Porthaven Care Homes LLP

Avondale Care Home

Inspection report

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Date of inspection visit: 2 & 8 December 2014
Date of publication: 15/04/2015

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?	Outstanding

Overall summary

Avondale Care Home provides nursing care for up to 90 people, including people with dementia. The service has three units which provide nursing care, and three units which provide care for people living with dementia. The service is set over three floors. At the time of the inspection, 82 people were living at Avondale.

Avondale has a registered manager in place. 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.

Staff, relatives and people were extremely positive about the quality of the service and management. Staff told us they felt supported to undertake their roles by managers who saw potential in them. People told us the management was dedicated and passionate about the service.

The service had good systems in place to assess and monitor the quality of the service. The registered manager undertook regular spot checks of people's care plans including medical records and care records. We saw monthly audits were undertaken around accidents and incidents that had occurred. These were then analysed to

Summary of findings

look at trends and patterns which were recorded including outcomes of the findings and action to be taken. Every six months, the provider undertook an internal audit of the service.

Staff were knowledgeable on how to address and respond to safeguarding issues and how to protect people from abuse. The registered manager had developed a good relationship with the local authority and told us they felt confident in contacting them for support when raising any alleged abuse. All staff employed by the service had received safeguarding training. Where safeguarding issues had arisen, the Care Quality Commission had been appropriately notified. We found the management of medicines to be good and undertaken in a way which protected people from harm. Staffing levels determined by the provider were good. We observed a large number of new staff undertaking their induction during our inspection.

All staff had received training deemed mandatory by the provider to undertake their roles. Training topics included moving and handling, fire safety, safeguarding, dementia care, person centered care and dignity in care. We observed training being provided during our inspection. Staff told us the training provided within the service was very good. The registered manager made appropriate arrangements to ensure all staff could attend training when it was offered. Staff told us they felt supported through the supervision and appraisal process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Forty five people were currently subject to a DoLS or awaiting a decision from the local authority. The service had a DoLS lead nurse in place who was responsible for overseeing DoLS applications. Staff were knowledgeable around their roles and responsibilities when working with people around consent and the Mental Capacity Act 2005 (MCA). Staff were able to explain what the MCA and DoLS meant, and how this affected the people they worked with. Where required, mental capacity assessments were completed along with evidence of best interest meetings.

We spoke with one of the chefs who was knowledgeable about people's nutritional needs for example, diabetic diets and pureed diets. The chef told us he was always obtaining feedback from people about possible changes to menus. After every lunch, the chef visited each unit and recorded people's feedback. Cooked breakfasts were available for people if requested every morning. Regular kitchen meetings took place which involved people and relatives to gain their opinions and requests. Where people required food and fluid charts if they were at risk of weight loss, these were in place and recorded appropriately.

We found examples of outstanding caring practice within the service. We saw one staff member dancing with a person which they appeared to enjoy. Staff were attentive towards people and stopped to speak with them or comfort them. During observations of meal times, we found positive engagement between staff and people. Staff engaged with people using face to face communication, staff offered choices to people. We observed two occasions when people did not understand what the options for lunch meant. Staff spent time explaining in short sentences the ingredients of the lunch options and showed the meal itself. A staff member we spoke with told us how they had recently supported someone to attend an important event. The staff member told us how they spent the few days prior, preparing and spending one to one time with the person to prepare them.

People and relatives told us they felt the service was responsive to their needs. Appropriate care plans were in place for people and care records were reviewed and updated accordingly when people's needs changed. Handover and communication books showed the service was responsive to people's needs including regular contact and visits from the local general practitioner. We found the service provided a range of activities to people and supported people to access the outside community at their request. Each unit recorded when people were offered activities and if they wished to participate in them.

Summary of findings

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

People told us they felt safe.

Staff were knowledgeable on how to address and respond to safeguarding issues and how to protect people from abuse.

Medication was managed in a way which protected people from the risks associated with medicines.

Staffing levels were appropriate to the service and sufficient to meet people's needs.

Good

Is the service effective?
The service was effective.

Staff were knowledgeable around the MCA and DoLS and how this affected the people they supported.

The service had a DoLS lead nurse in place who was responsible for the overseeing of DoLS applications within the service.

The service maintained people's nutritional and hydration needs through effective care planning and knowledgeable staff and chefs.

