Avery Homes WSM Limited

Acer House Care 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

Acer House 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. Acer House Care Home was last inspected in May 2016 when the service was rated Good overall at that time.

Acer House is registered to provide care for up to 60 older men or women, they do not carry out nursing care. Acer House is a three-storey building which has accommodation on the ground floor for people with general care needs (Milton) and on the first floor for people with dementia (Ashcombe). There is an internal courtyard garden which is secure.

There was a registered manager for the service. The new registered manager had been in post for nearly three months. 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 2008 and associated Regulations about how the service is run.

The staff training programme in subjects relevant to people's needs was in the process of being updated. This was to complete and update staff training in health and safety and care related subjects.

The quality checking system for the care and overall service at the home had been brought up to date and consistently used effectively. This meant the care and service was properly checked and monitored to ensure it was safe and suitable.

People had positive views of the home and the care they received. Examples of comments included, "You can do everything you want to do here. You're free to go out; you could go to the shop next door if you wanted to" and "The staff are really lovely, they come in and check on you and they hold your hand and listen to you."

Risks to the safety and wellbeing of people were minimised because staff had completed safeguarding adults training. Staff continued to know how to identify the different types of abuse. Risk assessments were up to date and these identified the areas where the safety of people may have been at risk. Accidents and incidents were monitored and actions taken when needed to keep people safe. Trends were also picked up to reduce the risk of reoccurrences. There were safe practices and procedures for the administration and storage of people's medicines in the home.

People told us they liked the food and we saw they were offered choices at each mealtime to help them select the meals they liked.

People at the home and the staff had built up caring and positive relationships. This was also evident with

relatives and friends who spoke positively of the caring attitude of the staff.

Staff continued to understand the needs of the people they supported and knew how to care for them in a way that met their needs. The staff we saw had a caring and attentive manner towards the people they supported who lived at the home. Whenever possible, people were involved in making decisions about their care and support needs. People were offered discrete and sensitive assistance if they needed support to eat their meals or with intimate care.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good.	**Good**

Acer House Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

This inspection took place on 10 December 2018 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is someone who has experience caring for an older person.

We spoke with 18 people who were living in the home and two visitors. Staff we spoke with included the senior manager, registered manager, and seven care staff, domestic and catering staff. We also spoke with another senior manager by telephone after our visit. We observed how staff interacted with the people they supported in all parts of the home.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records and other care related documents relating to six people as well as medicine records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty records, supervision records and arrangements for responding to complaints.

Good

Is the service safe?

Our findings

All of the people we spoke to said that they felt safe and they also said they felt they received safe care and support at the home. One family expressed how pleased they were with the care plan in place to reduce the risk of falls; They said X was falling all the time at home, they've put all of this in place (a pendant alarm, floor mat and seat alarms) and we're very happy that X is much safer here, they let us know straightaway if anything happens, it's very good."

There continued to be a system in place for the reporting of safeguarding and the management team understood what constituted abuse and how to report it to the local Safeguarding team. There was a comprehensive log of all the recent safeguarding incidents alongside detailed incident reports which described what had happened in each case. According to the records seen, training in safeguarding had been provided to most of the current staff. The registered manager and deputy were experienced in the investigation of safeguarding matters. Both were going to complete the safeguarding training provided by the local authority.

Staff spoken with understood likely scenarios where safeguarding matters could arise were aware of the correct reporting procedures and confirmed that they had received safeguarding training.

There continued to be a system for recording incidents on significant event forms with an intention that they were reviewed in clinical supervision. The registered manager also told us that because of one incident recently it was found that there was a need for further training in manual handling for the staff team. We saw that the plans for this training had already been implemented and that a member of the regional management team was present on the day of the visit with the aim of observing manual handling practice to check that the learning from the training was being embedded in practice.

Medicines were stored, administered and disposed of safely. We checked a sample of medicines administration records and staff had recorded when they had given the person their medicine or recorded the reason if the person had not taken their medicine. This meant it was clear whether people had been given their medicines as prescribed. Suitable arrangements were in place for obtaining medicines. The records of medicines that required extra security to store and give them to people were up to date and accurate. We saw staff recorded each time medicines were given. They also checked with another member of staff how much stock was left.

