

Avery Homes (Nelson) Limited

Elvy Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Elvy Court Care Home is registered to provide people with nursing and residential care. It can accommodate older people, younger adults and people who live with dementia. It can also support people with physical and/or sensory adaptive needs.

At the time of this inspection there were 47 people living in the service. The service can accommodate up to 55 people. The service was provided over two floors with lift access. Each floor had its own lounge and dining room and all bedrooms had an en-suite toilet. There was also a café on the ground floor and a well-tended garden surrounded the home.

People's experience of using this service

People and their relatives said were satisfied with the level and quality of care they received at Elvy Court Care Home. Although they said there were some niggles from time to time, they would recommend the service to others. One relative told us about their family member, "It is the best place for her. She is cared for in a non-judgemental way. She can do what she likes, accepted as she is, celebrated rather than judged."

People continued to be protected from the potential risk of abuse. Individual risks were identified and steps taken to reduce them. Staff had the guidance they needed to minimise harm to people whilst supporting independence.

Staffing levels continued to be monitored so there were enough staff to meet people's needs. Recruitment practices were safe to ensure people were protected from the risk of unsuitable staff.

People continued to receive their medicines as prescribed by their GP. Medicines had been stored, administered, audited and reviewed regularly. One health care professional told us, "I have engaged with the home managers/seniors, who have been very responsive, collaborative and show their care and compassion to ensure their residents receive a high standard of care."

We were assured that the service could respond to COVID-19 and other infection outbreaks effectively.

Everyone said the service was well-led and that the registered and deputy managers were approachable. There were systems to monitor the quality of the service being provided to people and gain their feedback.

The culture of the service was open and honest. Lessons had been learned when things had not gone the way that they should have gone. When people and relatives had raised issues during the inspection, they were immediately investigated, resolved to people's satisfaction and apologies made when needed.

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 7 October 2020).

Why we inspected

The inspection was prompted in part due to concerns received about the assessment of risks and the overall management of the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. The overall rating for the service remains Good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elvy Court Care Home on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Elvy Court 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 one 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

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

The service had a manager 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was asked to complete a provider information with a return date of after 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 made the judgements in this report.

During the inspection

We communicated with two people who used the service. We spoke with 13 staff including the regional manager, area manager, deputy manager/clinical lead, a nurse, an agency nurse, a senior carer, four care staff, an agency care staff, an activity coordinator, and a kitchen assistant. We also attended the daily departmental meeting and spoke to the visiting GP.

An expert by experience telephoned three people who lived at the service and nine relatives to gain feedback on the quality of the service provided.

We reviewed a range of records. This included six people's care records and care notes. We looked at three staff recruitment files. We also saw a variety of records relating to the management of the service, such as health and safety, audits and staff meetings.

After the inspection

We sought feedback from the local authority and professionals who work with the service. We received positive feedback from the local authority safeguarding team, local authority commissioner, specialist dietician, community mental health nurse and a tissue viability nurse.

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.

Assessing risk, safety monitoring and management

- Potential risks to people's safety were assessed and monitored. The provider's policy directed staff to assess and take action to minimise potential risks to people within a set time period of their admission, to ensure their continued safety. Additional checks had been established to make sure risks were assessed in line with the provider's policy.
- There continued to be clear guidance for staff, so they knew how to support people in the right way. For people at risk of skin deterioration, plans guided staff when to reposition people, what equipment they needed to move, and about their diet. Wound care plans had been developed by registered nurses and specialist advice had been sought from the tissue viability nurse for people who had complex wounds.
- Health care professionals told us there was good communication with the service. They said they were contacted appropriately, and their advice acted on to minimise potential risks to people. One health care professional said, "They have been quite proactive about requesting food supplements from the GP in the interim if they are concerned about a patient's weight, while waiting for us to assess them."
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. A maintenance person was employed to attend to repairs and make sure they were dealt with in a timely manner. Electrical and gas appliances were maintained, and fire equipment regularly serviced.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said staff made them feel safe. One person told us, "Yes I do feel safe. I am allowed in the garden; everything is safe here. Visitors have to wear gloves and masks, and I've got my buzzer." relative told us, "It has been a worrying time for us with the pandemic, but we are more than happy. Communication has been good. Worry has been taken from us. She is safe and being well looked after".
- Staff continued to understand what constituted abuse and poor practice. They felt confident if they reported any concerns at the service they would be acted on. They also knew how to report allegations of abuse to external agencies.
- Safeguarding concerns had been reported to the local authority, who had the lead role in investigating allegations of abuse.