Good

Is the service caring?
The service was caring.

People and relatives told us staff and management were caring.

Staff and management were attentive and supportive towards people.

Staff knew people well and how to support them through difficult situations.

Staff spent time with people and supported them in a caring, kind and thoughtful manner.

Good

Is the service responsive?
The service was responsive.

People and relatives told us they felt the service was responsive to their needs.

The service provided a range of activities to people and supported people to access the outside community.

The service maintained communication and collaborative working with staff, relatives, people and health and social care professionals when responding to people's needs.

Good

Is the service well-led?
The service was well-led.

Relatives, staff and people were extremely positive about the management of the home.

Outstanding

Summary of findings

Management had excellent oversight of the service.

Management of the service promoted an open culture.

The management had good systems in place to assess and monitor the quality of the service.

Avondale 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.

This inspection took place on the 2 and 8 December 2014 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor in dementia care 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received a detailed PIR form from the provider. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service. We received 61 notifications from Avondale since their last inspection in November 2013. No concerns were raised at Avondale's last inspection in November 2013.

During both days of our inspection we spoke with the registered manager, nursing staff, 20 support workers, 14 people and six relatives of people and domestic staff including the chef. We undertook observations of staff practice over the two days. We reviewed 14 care plans, medicine records for people living on the ground floor units, daily records including turning charts and food and fluid charts, five recruitment files and copies of quality monitoring undertaken by the registered manager. We also looked at staff supervision records, training records for all staff and induction records for four new members of staff.

Good

Is the service safe?

Our findings

We asked people if they felt safe and protected in the service. Comments included "Oh Yes" and "I feel very safe here." Visitors we spoke with told us they felt the service was safe and looked after their relatives. One relative commented "I am really grateful [name] is here – [name] is looked after the best [name] can be."

Staff were knowledgeable on how to protect people from abuse and how to address and respond to safeguarding issues if they arose. The provider had a clear safeguarding policy in place which was available to all staff members. We discussed with the registered manager about how they managed safeguarding allegations. The registered manager had developed a good relationship with the local authority and told us they felt confident in contacting them for support when raising any alleged abuse. All staff employed by the service had received safeguarding training. Where safeguarding issues had arisen, the Care Quality Commission had been appropriately notified.

Staff told us "Safeguarding is about protecting people from abuse. If I was concerned I would speak to the head nurse straight away or the manager. If I didn't feel it was taken seriously, I would speak to CQC or the local authority." All of the staff we spoke with were aware of safeguarding issues and the need to report it. Staff were also aware of the service's whistleblowing policy and procedure. One staff member told us "There is a telephone number we can call to talk about any concerns." All staff were aware of the need to report alleged abuse either to management or to external bodies including the local authority and CQC. Safeguarding posters were seen in the home's communal reception area for relatives and visitors which provided information on who to speak to if they suspected abuse.

We looked at people's medicine records and practice in relation to medicine administration for people on the ground floor. Medicines were administered by staff who were trained and deemed competent by the registered manager to do so. Staff administering medicines had completed three days' medication training. The administration and management of medicines was undertaken by senior care staff and registered nurses. Medicines were well managed within the service. Medicines were clearly recorded and signed for using a Medicine Administration Record (MAR) when they had been administered. Clear guidance was in place for medicines which were administered "as required" (PRN), and were reviewed regularly. Temperature checks were completed daily by staff including fridge and room temperatures. We found temperature checks to be in line with medicine storage requirements. We counted random medicines to ensure they corresponded with people's MAR charts.

Controlled drugs were stored appropriately and corresponded with people's controlled drug records and their MAR charts. Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs. Controlled drugs were signed by two staff members and regularly stock checked. Where people required their medicines covertly, clear guidance and DoLS authorisations were in place. Medicine administration was observed over the lunchtime period on one unit. Staff administering medicines wore a tabard which stated they were administering medicines to ensure they were not disturbed. We saw time was spent encouraging residents to take medication, explaining their medicines and checking they had done so.

