Avery Homes Nuneaton Limited

The Hawthorns Aldridge

Inspection report

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Date of inspection visit:
24 October 2019
04 November 2019

Date of publication:
04 February 2020

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
The Hawthorns Aldridge is a purpose-built care home registered to accommodate and deliver personal care to a maximum number of 74 people. At the time of this inspection there were 52 elderly people receiving personal care. Three of these people were on short term respite breaks.

People's experience of using this service and what we found
People felt safe and staff had good knowledge of safe guarding processes and how to keep people safe. There was enough staff to support people safely. There were mixed views from people and staff about the staffing levels. Care plans and risk assessments were up to date and regularly reviewed. People received their medicines as prescribed.

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

People were well supported and treated with kindness and compassion. People were listened to and their privacy and dignity was maintained. People's communication needs were met.

People were encouraged to be independent and supported to maintain relationships. People took part in a variety of activities they enjoyed. There was a range of clubs where people were able to socialise, meet up with people from the community and gain new skills.

Effective systems were in place for monitoring the quality and safety of the services provided. Community health professionals were involved in people's on-going health and well-being. People and relatives were encouraged to be involved in decisions about their care.

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 27 April 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was 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?

Good

The service was well-led.

Details are in our well-Led findings below.

The Hawthorns Aldridge

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 carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Hawthorns Aldridge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and 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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete 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. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the head of care, the regional manager, the registered manager, a senior care worker, care workers, the chef and a laundry assistant.

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

After the inspection
We continued to seek clarification from the registered manager, to validate evidence found. We looked at quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People and their relatives told us they felt safe and staff supported people to stay safe in the home. One person said, "I feel safe here, I get good internal support." Another person said, "I feel safe here there is always someone about."
• Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Safeguarding the client from any sort of abuse, we have a duty of care, for example money, we have to safeguard them, it's just common sense you have to make sure they are safe no matter what."

Assessing risk, safety monitoring and management
• Care plans and risk assessments were up to date and contained information about people's current support needs and what was in place to keep them safe. Staff had a good understanding of people's needs and associated risks.
• Peoples needs were pre-assessed at their initial visit to the home and assessed again when they moved in. The needs assessment covered areas such as environmental risks, mobility and medication.
• Fire safety checks had taken place and regular maintenance of equipment was evident. All people who lived in the home had an emergency evacuation plan.
• Incidents and accidents were analysed each month and patterns and trends were identified to ensure people were safe and any future risk was reduced. The records we saw confirmed this.

Staffing and recruitment
• The registered manager used a dependency tool to set staffing levels, and at the time of inspection people's needs were being met. There was a good skill mix within the staff team. People and staff had mixed views about there being enough staff on shift to meet people's needs. One person said, "Sometimes residents need two carers and there are not enough staff about." Another person said, "When I press my buzzer they come straight away." A staff member told us, "Sometimes it's ok on paper, but things can take a bit longer, you've seen how busy I have been this morning and I haven't had a break yet." Another staff member told us, "They [The managers] do put on enough staff, but there is always a drama and one or two tasks might have to be left for tomorrow."
• Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

Using medicines safely
• People were supported by staff to take their medicines in a way that suited them. We saw people being safely supported with their medicines. Where people were able to self-administer their medicines, a risk

assessment was in place. One person told us, "They administer my medication, they never forget to give it to me, they are sharp with that."
• Medicines were managed safely and in line with good practice guidance. Medicines were stored, administered and disposed of safely.
• Staff received medicine training and their competency was checked. This ensured staff gave people their medicines as prescribed and safely.

Preventing and controlling infection
• Staff had received training in infection control and we observed staff using personal protective equipment such as aprons and gloves. This helps to prevent infections from spreading. People's rooms and communal areas of the home were clean and smelt fresh.

Learning lessons when go wrong
• The registered manager gave an example of how lessons were learned. The registered manager identified people sometimes had a change of condition or needs, between their pre-admission assessment and admission. As a result, they changed the admission process to a pre-assessment with a second assessment on arrival. This enabled staff to compare the two and make the necessary updates to the care plan. They also introduced an exit interview for people and their relatives, following a period of respite. This provided the opportunity to discuss any changes on admission and to ensure that the right support services were ready to restart, when they went home. This ensured people got the right support during their stay.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA.

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.

• Staff were trained in MCA and DoLS and supported people to have maximum choice and control of their lives. Staff were observed to involve people in choices, for example, what they ate, what activities they did and whether they spent time in the communal areas of the home. People and relatives told us they were able to make choices about their day to day care. One person said, "I mainly get up and go to bed when I want. They are not allowed to wake you, but if you ask for a special time to be called, they will call you."

