

Avery Care Kettering Limited

# Avery Park Care Home

## Inspection report

231 Rockingham Road  
Kettering  
NN16 9JB

Tel: 01536851745  
Website: [www.averyhealthcare.co.uk/care-homes/northamptonshire/avery-park-kettering/](http://www.averyhealthcare.co.uk/care-homes/northamptonshire/avery-park-kettering/)

Date of inspection visit:  
29 June 2022  
30 June 2022

Date of publication:  
25 July 2022

## 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

Avery Park Care Home is a residential care home providing the regulated activity of accommodation for persons who require nursing or personal care. The service can provide care and support for up to 119 people. At the time of our inspection there were 33 people using the service.

Avery Park Care Home is a new, purpose-built care home. It spans over three floors and one floor specialises in providing care to people living with dementia.

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

People received safe care and support and they told us they felt safe living at Avery Park Care Home. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs. There were sufficient numbers of staff who were safely recruited to meet people's needs.

Some areas of medicines management needed to be strengthened and these were addressed and actioned straight away by the deputy manager. Staff received training in relation to the safe administration of medicines and their competencies were checked to ensure safe practice.

Infection control measures were robustly followed, and staff had access to sufficient PPE.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough and staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all. Staff supported people to live healthier lives and access healthcare services.

The service had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. The premises was homely and purpose built to meet the needs of people using the service.

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's health and social care needs were managed well. There were positive relationships with professionals which supported people's overall wellbeing. Staff provided care and support in a very caring and meaningful way. They knew people well and had built up kind and compassionate relationships with them.

The service was well managed. People, relatives and staff were very positive about the leadership of the service and praised the management team highly. There were systems in place to monitor the quality of the service. Actions were taken and improvements were made when required. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 05 March 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection following registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Avery Park Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and one 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

Avery Park Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Avery Park Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. 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. 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 six people who used the service about their experience of the care provided and seven relatives. We had discussions with nine staff including the regional manager, registered manager and deputy manager. We spoke with the chef, the maintenance person and four care and support staff. We observed activities taking place and the lunchtime meal.

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

### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included looking at end of life information and confirmation of recruitment and supervision records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff provided them with care and support. One person said, "Yes, it is safe. I like my window open at night. They [meaning staff] have assured me it's safe and secure so I do open my window." Another person told us, "I can lock my door from the inside, it makes me feel safe from the outside."
- Discussions with staff demonstrated they were skilled at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice. One staff member said, "I would report anything I wasn't happy about, without any hesitation."
- All staff we spoke with confirmed they had completed training and understood the providers whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns, as required, to the relevant agencies.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls. One person told us they felt safe because since moving to Avery Park they had not had a fall.
- Risk assessments were reviewed and updated swiftly if there were any changes or incidents. For example, where one person had a fall an additional care plan was put in place regarding falls and their risk assessments were updated.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

Staffing and recruitment

- There were sufficient staff to keep people safe. One person said, "If I need someone I call, and they come. There are plenty of staff, they sit on my bed and talk to me."
- We received positive feedback about staffing levels and saw there were enough staff on duty to meet people's needs. One staff member said, "Staffing isn't an issue. We have lots of staff to support people safely, especially because we are nowhere near full yet."
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- Some areas of medicines management needed to be strengthened. For example, there were some 'as needed' (PRN) medicines that did not have a PRN protocol in place to guide staff when these should be given. Some handwritten entries on Medication Administration Records (MAR) were not signed by two staff in line with best practice. We raised this with the deputy manager who addressed the shortfalls straight away.
- People told us they received their medicines when they needed them. One person told us, "I take some medicines for [name of condition] four times a day. It's consistent and on time."
- Medicines were stored and administered in line with current guidance and regulations. We saw from records that stock checks, including all controlled medicines, were audited regularly and errors acted upon swiftly.
- Staff completed training in the safe administration of medicines and had their competencies checked regularly to ensure they were competent to administer people's medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People and staff we spoke with told us that visiting procedures within the home followed current guidance.

#### Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. There was thorough recording of all accidents and incidents on an electronic system. The system contained a workflow task list and asked questions such as 'is this a safeguarding alert?' and 'does the duty of candour apply?' This ensured all areas of accident and incident reporting were looked at and recorded.
- We saw examples of lessons learned and how these were shared with staff. For example, one incident occurred where a person was at risk of choking while eating. Actions were put in place to ensure the person's food was cut up into small pieces and staff observations to be carried out at mealtimes. This was shared with staff during staff meetings.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A comprehensive assessment of people's needs was completed before they went to live at the service. These were used as a foundation for people's plan of care. Care plans were detailed, person-centred and provided staff with the guidance they needed to fully support people.
- Ensuring people were at the heart of their assessment and care plan was important to the staff team. The management team told us how they involved people in the assessment process before they moved into the service and the assessment was then on-going. There were processes in place to ensure that no discrimination took place, and people's cultural and life choices were respected.