We were provided with staffing rotas for the previous four weeks to check staffing levels. The provider used a staffing dependency tool based on people's individual needs to assess the amount of staff needed for each shift. We found sufficient staff numbers in place to ensure people's needs were met. Observations of the services units showed call bells were answered promptly and people's requests were met in a timely manner. Staff felt that there were good levels of care staff and there were enough nursing staff. Relatives told us the staffing levels were sufficient, one relative adding that recent shortages had led to a big recruitment campaign and therefore there were new staff in the home. Staff and people we spoke with told us "There are ample staff to look after me", and "There has been quite a turnover of staff but the staff that start here are always very good. They [management] are very selective about who they employ."

We found the provider to have robust recruitment checks in place. We looked at five recruitment files for new staff members who had recently commenced employment with the service. All five files contained a photograph of the staff member and proof of identity. Medical histories and previous employment histories were in place with relevant gaps in employment explained. Copies of staff Disclosure

Good

Is the service safe?

and Barring Service (DBS) checks were kept on file including the date they had been received. All files contained evidence of satisfactory conduct in previous employment.

Appropriate risk management was in place to ensure people's safety and welfare. Where people were assessed as at risk, risk assessments where in place to ensure peoples safety, for example, entering the community. We observed one example where the service had involved professionals, staff members and the person to ensure the person was safeguarded against potential harm that was identified.

All people living in the service had their own personal evacuation plan which provided clear instructions in the event of a fire. Clear fire evacuation procedures were on display within the service for both day staff and night staff. The provider's training plan showed all staff were trained in fire safety and we observed new staff members being shown how to evacuate the premises in the event of a fire. The provider had a current fire risk assessment in place and staff we spoke with were knowledgeable on the services fire procedure and process.

Good

Is the service effective?

Our findings

People and relatives told us they felt staff were appropriately trained. Comments included "I have every confidence in what they do" and "I do believe they are well trained up on it (privacy and dignity)." The registered manager told us "Training is very important within the service; we make arrangements to ensure all staff can attend training." The provider liaised with a local learning provider to support staff to gain diploma qualifications in health and social care.

During our first day of inspection, we saw a large number of new staff being inducted into the service. The registered manager told us they used an induction programme based around Skills for Care 'common induction standards'. We observed new staff watching training videos, complete questionnaires and asking the registered manager questions. New staff members were provided with a walk around tour of the home. The registered manager provided us with an 'induction schedule' for new staff members. Training covered in the induction consisted of health and safety, fire safety, person centred care, safeguarding training, moving and handling and infection control as well as information relating to the service such as 'role of a keyworker'. All new staff members were provided with a list of tasks which they needed to be signed off as competent by a senior staff member, prior to working on their own. We saw completed induction task sheets for staff. One new staff member told us "The induction was good; it was hard to retain everything until I put it into practice. The moving and handling training was very good. I have learnt so much in a week, I absolutely love it here."

We spoke with staff about the training they had received and looked at completed training records for staff. During both days of our inspection, we saw staff completing **Malnutrition Universal Screening Tool** (MUST) training, challenging behavior and mental capacity training. Staff told us they felt the training provided was very good. One staff member told us "They have been extremely good in supporting and providing training in dementia and end of life care." Another staff member told us "The management are always offering training, they have given me more than enough training." All staff had received training deemed mandatory by the provider to undertake their roles. Training topics included moving and handling, fire safety, abuse, dementia care, person centered care and dignity in care.

Where supervisions were undertaken, we saw they were detailed and demonstrated a two way discussion. Staff we spoke with told us they felt extremely supported in their roles. Comments included "They [management] offer us so much support", "I had a personal request to change some of my shifts, they were so good at helping me out" and "I came here to do bank work and ended up staying full time, I really enjoy it." We saw evidence of informal supervision throughout our visits, for example, each morning, a representative from each unit was required to attend a morning meeting in which any concerns or issues were discussed. We found appraisals to be completed and undertaken to support staff development.

Staff and management demonstrated a good understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest meeting is held to discuss ensure the decision is made involving people who know the person well and other professionals, where relevant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Forty five people were currently subject to a DoLS or awaiting a decision from the local authority. The registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service had a DoLS lead nurse in place who was responsible for overseeing DoLS applications.