The staffing levels and the way staff were deployed was safe to meet people's needs. We discussed staffing levels with managers, staff, and people who used the service so that we could find out if there was sufficient staff available. The registered manager showed us a staffing rota that outlined that there were four carers on each of the two floors alongside a senior carer and a twilight shift from 5pm – 11pm. There was some use of agency staff. There was one main agency used which provided consistency of care for people who live at Acer House. The registered manager told us that staff are currently being recruited to fill the vacancies in the staff team.

We also saw that there was additional staff employed for catering, laundry, housekeeping and maintenance functions as well as a supernumerary management team. This means that there was sufficient staff to meet the needs of the people living at the service.

There continued to be a system for safe recruitment of staff. There were up to date records of staff recruitment. The process was very robust and included standard checks such as Disclosure and Barring Checks(DBS) two references, ID checks and application forms. The DBS helps to check staff to aim to ensure only suitable staff work with vulnerable people.

There were general risk assessments which covered topics such as use of the building including bedrooms, laundry, housekeeping, manual handling including use of wheelchairs, furniture and bathroom equipment. These had been reviewed regularly. A staff member showed us a very comprehensive system which ensured that all the necessary safety checks were undertaken. These included checks on fire safety, water quality including legionella, nurse call system, emergency lighting, portable appliance testing (PAT) testing, gas boiler servicing, equipment such as wheelchairs, slings and profiling beds. There were records of contractor's visits for plumbing and decorating work as well as lift maintenance. There were also records of minor maintenance carried out by the maintenance manager.

To also help to ensure that the premises were kept safe relevant safety and monitoring checks were completed. We saw up to date certificates relating to gas, electricity and fire safety checks. The home was clean and tidy and smelt fresh in the areas we saw. To reduce risks from cross infection staff used protective equipment in the form of disposable gloves and aprons and hair nets when dealing with food. There was an ample good supply of alcohol gel, paper towels and liquid soap in the home. People told us they were happy with the standard and frequency of cleaning and personal laundry. One person said, "My room is cleaned every day and things like the glasses and crockery are always clean, the tables are nicely laid with clean table linen."

Good

Is the service effective?

Our findings

People's needs were being effectively met by the staff who supported them. The staff assisted people with a range of needs. The staff assisted people with their mobility needs, and to take their medicines safely. We also heard staff talking with people and planning with them their personal care needs and what time was suitable for them to be assisted. The staff were calm in manner and they assisted people discreetly.

We spoke with a senior carer who had recently been appointed as the "house trainer" and the regional training manager who was visiting for the day. They told us that a three-month plan was being put in place to update staff training to ensure that they have the skills and knowledge to provide the care and support which people who live at Acer House need.

There were records of training opportunities which were provided for staff and which were incorporated into the three-month plan for the service. Some staff had received training in Challenging behaviour, catheter care and MUST malnutrition assessment. New staff worked towards the Care Certificate to improve their skill in caring for people. The regional training manager told us that a baseline audit of training was being undertaken for Acer House. They were also putting in a system to prioritise which training was necessary for staff to complete.

We spoke with managers and staff members about staff supervision. The registered manager told us that a new staff structure has been devised which has reallocated supervisory functions for staff. Since the new manager had been employed the majority of staff had received up to two formal supervisions. Before this period evidence showed that formal supervision had been inconsistent and staff had received 'group' and 'informal' supervisions from the regional and deputy manager.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). The Mental Capacity Act provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. When people lack this capacity, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We saw that DOLS applications had been submitted and approved recently. However, the registered manager told us that a review of all DoLS applications was overdue to ensure that the care and support, including any restrictions of liberty for people who lived at Acer House, was properly delivered. There were records of training in which showed us that staff had received training in the principles of the Mental Capacity Act (MCA).

People were supported to have enough to eat and drink. We saw meals being served to people. We also saw the menus that we were told was changed every week on a 4-weekly rota following discussion in a residents meeting. At lunchtime we noticed that staff on duty appeared to know the people they were caring for well. For example, one person when asked what they'd like to drink replied "the usual". The member of staff laughed and said, 'apple juice?' Another person wanted their food reheated in the microwave. The staff member replied, 'yes, of course, you like it red hot, don't you?', the person said "yes, piping."

All the people we spoke to were very positive about the quality, choices and quantity of the food. Examples of comments made included "The food is very good and there's plenty of it, too much sometimes, but you can always ask for a smaller portion", "It's very good indeed".