Staff support: induction, training, skills and experience

- People received care from staff that were knowledgeable and had received the training and support they needed. One relative said, "The staff are very knowledgeable, I probe them regarding knowledge of [family member]. They are very on the ball and on top of things."
- New staff completed an induction training programme when they first started working at the service and this included the completion of the Care Certificate.
- Staff felt valued and were encouraged to increase and develop their skills and knowledge. There was a comprehensive training programme and the registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience.
- Staff received one to one supervision centred around the provider's values and the culture of the home. These helped staff reflect upon their practice and display these positive values on a day to day basis when providing care to people.

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

- We received positive feedback about the quality of the food and people's dining experience. One person said, "The food is very good, there is a choice. If you want more you can have it, drinks as well." Another person commented, "It's a good choice, I like the food. Full English in the morning and I have lots to drink, even at night."
- Staff placed a strong emphasis on the dining experience and saw it as an important social activity. Every effort was made to enhance social interaction at mealtimes and increase people's nutritional intake; all of which contributed to people's mental and physical well-being. For example, one person had previously enjoyed going on a cruise, so staff turned the dining room into a cruise ship restaurant, and they were invited to sit at the captain's table.
- People had been assessed for their risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and a dietitian when they had been

assessed as being at risk. Staff followed guidance from health professionals to ensure people were able to have adequate food and drink safely.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to health care. For example, one person had recently been to the dentist and another told us, "The chiropodist comes."
- The deputy manager told us that weekly remote meetings took place with the GP to discuss people's healthcare needs.
- The management team had been successful at employing the services of a domiciliary dental practice. This meant the dental practice would visit the service to provide support for people with their oral health needs.
- People's care plans included information about their health needs, medication and allergies and information was made available to paramedics if the person needed to go to hospital.

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

- Avery Park is a newly built care home that comprises three floors. Facilities included a cinema, laundry room, library, hair salon and an all-day café. One person told us, "It beautiful, this building. It's a proper home from home."
- The environment was tastefully decorated, and people appeared comfortable when using the home's communal areas. The colours and tones of décor were dementia friendly, warm and homely.
- There were wide corridors to ensure people could move about safely and several sitting areas across the three floors where people could choose to sit and spend time outside their bedrooms.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training and had a good understanding of the principles of the MCA.
- There was an emphasis on enabling people to make their own choices wherever possible.
- People told us staff always asked people for their consent before they undertook any tasks and we observed this over the course of our inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and relatives told us staff provided good care and treated them as individuals. One person said, "It's wonderful here. I don't think they could do anything better." Another person commented, "I'm perfectly happy, ten out of ten."
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.
- People were relaxed in the presence of staff and we saw people smiling and joking with staff members. Staff always responded to these displays of affection, giving people eye contact, recognising the importance of touch and showing by their response how they valued the person's attention.
- We saw people's cultural needs were met by the home. One family had brought in a spice mix which catering staff used to spice their family member's food. They had also given a presentation to people living at the home about their culture and religion and had brought in cultural clothes and jewellery.

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

- We observed people's opinions being sought for day to day tasks. For example, staff asked people what they wanted to drink and eat or where they would like to sit.
- There was a 'Residents Ambassador' who was available to talk with people on an individual basis outside of resident's meetings. It was thought some people would feel more comfortable sharing their views and any concerns with a peer rather than management or staff.
- Care plans contained information about the support people needed to make decisions. For example, they described the person's communication needs and information could be presented in a format that met those needs.
- We saw people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Overall, we found that people's privacy and dignity was respected. One person said, "They [meaning staff] always knock and ask if they can come in." A relative commented, "They [meaning staff] always pull the blinds and close [family members] door when staff are providing personal care."
- We observed one incident when we were talking to a person in their room where staff knocked on the door but did not wait to be invited in. Then a second staff member knocked but again did not wait to be invited in. They started talking to the other member of staff and not the person whose room it was. We fed this back

to the registered manager so they could take appropriate actions.

- People were encouraged to be independent and do tasks for themselves which made them feel valued and useful. One person said, "I prefer to get myself dressed and the staff encourage me to do what I can. They help me put on my socks because I struggle to do that."
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Positive feedback about people's involvement in the care and support included the following comments, "We've had full initial discussions about [family members] care needs. They were very thorough. We went through the care plan and we also went through funeral requirements." And, "Reviews are ongoing. It's an open-door policy here. I've had meetings with [name of registered and deputy manager] to discuss [family member's] care."
- Care and support plans included a range of personalised information about people, their history and personal interests. Staff told us they supported people to be as independent as possible and gave them choice in their care. Talking about the values of the service, one staff member said, "It's about supporting people to have a happy life and to stay as independent as possible. We always try to get people involved in decisions that surround their care."
- There was a 'resident of the day scheme' where each person and/or their representative were given a chance to meet with a member of staff and discuss day to day life in the home. They were also able to meet with all heads of department to talk about anything that they would like to change. Families were involved in this process if appropriate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans in place for staff to follow which had been developed when people started using the service. People had a range of professional input around communication in their support plans if that was required.
- The registered manager was aware of the accessible information standard and told us they could provide information for people in different formats. At the time of our inspection they had only had to provide information in large print which they showed us.