Where required, the provider ensured the correct legal process was followed when assessing people's capacity. Mental capacity assessments and best interest meetings were recorded appropriately where the provider had deemed the person lacked capacity to make a certain decision, for example, the use of covert medication. Guidance was provided and input from relatives and health and social care professionals were obtained and recorded when best interest meetings had taken place although the

Good

Is the service effective?

provider may benefit from using a set best interests form to ensure consistency. Mental capacity assessments were thorough and reviewed appropriately when people's needs changed. We found the management and staff within the home were knowledgeable about the application and impact of the MCA for people they supported. We observed good practice involving a staff member supporting a person with their covert medication. The staff member knew the person would only accept medication in their soup. We saw the staff member take the soup with medication in to the person. They then sat with the person and explained to them their medication was in the soup, what the medication was for and waited with them whilst they took it. Staff were able to explain who lacked capacity for certain decisions and how they supported them. This demonstrated good practice around the use of the MCA.

People we spoke with were positive about the food within the service. On both days of our inspection we observed lunch being provided to people. People told us "I think they do their best, I don't always like what they have so they do me ham and eggs" and "The food is very good here, if I don't want something they will always give me something else." One person told us when they started to put on weight they asked for salads and the service offered them a choice of five different types of fish or meat to go with it. We spoke with one of the chefs who was knowledgeable about people's nutritional needs for example, diabetic diets and pureed diets.

The chef told us he was always obtaining feedback from people about possible changes to menus. After every lunch, the chef visited each unit and recorded people's feedback. We walked around the unit's with the chef and saw people responded well to a new meal the chef had created. Cooked breakfasts were available for people if requested every morning. Regular kitchen meetings took place which involved people and relatives to gain their opinions and requests for future meals. Where people required food and fluid charts if they were at risk of weight loss, these were in place and recorded appropriately. Correspondence with health professionals was recorded and actioned where people needed professional input around their nutritional needs. People were regularly provided with drinks throughout the day. The service was awarded a five star rating for their food hygiene.

The service had arrangements with the local general practitioner in which doctors attended the service weekly to see people. Each unit had a doctors book in which they would write their requests. We saw when the doctor had visited; the action and outcome had been recorded and ticked as completed. Each unit had their own handover and communication book. We saw these were well used and where actions were raised, these had been appropriately addressed.

We found the service's environment was clean and hygienic and to a good standard. The service was maintained with a homely feel and where orientation aids were used for people with dementia, these were subtle and non-clinical. The majority of people's bedrooms were personalised. There were no obvious hazards present, flooring and other areas were free of obstacles and wires. Units were well lit with non-reflective flooring. Safety measures were in place including window restrictors and key pads to external doors and the lift.

Good

Is the service caring?

Our findings

People, relatives and health and social care professionals we spoke with were positive about the caring side of the service. People we spoke with told us "I look upon this place as my home, I look on the staff as my extended family, in fact it is almost as though I am a relative to the staff", "The staff on this unit are absolutely marvellous" and one person told us they looked so well because "I am well looked after." We heard a person tell a member of staff "I want you to stay beside me all the time." A relative told us they "can't fault it" and described staff as "a good bunch". Another relative said the service was very good and stated "some of it is incredibly good."

We observed positive caring practice on both days of our inspection. We saw one staff member dancing with a person which they appeared to enjoy. Staff were attentive towards people and stopped to speak with them or comfort them. During observations of meal times, we found positive engagement between staff and people. Staff engaged with people using face to face communication, staff offered choices to people. We observed two occasions when people did not understand what the options for lunch meant. Staff spent time explaining in short sentences the ingredients of the lunch options and showed the meal itself. People were shown boxes of juice so they could see it to make their choice. Staff repeated information always demonstrating patience and kindness. Lunch was unrushed and people were supported to have lunch at their own pace. Staff supported people in a kind and caring manner and frequently checked people were happy or if they needed assistance.

On each unit we heard music playing. The manager showed us they had sat with people to create an appropriate music playlist based on people's requests and likes. People who used the service were involved in the process of interviewing prospective new staff to gain their feedback and insight into how new staff interacted with people living with dementia and to provide their opinion on potential employees. One person involved in the process of interviewing stated "I wondered what use a 91 year old would be on such a panel, but I felt it almost an honour to be asked and that in the circumstances I should at least attend and utilise what experience I had to assist the panel in their deliberations." They also added "I not only enjoyed the experience but considered I was playing quite an active part in the running of the home. This made me feel I was still an human being capable of taking decisions and even some responsibility in deciding who was engaged." The manager told us "I have a strong vision that Avondale is our residents Home, each time we are at work, we are guests in our residents Home. Our resident must have a say in the running of the Home, from being involved in decision making and being clear participants in everyday life."