Staffing and recruitment

- Staffing levels continued to be regularly assessed and monitored to ensure there were enough staff available. New staff were checked to ensure they were suitable for their role.
- The majority of feedback was there were sufficient staff on duty, although there were some comments about staffing levels on the first floor and the use of agency staff. The regional manager was re-checking staffing levels against people's assessed needs on the first day of the inspection. The outcome of the assessment was there were sufficient staff available.

- There were a number of agency staff working at the service, the majority of whom who had worked at the service for some time. The agency staff we spoke to knew people well.
- We observed a calm atmosphere at the service and people were attended to in a timely manner. Comments from people included, "They get me up, I am not rushed"; and "I've got a buzzer, look got it here. Usually they come straight away; they are pretty good".
- Checks on new staff were comprehensive. They included obtaining a person's work references, identity, employment history, nurse's registration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.

Using medicines safely

- People continued to receive their medicines from staff who were trained and followed the providers' medicines policy and procedure.
- Medicines were regularly audited to check they were administered, recorded and stored safely. An internal and external audit had been completed in June 2021. These audits had highlighted some shortfalls such as dating medicines on opening and not disposing of all medicines at the end of the monthly cycle. These shortfalls had been or were being addressed and they were all added to the service's action plan to be monitored.
- People and their relatives told us that people received their medicines when they needed them. One person told us, "My medicines are no problem. Whenever I need them if in pain I ask, and they give me."

Learning lessons when things go wrong

- All significant events such as accidents, incidents and safeguarding's were monitored by the registered manager and area manager. This was to see if there were any common themes or patterns.
- Discussions and reflections had occurred after significant events, to see whether anything could have been done differently. Action and learning points had been shared with the staff team. This had included extra checks on risk assessments and care plans to ensure they were developed in a timely manner to reflect people's needs.
- The provider used complaints and concerns as a way to improve the service. During the inspection a few relatives feedback concerns about some aspects of peoples care. These concerns were passed onto the area manager with their consent. The area manager immediately contacted these people and investigated their concerns to their satisfaction. Actions were taken to apologise or make changes to reduce to probability of these issues reoccurring.

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.

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.

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

- Everyone told us the registered manager was a visible presence at the service and that they and the deputy manager were approachable.
- Staff demonstrated they understood the visions and values of the service to provide individual care. This was reflected in feedback from people and relatives. Comments from relatives included, "I would definitely recommend it. Reception staff call us by our first names: It is a home and not a care home"; and, "The best thing is the kindness of everyone from the cleaners up to the big wigs: All kind".
- Visiting health care professionals commented that the service was well-led and person-centred. Comments included, "The Staff involve and treat people with compassion, kindness, dignity and respect"; "During my visits, I have noted that the staff react and respond to the residents, in a personal centred manner"; and, "I have engaged with the home managers/seniors, who have been very responsive, collaborative and show their care and compassion to ensure their residents receives high standard of care."
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. A social care professional told us, "I have found the management to always be open and honest."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their roles and responsibilities. An agency staff told us, "The culture of the service is positive. As agency I feel part of the team." The registered manager was unwell at the time of the inspection. The area manager had taken on management responsibility in their absence with support of the deputy manager. This ensured the continued running of the service.
- There were a range of meetings to ensure important information was communicated between staff about people's well-being. This included handovers between staff shifts; daily departmental meetings with senior care staff, nurses, maintenance, housekeeping and the chef; and weekly clinical meetings where people's health and medical needs were monitored by nurses.
- The management team understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.
- There was a programme of checks and quality audits to identify areas where improvements would benefit people. Shortfalls identified in all areas were recorded on an action plan and progress towards their completion monitored.

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

- Contact with people and relatives had been maintained during the pandemic via regular letters, setting out what impact the government guidance had on people's lives.
- Meetings were held with relatives to gain their feedback, the last of which was in March 2021. At the meeting some relatives had praised the pod used to visit their family member.
- A relative told us, "We are asked for feedback at families meeting. We are asked for ideas, any concerns, any worries specific to me. The activity lady set up a separate zoom call and I was able to suggest activities that X could do. It is great that X responds and likes the activities that staff do with her."
- Staff reported there was clear communication within the staff team. They told us they received support from one another and the deputy and registered manager. Staff views were sought through individual supervision and staff meetings.

Working in partnership with others

- The provider continued to work in partnership with other social and health care professionals.
- A good working relationship had been established with the local GP who held twice weekly consultations at the service. There was also joint working with the mental health team, liaison with tissue viability nurse and referrals to falls team, physiotherapists, dietitian and speech and language therapist when needed.
- Positive feedback was received from social and health care professionals about working in partnership with the service. Everyone said there was good communication and staff knew people well. One health care professional said, "I generally speak to a knowledgeable nurse who can provide me with relevant information. They have been helpful during assessments and provided all information requested."