• The registered manager had a good knowledge and understanding of the principles of the MCA and regularly updated capacity assessments and best interest decisions for people, where this was needed.

• DoLS applications had been made for people who required them. There was information in people's care plans around likes, dislikes and choices.

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

• Peoples needs were assessed prior to moving into the home. Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

• People were supported by competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. Staff could tell us what training they had received and told us they received training that was specific for the people they supported.

• Staff understood their responsibilities and what was expected of them. They told us they received supervision which enabled them to receive feedback and the opportunity for personal development.
• Staff had completed an induction process and the care certificate where needed and records confirmed this. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet
• The staff ensured people had enough to eat and drink. We saw that people were eating in various locations, there was a choice of two dining rooms and cafés, some people preferred to eat in their own rooms or apartments.
• People had mixed views about how well they were supported with meals. One person told us, "I don't think there are enough staff, especially at lunch time." At the time of inspection we saw there were sufficient staff and people were supported where this was needed, most people were independent and did not need much support. One person told us, "We have three choices for meals, always a variety and we have enough to eat and drink."
• Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines and monitored people's food and fluid intake along with their weight. One person told us, "The food is fine, I have a slight dietary requirement, the staff understand and take it on board."
• The chef had a chart in the kitchen that identified if people needed a specific diet, as well as people's preferences and choices.
• We heard from people that went out for the day and were not in at meal times. One person told us, "If we go out and stay long, there is always a meal waiting for us when we get back."

Adapting service, design, decoration to meet people's needs
• The home had been purpose built to meet the needs of the people that lived there. The home was warm and welcoming, and people told us it met their needs. One person said, "I am very happy here, everything is spotless." Another person told us, "It's clean and well maintained here."
• People did not have the benefit of prominent signage to help them navigate independently around the home. The head of care explained that people did independently find their way around and staff were on hand to help. Our observations confirmed this.
• Peoples bedrooms were personalised with their own furnishings and items to reflect their own personal choices. The communal areas were spacious allowing for ease of movement.
• The entry and exit security arrangements allowed people to have unrestricted movement to go out when they wanted to.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Staff monitored people's health care needs and would inform relatives, healthcare professionals and management if there were any changes.
• One person said, "I have not needed to go to the GP or chiropodist, If I needed to I can." Another person said, "I can go to my own GP." People told us they could choose their own GP. People were supported to visit their GP and other health professionals where needed. Records showed people had involvement from a variety of different professionals which included; the macular degeneration team, falls team, district nurses, dietitians and dentists.
• People were supported to care for their teeth. Staff understood what support people required to maintain their oral health.

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.

At the last 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 compassion by staff who knew them well. We observed positive interactions between staff and people. One person told us, "The staff are lovely, approachable, kind and patient." Another person told us, "Staff are excellent, they will chat when they are administering care, but they are very busy."
• Peoples records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Supporting people to express their views and be involved in making decisions about their care
• People felt well supported and listened to. One person said, "They did ask me once if I minded a care worker shadowing to give me personal care, I said I minded, so it didn't happen." Another person told us they were well cared for, they said, "They do know what they are doing when they look after me."
• People told us they were able to express their views and make decisions. Records showed people were involved in their care planning.
• People were encouraged to make day to day decisions, for example, what they ate, what they wore and what they did. This demonstrated staff delivered individualised care.
• For people who were unable to make decisions about any aspect of their care and support, best interest decisions had been made. Information about Advocacy services were available at the reception desk. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence
• People and their relatives told us staff treated them with dignity and respect. One person said, "The majority are caring, some far and beyond to make sure that you are comfortable."
• We observed staff treating people with dignity and respect. We observed staff knocking on people's bedroom doors and asking if it was ok to enter. One person told us, "They always knock before they enter my room."
• People were supported to maintain relationships with those close to them. Relatives visited their loved ones on a regular basis throughout the day and staff supported and facilitated this for people, where this was required.
• Staff supported people to maintain their independence. One person told us, "If I can't manage they will support you, but they do encourage you to be independent."
• Peoples records were stored in a locked cabinet and staff ensured information relating to people was

communicated in a private setting, this ensured confidentiality was maintained.

Good

Is the service responsive?

Our findings

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

At the last 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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People told us they had choice and control over their daily lives and were happy living in the home. People told us that they and their visitors could come and go as they pleased. One person told us, "We have to sign in and out so that they know when we are out and there are no restrictions on when we have to come back". Another person told us, "We have a guest room here where friends and relatives can stay over, they must pay, they can also have meals".
• We saw that care plan format was in the process of being updated to include more detailed information on people's choices and preferences, in how they should be supported with personal care. People and their relatives were involved in this process.
• Technology was used to support people to receive timely care. People were able to let staff know if there was an emergency or they needed help, by the use the buzzers. People had mixed views on response times. One person told us, "When I press my buzzer, they take long, sometimes." Another person said, "When I press my buzzer they come straight away."