The service participated in the local 'Dignity and Respect awards' in which people who used the service and their relatives could nominate staff who had shown outstanding examples of dignity, respect, empathy and relationship building. One relative commented on how important dignity and respect was to them and their loved on and how they felt staff had gone above and beyond to respect and promote their dignity and respect. They commented how well looked after their loved one was and how they had been a proud person and staff always ensured the person was well groomed and presented as this was something they had always had high standards of. This included staff knocking on doors before entering, and providing choice and promoting involvement in all aspects of their care, for example, choosing clothes to wear and participating in activities. The relative commented "I take part in "Sit and See's" where I am asked to go around hospitals and observe good practices. It is built in to me a habit of noticing the small things that make a difference: The simple but important marks of respect."

It was apparent through observations and discussions with staff that they knew people's lives and histories. One staff member told us "This is the highest level of customer service you can provide to people." Throughout both days we observed staff taking the time to spend with people talking or taking part in activities. All staff acknowledged people as they passed through the unit occasionally having a chat with them or simply saying "Hello". A relative confirmed this always happened and was something that had really impressed them. They added "Here they do the extras, deal with them like people." Relatives we spoke with felt staff were very kind and caring. Comments included "I am really grateful [name] is here. [Name] is looked after the best [name] can be", "Can't fault it [the care]" and "Some of it [practice] is incredibly good." One person we spoke with told us they felt very involved in their care. Other comments

Good

Is the service caring?

included “I don’t think they could do any more for me, I feel this is my home and I couldn’t get any better attention” and “I have been here over two years and I don’t think you will find anywhere better.”

We observed a staff member engaging a person in a one to one session using a tablet computer. The staff member helped the person to choose music and images they liked. The person responded and touched the screen. The staff member explained “You touch something” then the person responded “How did you find that?” The person laughed with the staff member and enjoyed the interaction. One person told us staff always knocked on the door before entering and they treated them with respect and always asked before they did anything. One relative commented “This was my first experience of dignity in care in practice. The head nurse greeted us both in a caring and friendly manner, explaining to my partner how they would be cared for, activities they could take part in, their accommodation, finances, and personal care plan. I interrupted at one point to say she would need to discuss this with me as my partner could not communicate. Quite correctly, I now realize, she explained that it was important for my partners dignity that she spoke with him whilst addressing me. From his expression I sensed that my partner understood some of what was said. After everything we had been through I appreciated this respect.”

A staff member told us that people’s privacy and dignity was supported by staff. They told us in giving personal care, it was important to check that it was a convenient time for the person. They asked “Is it a good time or should I come back later?” A relative told us “I do believe they are well trained up on it” (privacy and dignity). We saw positive interactions between management of the home when we were shown around. The registered manager knew people well and stopped to take time to speak to people and asked them if everything was alright.

A staff member we spoke with told us how they had recently supported someone to attend an important event. The staff member told us how they spent the few days prior, preparing and spending one to one time with the person to prepare them. On the day of the event, the staff member supported the person to dress into their suit. The staff member knew sometimes the person could be resistive to personal care, so the staff member arranged for them to get dressed into their suits at the same time to make the person feel more comfortable and relaxed. We found the staff member and the person had a good rapport and they were supported in an extremely caring way. We saw a copy of a compliment received from a relative of the person thanking the service and the staff for how kind and caring they were to the person. The compliment stated “When you told me how you planned and got [name] ready for this day, it made me cry. Such utter kindness and support.”

At the time of our visit there was nobody on end of life care. However, the service had systems in place to support people and families and maintained good links with professionals to ensure people were supported in a dignified manner. End of life care plans showed people’s wishes had been noted and discussed. When people had passed away, continued support was offered to their loved ones.

Good

Is the service responsive?

Our findings

We reviewed the care plans of 14 people. Care plans included areas such as end of life care, pre admission assessments, life stories, moving and handling assessments, medication, communication, personal care and care plans for specific needs such as pressure care and diabetes. Care plans were reviewed regularly and updated when people's needs changed. We spoke with the manager about rewriting new care plans when people's needs had significantly changed. Care plans could benefit from being made more person centred instead of task centred. We saw where applicable, families were involved in care planning, especially around locating information on people's life histories, their likes and dislikes and how to support them appropriately.