Family members were also very positive. One relative said "The food is very good, X is a finicky eater, and loves the food and eats well." Another comment was, "They come around with the trolley and tea or coffee, cold drinks and a huge choice of snacks from cheese to chocolate, there's always plenty on offer". Care plans also set out how to ensure people received suitable support to meet their nutritional needs. Information in the care plans we looked at showed staff had worked with people to identify if they had nutritional needs. There was information in the care plans that set out what actions were needed to help people to meet their identified nutritional needs. For example, it had been identified if people needed extra physical support from staff with their meals, and when people required nutritional supplements for good health to be maintained.

People at the home and their families told us about the thorough assessment process that they had been involved in before they had moved in. Relatives thought that staff understood their family member's preferences and needs. One person said, "They know me very well and understand what I need, they set me right if I'm getting muddled up as I sometimes do lately, they're very good in that way and know what's needed to get me on the right track". A family member told us, "We didn't know what to expect, coming here, until we had the family meeting and then we realised that you have to ask for what you want, a bit like being in a hotel "

People also felt well supported with their care needs and there was an effective system for staff to plan and deliver care to them. One person said, "The staff are very good at their job, they know what they're doing, and you can rely on them and can't fault them at all". A family member told us "They do have the right skills to manage X they've got so much patience with them. They've managed to reduce falls and get X back into a routine of sleeping at night and being awake in the day".

The staff told that that senior staff allocated each member of staff on duty a small number of people in a part of the home to care and support at the start of each shift. The staff told us about examples of the actions they took to ensure people received effective support and assistance. The staff told us that caring for people in small teams in different parts of the home helped ensure they received an individualised service centred on meeting their needs.

The premises offered access to appropriate communal space which was enjoyed by the people who lived there. The dining area appeared clean, hygienic and welcoming. The living rooms were comfortable and appropriately furnished.

Good

Is the service caring?

Our findings

People continued to receive a service that was caring. People and their families felt that staff were kind and caring. Some of the comments people told us included, "The staff are absolutely wonderful, it's as if they're hand-picked. They're very sensitive and understanding and you can talk to them about anything" and, "The staff are all very amenable, and very nice. I just can't speak highly enough of them. There's a rota and I find it very good, all the ones who come to me".

Further positive feedback included, "The staff are very kind indeed, so lovely, they notice if you're feeling down and perhaps getting a bit withdrawn and not wanting to do things they make sure they help you more, they involve you and they bring you back up again" and "I like it here, the staff are very kind and helpful. "

Staff were observed to be kind, caring and respectful to people. We saw staff speaking to people in respectful and caring ways. For example, we saw a member of staff gave clear instructions to someone who needed help to be seated, checked they were comfortable and made sure that their hearing aid was working. We noticed that when a member of staff went to a table where people were chatting, they respectfully waited to enter the conversation and ask people what pudding they wanted. We also saw a member of staff consistently reassured others at each table that their food was coming next, as they served others first, so the people knew they weren't being left out. Staff were attentive to people during the meal, responding to requests, assisting those who needed help and monitoring progress, offering additional drinks.

Staff maintained a calm approach with people who lived with dementia type illnesses needs had caused them to feel agitated. They also used a positive approach and gentle manner to motivate people to do household chores and activities such as personal care. All the interactions we observed between staff and the people at the home were positive and friendly. The atmosphere was warm, relaxed and calm. People were laughing and interacting with staff throughout our visit

People told us they had a keyworker who supported them with their care needs. They told us the staff sat down with them regularly and discussed their care plans. People told us staff were very supportive and worked with them to try and help them plan their own care.

Care plans included personal histories about people including information about their family and friends and life before they came to the home. This information had been used to ensure people were supported in the way they preferred.

Staff told us how they provided personalised care. They told us this approach meant they cared for people in a way that respected them as a unique individual and put them at the centre of all decisions made. They cared for people in small teams, got to know people very well and as a result could meet their full range of needs. The staff also said this enabled them to build up close trusting relationships with the people they supported.

Good

Is the service responsive?

Our findings

People continued to receive a service that was responsive. People and their families expressed high general levels of satisfaction with the quality of care". Positive feedback from people included, "It's a very good standard of care", "I'm very happy and couldn't be happier". A relative also told us "I wasn't happy when we had to move X here from a nursing home as I didn't feel that they'd be able to give the care that registered nurses could, but I've found it's much better than I thought."

