HC-One Limited

Avandale Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 6 and 7 July 2017 and was unannounced on the first day, and announced on the second. The service was last inspected in October 2014 and was rated as 'good' overall with a rating of 'requires improvement' in the 'responsive' domain, however we did not identify any breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Avandale Lodge is registered to provide nursing care and accommodation for up to 48 people. The service is spread over two floors and supports people living with Dementia, mental and physical health needs. At the time of the inspection there were 44 people living at the service.

The service did not have a registered manager in post. The manager in post had previously been registered with the CQC before giving up their registration in June 2017. 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.

In April 2017 there had been an outbreak of influenza within the service which had increased people's dependency levels. This had also impacted upon staffing levels and the management of the service. The registered provider had not effectively implemented contingency measures to manage this situation. Because of this we have made a recommendation relating to the contingency measures employed by the registered manager in relation to events such as these.

People received their medication as prescribed. We reviewed a sample of people's medication and found that the correct quantities were being stored. Protocols were in place for administering PRN ('as required') medication so that staff knew when to administer this. Where issues had arisen with people's medication the manager had been proactive in following this up to address this directly with staff.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and knew how to report any concerns they may have. There was a whistleblowing procedure In place which would enable staff to raise their concerns anonymously either inside or outside the organisation.

There were sufficient numbers of staff in post to meet people's needs. Staff were able to respond to call bells in a timely manner, and during one incident they responded quickly and effectively to maintain one person's wellbeing.

Recruitment processes were robust and helped protect people from the risk of abuse. Appropriate checks had been completed by the registered provider prior to a member of staff being employed to ensure they were of suitable character.

Staff had received the training the needed to carry out their role effectively. They had completed training in

areas such as moving and handling, infection control and the Mental Capacity Act 2005 (MCA). There was also an induction process in place for new staff which prepared them for their role, and enabled the manager to monitor their performance to assess their suitability for the role.

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

Staff treated people with dignity and respect. People commented positively on staff and we observed examples of good interactions. People presented as being at ease and relaxed in the presence of staff.

People's confidentiality was protected. Records containing personal information was stored securely in locked offices, which remained secure when not in use.

Care records were personalised and contained important information about the care and support that people required. These were reviewed on a monthly basis or where any developments occurred which meant these needed to be updated. This ensured that staff had access to accurate and up-to-date information.

There were quality monitoring processes in place to monitor the standard of care being provided to people. Information gathered as part of these quality monitoring processes was analysed and appropriate action had been taken to make improvements where necessary.

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.

There were sufficient numbers of staff in post to meet people's needs.

Recruitment processes were robust and ensured people were protected from the risk of harm.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and knew how to identify and report any concerns they may have.

Is the service effective?

Good

The service was effective.

Staff had received the training they needed to carry out their role effectively.

People were offered choice and control over their care which ensured their rights and liberties were being protected in line with the Mental Capacity Act 2005.

People received a diet that was appropriate to meet any special requirements they may have.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people, treating them with dignity and respect.

Staff communicated well with people living with dementia.

People's confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

People's care records were personalised and contained relevant and up-to-date information regarding their care needs.

People received the care and support they needed to maintain their wellbeing. Staff demonstrated a good knowledge of what people's care needs were.

There was a complaints process in place which had been used by people and their family members.

Is the service well-led?

Good

The service was well led.

People's family members spoke highly of the manager and they had a strong presence throughout the service.

There were quality monitoring processes in place to monitor the service being provided. Appropriate action was taken where improvements were identified as being needed.

The registered provider had systems in place to gather feedback from people using the service and their family members.

Avandale Lodge Nursing 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.

The inspection took place on the 6 and 7 July 2017 and was unannounced on the first day, but announced on the second.

The inspection was completed by one adult social care inspector.

Before the inspection, the registered provider completed 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 reviewed this document and used the information provided in our planning.

Prior to the inspection we contacted the local authority quality monitoring and safeguarding teams. They provided us with information relating to a recent safeguarding investigation which we incorporated into our planning.

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

We spoke with five people using the service and seven people's family members. We looked at the care records for four people. We spoke with five members of staff, the manager, the two deputy managers (clinical and non-clinical) and the area director. We reviewed the recruitment records for four members of staff. We made observations relating to the interior and exterior of the premises. We reviewed records

relating to the day to day management of the service such as audit records, environmental checks and supervision records.

Good

Is the service safe?

Our findings

People told us that they felt safe within the service. Some of their comments included, "Yes I feel safe here" and "I'm in safe hands". People's family members also told us they felt their relatives were safe. Their comments included, "[My relative] is very safe here" and "Staff seem to be very safety conscious". One person's family member commented that since starting at the service their relative's pressure ulcers had healed and they no longer had these. Pressure ulcers are injuries to the skin that can be caused through prolonged periods of pressure being applied to one area, for example when sitting or lying down.

People's family members did not always feel there were enough staff to meet people's needs. However, on both days of the inspection we observed there to be sufficient numbers of staff in place to meet people's needs. People were up and dressed by mid-morning and there were always staff available on the floor. We observed examples where staff were able to respond promptly when people pressed the call bell, and in one example staff reacted very quickly and efficiently to an incident that occurred.

We reviewed staffing rotas which showed that there were consistent numbers of staff in post. The registered provider had a staffing tool in place which helped them to determine the number of staff required to meet people's needs. The manager confirmed that where required agency staff were used to ensure there were sufficient staff on shift. People's family members confirmed that agency staff were being used and we also confirmed this using the rotas.

Staff acted promptly to maintain people's safety. In one instance a person started to choke on their food. Staff acted to set off the emergency alarm and we saw three staff and the manager respond quickly to this. One member of staff managed to dislodge the obstruction from the person's throat which prevented them from coming to any harm. Following this incident the relevant health professionals were informed and appropriate action was taken to minimise the risk of this incident occurring again in the future.