We looked at care plans for people who required specialist nursing support around pressure care. Clear guidance were in place on how to support people with their pressure care needs. This guidance was supported by further care plans including Malnutrition Universal Screening Tools (MUST), weight and pressure assessments, food and fluid intake charts, turning charts and air flow mattress checks. These were completed in full and were consistently updated throughout the day. Where people required specialist diabetic care, they were supported by clear care plans including blood glucose monitoring checks and a diabetic care plan explaining how to support that person. When we requested for archived copies of care plans and forms, these were promptly provided. We looked at completed pre admission assessments for people who were planning on moving to the service. These were completed by the deputy manager and went above and beyond the written questions, for example, learning about people's lives, what they did, how they felt about moving and what could be done to support them. The registered manager told us "For me, it's all about the wellbeing of the people here."

People and relatives told us they felt the service was responsive to their needs. Comments included "I got an infection, they were wonderful, got the doctor in straight away, they get me treatment without any delay", "I have [medical condition] and they recognise it pretty quickly if I am not feeling myself" and "They won't ever find anywhere to come up to this standard, they even sew my buttons on, they will do anything!"

Health and social care professionals we spoke with told us they felt the service was responsive. Comments included "I think it is quite good, there are always loads of activities going on. They are very transparent and open", "I have had a lot of involvement with the home, they are very responsive in make necessary changes and willing to develop and learn", "As a provider, they are not afraid to ask and are very responsive" and "The manager has kept me informed with every aspect of problems encountered with and we have made decisions together with other partner agencies."

We found the service to provide a range of activities to people. There were several areas in the service which allowed people to wander or sit in. All corridors had seats which allowed people to sit quietly outside of their own room if they wished. In addition there was an activities room, a function room and a safe enclosed garden. The service had a mini gym which we saw was used by people. The service provided an activity programme and was well displayed for people to see what was available. Each unit recorded when people were offered activities and if they wished to participate in them. We were shown images and information from a music festival the service had undertaken over the summer. People told us they were supported to undertake activities within the service and to access the outside community. Comments included "I have had hydrotherapy, they take us out; we had a very nice trip on a coach last week." People told us they were supported to visit the local pub. One person told us their vicar visited them weekly which was arranged by the service.

Throughout the inspection, it was evident that relatives were able to visit when they wished. One person told us they were supported to go to the local pub with their friends for their birthday. The service made monthly newsletters which were provided to people and relatives which included details of activities undertaken and future activities. The service conducted regular relative and residents meetings; however they felt the attendance was sometimes lacking, however we saw relatives and residents were involved in regular individual reviews of their care and of the service.

We looked at compliments and complaints within the service. We looked at four complaints received since the service's last inspection. Clear responses to people's complaints were recorded including actions and outcomes of the complaint. The manager told us "Professionally, I feel

Good

Is the service responsive?

a complaint is a chance for us to improve." We saw the provider's complaint policy was visible within the main reception and was also included in "resident's handbooks" which were provided to people.

Outstanding ☆

Is the service well-led?

Our findings

Staff, relatives and people were extremely positive about the management of the service. Comments included "The management is so good, they are so supportive and so caring", "This is a proper home because of the work they do", "The management have been nothing but supportive, they have really made me feel part of a team", "I can tell they care so much about the people and the home" and "We are very lucky to have the manager because he will listen. I know a lot of the decisions come from head office, but they are very good, but the manager is very good! We couldn't have a better manager." One relative referred positively to the manager's "open door policy". Another relative told us "The manager and deputy are both extremely nice and approachable."

The manager recently won the "Care home manager of the year" at the National Care awards a week prior to the inspection. The manager was one of five people nominated out of the country to be put forward for the award. He told us he felt very humbled to have been nominated and extremely pleased to have won. We looked at the nomination form which was completed by a person who used the service. Comments in the nomination included "He is in a class of his own and in my opinion head and shoulders above all others", "He fosters an ethos of care and compassion, his obvious love of the home is evident in every part of the building. He is in fact the very heart and soul of Avondale."

