with the facilities provided.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.
- People could either contact health professionals independently or received suitable support to do so.
- People were supported by staff to maintain good oral hygiene. Care plans included guidance on how to support people to manage their oral hygiene and records showed people were encouraged and supported to access dental services when necessary.

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.

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.

- The registered manager was aware of the requirements of the Act and the service's responsibilities under it. The registered manager said it had not recently been necessary to apply for DoLS on behalf of people but was aware of the procedures to do so.
- We observed people being appropriately supported to have maximum choice and control of their lives. For example staff supported them in the least restrictive way possible, and the service's policies and systems supported this practice.
- Staff records assessed had evidence staff members had received training in the MCA.

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.

At this inspection this key question was rated as Good At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and they were positive about staff attitudes. We observed staff spending time sitting with people and talking with them. Staff worked with people in a sensitive manner and with patience. People told us, " Staff are very good," "They are lovely," and "They can't do enough for you." Relatives told us: "Staff are very caring. Nothing is too much trouble," and "Staff are really caring." Staff told us, "Care standards are good," and "It is a very happy home."
- We observed positive interactions between staff and people who used the service. Staff, when they assisted people, always asked them how they wanted assistance; where necessary, asking permission; and always acting in a professional, kind and friendly manner.
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.

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

- People told us they felt listened to about their day to day care for example what they wanted to eat, what they wanted to wear and where they wanted to spend their time.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine.
- Where people wanted and it was possible, people and, if appropriate, their legal representative, had some involvement in the care planning process. People were asked about their needs and wishes, and if there were changes in their care plan these were discussed.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

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

At this inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Staff were knowledgeable about people and their needs. Staff appeared committed and caring.
- Each person had a care plan. Care plans provided good information to enable staff to provide a holistic picture of people's needs, and what assistance the person required.
- Care plans inspected were fully completed, regularly reviewed, and accessible to staff. Staff spent time with people to go through their care plans and explain any changes.
- Daily records were well maintained and outlined what support people had received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people were cognitively impaired due to dementia, and / or had sensory impairments such as sight or hearing loss. Staff knew how to communicate effectively with people in accordance with their preferences and needs.
- If people had sight loss, the registered manager said staff would arrange for any written information and correspondence to be read to people.
- People received appropriate help to receive specialist support through referrals to audiology, speech and language therapy, and other relevant professional services.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The registered manager said many people who used the service were not interested in participating in structured activities, and it had proved challenging to develop these. However staff were working with people to develop these further. For example the registered manager said the cleaner was very good at helping people to participate in activities, and people were more receptive to being involved in activities during the morning than the afternoon. We saw staff helping someone to complete a large jigsaw puzzle, and staff spending time to chat with people. Lots of effort to celebrate festive occasions such as Christmas was made. One member of staff had been designated to coordinate activities provision.
- Many of the people we spoke with said they were happy to spend time chatting with staff and each other and watch the television. The majority of people had a daily newspaper. Some people however said they would like to do more, for example to be able to go out more, or help with knitting. People acknowledged that effort was being made by management to develop activities provision.

- Some people had a Christian faith (in either the Church of England, or Methodist traditions). Where people wanted to they were supported to go to local churches and chapels.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, and if complaints were received these would be investigated and a record kept. The registered manager said there had not been any formal complaints.
- People, and relatives said they felt confident that if they did make a complaint it would be dealt with quickly.

End of life care and support

- None of the people who lived at the service currently required end of life care. The registered manager said people regarded the service as their home and if any person had a terminal illness, where possible, they would receive suitable support from the service and external professionals to remain at the service. Support from district nurses, GP's and other external professionals would be sought.
- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives. Any known preferences were recorded in care files.

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.

At this inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager said she tried to make sure there was a "very homely atmosphere," and ensure that the care home was "their (people's) home." She said she tried to ensure there was a "laid back, but not slack, atmosphere," so the service had a "nice, safe, secure environment," which was, "friendly and welcoming."
- The staff we spoke with and observed were committed to the service, worked enthusiastically with people in a caring manner.
 - Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "We work brilliantly together. If there are any disagreements they get resolved."
 - Relatives said they always felt welcome when they visited, and staff were helpful when updating them about people's needs. Relatives were positive about the service, and the care that people had received. For example we were told, "Staff are really caring." Relatives also said staff kept in contact with them if there were any concerns.

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

- The registered providers lived locally and visited the service most days. The service had a registered manager who had been registered with CQC since April 2010. The registered manager was supported by a senior care worker who assisted with the supervision of care. The service had a 24 hour call system.
- Staff, people and their representatives were positive about the registered manager. Staff told us, "Management are 'hands on'. If there are any issues we can discuss them."
- The registered manager was aware of what matters were required to report to the commission and had a satisfactory working knowledge of regulatory requirements. The previous inspection report, displaying the rating, was on the notice board.
- Staff had handovers between shifts. Good handovers helped ensure good communication between the team and consistency of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong .

- The registered manager had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong. The registered manager said since she had been registered there had fortunately not been any incidents where it was necessary to apply the duty of candour

policy.

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

- The service was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- The registered manager and the team regularly consulted with people and relatives on an informal basis. Surveys were completed on an annual basis and informed us that a survey was currently being undertaken. The previous survey results were very positive.

Continuous learning and improving care

- Satisfactory quality assurance procedures were in place to identify any concerns with the quality and safety of care. For example the registered manager was actively involved in day to day life at the service, and ensured organisational systems were regularly checked and working effectively. These included systems to check standards about care planning, maintenance, accidents and incidents, cleanliness, staff training and medicines.
- The registered manager was open to feedback and felt this was important so the service could develop and improve. People, their relatives, professionals and staff who we spoke with were all positive about their experiences of the service.
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had positive links with statutory bodies such as health service teams.
- People had opportunities to maintain positive links with their community, families and friends. People's relatives said they always felt welcome to visit and were able to visit or telephone at any time.