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 supported to do a range of activities they enjoyed and were encouraged to explore new activities if they wanted to. A relative told us, "There's a lot of activities, [family member] likes bingo and countdown. There's always plenty to do."

- Staff gave us examples of specific activities tailored to each person. For example, one person had lived locally all their life and enjoyed talking about the history of the town. If people wanted, they could go out in the provider's minibus and the person was able to provide commentary about the history of the town.
- The service utilised a social media platform to send photos and activity updates for relatives to view and comment on in real time. This helped to maintain ongoing social relationships for people. One relative said, "I love the (the social media platform). It's so nice to see what's happening when we are not there."
- Pictures on the social medium platform showed pictures of people celebrating the Queen's platinum jubilee, an afternoon of cocktail making, dancing and making pizzas.

#### Improving care quality in response to complaints or concerns

- People and relatives felt confident if they raised any complaints they would be quickly addressed. One person said, "The complaints procedure is in the contract I signed" and a relative commented, "I'm aware of the way to complain. I have the manager's phone number."
- A copy of the complaints procedure was available to each person and this ensured that people and relatives had the information they needed if they wished to make a complaint.
- The registered manager said there had not been any formal complaints but there were systems in place to investigate complaints if needed.

#### End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care if they wished.
- At the time of our inspection no one had required end of life care, however the registered manager said they would work in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end of life, surrounded by their friends and family.
- Staff completed end of life care training and there was an end of life care policy to ensure staff could support people with their end of life care wishes and needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently 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 culture at the service was person centred, open and transparent. A relative said, "[Registered and deputy managers] are marvellous. They know everything and everybody. They are always available to talk to."
- The registered manager was committed to continually motivating the staff team and recognising their commitment to their role. For example, on the day of our inspection small picnic boxes were given to all staff as a sign of appreciation. The previous month the management team had purchased pizzas for staff.
- There were numerous incentives for staff to make them feel valued such as an employee of the month scheme where people and staff could nominate staff. There was also a 'shout out board' where anonymous compliments were posted about staff.
- People, relatives and staff consistently expressed great confidence in how the service was managed. All the comments we received from people and relatives were complimentary. For example, "This home is brilliant, the manager and staff are very dedicated. They truly care." And, "We are very fortunate and lucky that [family member] is able to live here. The atmosphere is friendly, and it feels like a family."
- The registered manager had introduced a 'coffee with the manager' scheme so that if people wanted to meet with the registered manager informally, they could.
- Effective communication systems were in place to ensure the whole of the staff team were involved in daily decisions. One member of staff told us, "The communication here is great. The manager shares everything with us so we always feel included and feel that our views are valued."

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: Continuous learning and improving care

- The registered manager closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care.
- There were systems in place to learn lessons when things went wrong, and these were shared with staff in team meetings and one to one supervision meetings.
- The staff training, supervision and support systems enabled staff to progress within their roles, and to achieve their full potential. There was a shared commitment to all staff working cohesively with one shared goal.
- Robust systems to review, audit and analyse data and other records ensured quality standards remained high. Processes were in place to ensure oversight and scrutiny of the care being delivered.

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

- Effective quality assurance systems were used to continually monitor all aspects of the service. These were overseen by the registered manager and the regional manager. Any areas identified for improvement had action plans put in place with timescales for completion. We saw the actions identified had been completed within the timeframes.
- Staff were observed to deliver consistent good quality care and support for people, tailored to their needs. Staff told us about people's likes and dislikes, and support needs, without referring to care plans which ensured effective outcomes for people.
- Staff understood their roles and responsibilities and had clear lines of accountability. The staff support systems ensured all staff received regular training and supervision and we saw staff wellbeing was high on the provider's agenda.

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

- Effective systems were used for people, relatives and staff to feedback on all aspects of the service they received. For example, staff had regular meetings and daily interactions with the registered manager, and heads of departments.
- Monthly meetings were in place for people and relatives and we saw areas of discussion included activities, staff recruitment and menus. We saw suggestions were actioned, for example, people said they would like to see armchair exercises included in the activities and we saw this had been incorporated into the activity planner.
- The registered manager had an open-door policy. During the inspection we observed relatives were comfortable approaching the registered manager to discuss their family member's care. Relatives had opportunities to attend meetings with the registered manager and she was setting up a scheme where people could meet with the registered manager in the café to chat informally.

Working in partnership with others

- The service worked closely with other organisations in education, health and social care. For example, they were setting up a pen pal scheme with a local school where young people become a pen pal of a person living at Avery Park Care Home.
- The registered manager and staff enjoyed good working relationships with people's GP, district nurses and other health professionals such as chiropody and dental services. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, timely prescribing and swift support for people's dental needs.
- The registered manager told us they used a lot of local produce so had good working relationships with local shops and traders.