The management promoted an open culture within the service. Staff we spoke with told us they felt supported by a management team who invested in them. We were provided with an example of how management had identified a potential issue in relation to the amount of nurses being available to administer medicines and the potential impact this could have on people who used the service. Through supervision, feedback from residents and discussions with staff, Management were able to identify staff who could further their development by being trained to administer medicines. This was followed up by competency assessments and checks to ensure staff were adequately trained to undertake their new roles. One staff member told us "They see the potential in us." Staff were also identified for further development through being nominated as providing exemplary care by residents in their annual questionnaire.

It was evident through observations and discussions with people that the management were dedicated to people's wellbeing and meeting their needs. Management knew people well and took the time to spend time with people, relatives and professionals. The registered manager told us he had worked hard to ensure the service, people and staff were supported to achieve the best outcomes for people. It was apparent both the registered manager and deputy were passionate about the running of the service through their enthusiasm and management. Health and social care professionals told us they felt the management was very transparent and constantly striving to improve. The manager told us "The key to any service is the direction and example led by the Manager. The Manager must show drive passion commitment, enthusiasm and a genuine determination to make their service the best possible for their residents relatives and staff." The ability of the management to sufficiently manage a 90 bedded care home was apparent throughout the inspection through clear responsibilities and delegation. For example, responsible nurses and staff for each unit.

The management had good systems in place to assess and monitor the quality of the service. The registered manager undertook regular spot checks of people's care plans including medical records and care records. We saw monthly audits were undertaken around accidents and incidents that had occurred. These were then analysed to look at trends and patterns which were recorded including outcomes of the findings and action to be taken. Every six months, the provider undertook an internal audit of the service. Each month the manager reported his findings from audits back to the provider for evaluation. We saw infection control audits and medication audits were completed this year including a health and safety audit which was then checked by an external health and safety company to ensure it was correct. We saw evidence local GP's were included in quality monitoring around areas such as pressure care and any DoLS in place. Audits were also undertaken around the maintenance of the home, the kitchen, and fire safety.

Residents and relatives feedback was of great importance to focus on continually improving the service. Resident feedback forms were placed in communal areas, so people could complete and hand them in to management when they wished. Each year these were sent to head office and collated. We read the previous year's resident feedback questionnaires which included areas such as care, food,

Outstanding ☆

Is the service well-led?

activities and condition of the home. Opportunities were also given for residents to express any positives or negatives, and any suggestions they felt would improve the service. The majority of feedback was rated as either 'Excellent' or 'Very good'. 88% of people using the service rated the activities as good, very good and excellent. The service is a member of linked itself with the National Activities Providers Association (NAPA) in which Avondale won the NAPA Challenge for best care home for activity provision in 2012. This demonstrated consistency in the quality of activities at the home. The manager told us "Social Activities have to be equal standing with everything else in the home." Staff members were allocated a 15 minute daily visit to carry out a non-related care task at the preference of the person.

The management had undertaken innovative projects including the development of a future implementation of a sexual awareness workshop for people living with dementia. This was an area the manager had identified where innovative practice and development could be undertaken and was an area which staff training and understanding could be furthered to promote people's sexual needs and health. This had been well received by other providers who were also interested in the workshop. The service had good links with the local community, for example the regular use of a local hydrotherapy pool, police visits for cross community skittles matches and promoting the use of younger school students from the local colleges to actively be involved with the service which we saw on the days of our inspection.

Residents and relatives were involved in the running of the service through regular meetings. We looked at copies of recent resident and relative meetings. We saw people and relatives were involved and promoted to voice any concerns or praises. Where actions were identified, these we actioned as completed at the next meeting. Management also promoted the use of relatives to provide and conduct training from their own personal view points of caring for people with dementia. One relative delivered a talk to the staff as part of the services dementia care training about their journey from before diagnosis to living in a care home to provide a personal view of the difficulties they faced and what the expected from care staff. The management also ensured the role of the Care Quality Commission was explained to relatives and residents including details of how to contact the Care Quality Commission if required.

The commission had received appropriate notifications since Avondale's last inspection in November 2013. The registered manager was aware of the requirement to inform the Care Quality Commission where a notification needed to be submitted. When requested, the management submitted a comprehensive PIR report in a timely manner.