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.
• We saw that people were helped with their communication aids such as hearing aids and glasses. Staff were skilled at positioning themselves appropriately, when communicating with people, to ensure people could see and hear them. Written materials were available in larger print for those that required this. The registered manager explained that AIS was considered as part of the care planning and regularly reviewed to ensure people received information in a way they preferred.

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
• People were able to attend a variety of activities and clubs within the home. One person's friend told us, "We look at the activities newsletter and see what is going on."
• The arts and crafts room was frequently used by people, and their art work could be seen on display around the home. People attending the garden club grew vegetables that were cooked and eaten in the home. People from the garden club had helped with painting the garden furniture. Three people looked after the church room and ran the services. This meant that people could take part in meaningful activities that they enjoyed.
• People used the facilities provided within the home, for example the book stall, shop, hairdresser, beauty

salon, therapy room, cinema, pool table and cafes.
• People living in the home were involved in running the various activities and clubs. One person said, "I keep active, I help run the shop and assist with the stock taking."
• People were able to bowl with the visiting local community bowling club. A member of the local chess group regularly visited the home to play chess with people. This meant that people had the opportunity to mix with others from the community and pursue their chosen hobbies.

Improving care quality in response to complaints or concerns
• People told us they knew how to raise any concerns they had or make a complaint and felt able to do so. One person said, "I've had a problem with someone delivering care to me. I mentioned it and it was dealt with and I was happy with the result." Another person told us, "If I had a problem I would speak to the Carer."
• We saw that complaints, comments and compliments were logged and dealt with in accordance with the providers policy. This information was recorded and analysed as part of the quality assurance processes, to ensure that lessons were learned, and improvements made. One person told us, "No concerns or complaints."

End of life care and support
• People and their relatives were asked about preferences and choices for end of life care, as part of the planning process. Discussions were recorded in the care plan. Where people and relatives chose to have this discussion, their wishes were clearly set out in the care plan.
• No one was receiving end of life care at the time of this inspection.

Good

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

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

• People using this service were fully involved in how it was run and the facilities available. This included running religious ceremonies, helping with the shop and book stall, as well as creating art work for the home.

• People and the registered manager have set up a group for communication between people and the home management. One person told us, "We introduced a residents committee, this was a joint initiative by the residents and manager to identify areas for improvement, residents can invite relatives to meetings to help put their points across. We also in our meetings complained about buzzer response times, this is work in progress." Another person told said, "We have had resident committee meetings and they have responded to our needs, for example different crockery, also the laying up of tables to be the same upstairs as downstairs, residents' meetings are also had."

• People's care plans contained details about people's religious and cultural needs, so staff knew of people's preferences.

• The registered manager and staff encouraged community involvement and integration with the home, and supported people to maintain friendships, for example hosting the community bowling club and inviting community chess players to enable chess matches for residents.

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

• We saw records of completed audits, on a wide range of areas, including health and safety, the environment, care plans and medicines. Information gathered was used to ensure compliance with regulations and drive improvements, for example falls prevention work.

• Staff understood what was expected of them. They told us they had personal development opportunities and received regular supervision and appraisal. Records confirmed this.

• The registered manager had notified the CQC of events that had occurred in line with their legal responsibilities. They prominently displayed the previous CQC inspection rating at the home and on their website.

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

• The registered manager and staff demonstrated a person-centred approach for the people they supported. We saw people had choice and control and were involved in decisions made about their care. One person

told us, "Staff and management are approachable." Another person told us, "I think it is well managed here, everything flows well."
• People and Staff felt well supported and expressed confidence in the manager. One person told us, "I think the manager is positive, upfront, will tell you what is feasible, she makes time to speak to you." Another person told us, "All the staff are caring and friendly." This demonstrates a positive culture amongst the staff team.

Continuous learning and improving care; Working in partnership with others
• The registered manager told us that they were always looking for ways to develop the home and continuously improve. The registered manager told us about the residents committee and actively seeking the views of residents on where they would like to see improvement, for example looking into buzzer response times to improve outcomes for those calling for assistance.
• Staff communicated and worked in partnership with GP and community health services, to improve outcomes for people. People we spoke to and records we saw confirmed this.

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 understood their responsibilities in relation to the duty of candour regulation. They explained their policy for honesty and transparency following an incident. We saw that duty of candour records were kept as part of the complaints policy.