People expressed their views and were involved in making decisions about their care and support needs. The assessments of people's needs and care plans included information that showed people were involved in decisions about their care. They had also had an input into making decisions about what was in their care plan.

People benefited from being able to take part in a range of suitable activities and events took place in the home to provide people with stimulation and entertainment. There was a seven day 'wellbeing and activity programme'. This included a variety of elements such as films in the cinema room, visits from musicians, singers and schools, music therapy, an art group, cookery, a weekly massage therapist visit, quizzes and competitions. There was also regular religious services. Some activities were offered in the evenings.

The home had a dedicated cinema room equipped with a sweet trolley and decorated to provide a cinema experience. There was also a therapy treatment room and a hairdressing salon and many different communal spaces. The programme was offered in various venues around the home. On the afternoon of the inspection people were attending a visit to a local garden centre.

People spoke positively about the activities organisers and the range of things they put on. One person said, " I join in most of the activities and enjoy them." Another comment was " I think there's enough going on to suit everyone. We're going on the outing this afternoon and looking forward to it."

The two wellbeing coordinators who were responsible for organising activities for the people who lived at Acer House were very positive and enthusiast about their roles. They showed us the 'wellbeing activity programme summary'. This highlighted the list of activities for the week. Trips were organised to a Garden Centre and a Christmas service at a local Baptist church. Three films were organised in the cinema room at Avery House, there was an art group and some music therapy, a folk musician and a "musical journey". As it was near to Christmas time a primary school was visiting to present their nativity play for the people who lived at Acer House.

The wellbeing coordinators told us that their role was to be aware of people's holistic needs including spiritual, emotional, mental health, social and physical aspects. People have been interested to engage with religions other than mainstream Christian organisations. There was also a chaplain who came to the home and priests who delivered Holy Communion. Physical exercise is provided through dance, flexercise, Tai Chi and armchair exercises. The wellbeing coordinators told us that they convened a "residents and relatives" group so that they could listen to their views and ensure that activities were arranged which met specific

needs and requests. Within the service the registered manager showed us an indoor plant area which is being developed by people who live at Avery House. We also saw that external agencies such as Age UK, and "Alive Bristol have an input into the activities organised at Acer House. This means that there are a good range of activities to provide social connections with the community and promote people's general wellbeing. □

People and their families and friends were able to influence the way the service was run. There were house meetings that were run for people who lived at the home who wanted to attend. Examples of subjects raised at the house meetings included people's views of the food possible venues for a holiday, and people's view of the social activities.

There was a complaints procedure that was available to people who lived at Acer House. There was a clear explanation of who to approach if people were not happy. The registered manager showed us records of complaints made to the service recently and we saw that all were responded to within a reasonable timescale and were resolved to the satisfaction of those making the complaint.

Good

Is the service well-led?

Our findings

The provider's quality checking systems to monitor, review, check and then improve the service were now being used effectively. Effective quality assurance systems aim to ensure a consistent approach to how the service monitors and evaluate quality. They are also a way to celebrate good practice and success as well as to act to support quality improvements when necessary.

At this visit we did not see all of the formal audits in relation to different areas of how the service was run. These included checks on care planning; staffing and other areas of the service . However, after this visit we were sent further information that showed checks on care planning, staffing and other areas of the service had been completed regularly.

The registered manager and senior manager met regularly. They had identified some of the shortfalls that we found. They had then put in place an action plan to address them. For example, on the day of our visit a training manager was at the home. They were there to address the shortfalls that we had found in staff training.

People who lived at the home, their representatives and staff were asked for their views about their care and service. The senior manager told us that the provider sent out surveys to people who used the service and their relatives on a yearly basis. We found that an action plan was put in place to address matters that arose from the feedback from the survey forms.

There was clear evidence that learning from incidents and investigations took place and changes were implemented when needed. The system to manage risks to peoples' health and safety was being followed. Information about any incidents and accidents that had involved people who used the service was clearly recorded. We read information written about each incident by staff or the registered manager. We saw that actions that were to be put in place to minimise future risks to people had been identified. We also saw that where needed care plans were amended to reflect this updated information.

The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.