Risk assessments were in place to help protect people from the risk of harm. For example risk assessments were in place to monitor people's risk of malnutrition. Where people were identified as being at risk of this was reviewed on a regular basis, and their weights monitored. In another example, where people presented a risk to others due to behaviours that challenge, door sensors were in use to alert staff where people may leave their room during the night, or enter another person's room. On both days of the inspection we observed that these were effective and that staff responded promptly when these went off.

A record of accidents and incidents was maintained by the manager. These showed that there had been a high number of falls within the service during May 2017. However records showed that this had been during an outbreak of influenza within the service which may have acted to increase people's risk of falls. In June 2017 the number of falls had reduced, however one person had fallen a total of 13 times. We followed up on this and found that this person had been experiencing poor physical health. This had been identified by the manager and action had been taken to refer this person to their GP. In addition to this staff were supporting this person to alter their daily routine in an attempt to prevent them from becoming too tired, thereby reducing their risk of falls.

The registered provider had a safeguarding policy in place which was being followed by staff. Staff were aware of the different types of abuse and how to report any concerns they may have. There were posters placed about the service which detailed how staff could use the whistleblowing procedure. Whistleblowing is where staff can raise concerns inside or outside an organisation without fear of reprisals. Prior to the inspection taking place we spoke with the local authority who confirmed that the manager reported safeguarding concerns to them as required by the local authority's safeguarding policy and procedure. This helped ensure that people were protected from the risk of abuse.

We looked at the recruitment records for four members of staff and found that the registered provider had a robust recruitment process in place. New staff had been required to provide a minimum of two references, one of which was from a previous employer. Where staff may have had a prior a criminal record a risk assessment had been carried out to determine whether this would impact upon the safety of people using the service. A check by the disclosure and barring service (DBS) had been carried out prior to staff commencing in their role. The DBS alerts employers where a potential member of staff may be barred from working with vulnerable groups of people. This helps ensure that people are protected from the risk of harm.

People received their medication as prescribed. We looked at a sample of three people's medication and found that the quantities being stored were correct. We reviewed medication administration records (MARs) and found that these were being signed as required. MARs are used to show that medication is being given. Where people were prescribed medication to take 'as and when' (PRN), for example pain relief, staff had recorded the time at which this had been administered. There was also a clear protocol for PRN medicines so that staff knew when to administer these.

Where people required medication to be administered covertly, i.e. by concealing these in their food or drink, appropriate processes had been followed to ensure this was in their best interests. A mental capacity assessment had been completed and the GP had been consulted along with any other significant individuals who may hold legal authority to make decisions on the person's behalf. Where medication was being given covertly this process was also subject to a regular review to ensure it was still required.

Environmental checks were completed on a regular basis to ensure it was safe. Water temperatures were monitored on a weekly basis to ensure they were at a safe temperature. Water systems were being monitored so they could be checked for any harmful bacteria, and a risk assessment was in place regarding this. Electrical equipment such as hoists, the lift and emergency lighting had been serviced to ensure they were in safe, working order. We checked fire extinguishers and found that these had also been serviced. People's bedrooms were monitored on a monthly basis, which included a check on call bells and water temperatures.

Infection control procedures were in place to minimise the risk of infection. Staff had completed training in infection control. We observed examples where staff used personal protective equipment (PPE) such as disposable gloves and aprons prior to completing personal care tasks. The environment was clean and smelled fresh and we observed domestic staff completing a routine deep clean on the ground floor.

Good

Is the service effective?

Our findings

People told us that staff were good at their job. Their comments included, "They are very good with me" and "Yes they do their job well". People's family members also commented positively on staff. Their comments included, "Staff are skilled and able", "They (staff) are very good" and "The care here is very good. Staff are skilled at communicating". Throughout the inspection we observed staff demonstrating good communication skills whilst engaging with people living with dementia. We also observed staff using best practice when supporting people with mobilising and undertaking transfers.

Staff had received training in areas required for them to carry out their roles effectively. For example safeguarding vulnerable adults, moving and handling, equality and diversity and infection control. Training was provided to staff via a mixture of e-learning and classroom based training. The registered provider had processes in place to support staff with developing in their role, for example by undertaking additional training to become a nursing assistant.

There was an induction process in place to prepare new staff for their role. This consistent of a period of shadowing experienced members of staff, as well as undertaking training in relation to those areas outlined above. The registered provider's induction process was carried out in line with the Care Certificate, which is a nationally recognised set of standards which staff are expected to achieve. New staff were placed in a period of probation when they first started within their role. Where performance related issues arose during this period, the manager had taken a considered approach to whether the member of staff was suitable for the role or not.

Staff received supervision on a two to three monthly basis. This enabled the manager to discuss any performance related issues and for staff to raise any areas of development they wished to Pursue. Where incidents occurred within the service, the manager held a group supervision with staff to look at lessons learnt to help prevent incidents from occurring again in the future. Staff appraisals were also carried out annually during which staff reflected upon their job role, values and their practice. This provided the foundation for discussions around any developmental needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were.

Staff had a fundamental understanding of the MCA and DoLS. We observed staff offering people choices, for example where they would like to sit and spend time in the service and what meals or drinks they would like to eat. Nursing staff were aware of a condition of one person's DoLS regarding their medication regime and we observed this was being followed. This showed that people's rights were being protected by the service.

A recent survey completed by the registered provider showed mixed views from people's family members regarding the quality of food being provided. People using the service made positive comments about the food, such as "There's a choice of food. I can either sit in the dining room, or in my room. Food is good" and "the menu always looks nice. We can have seconds". During lunch time we observed that food was presented well and looked appetising, and a majority of people finished their meals. There was plenty of food available in the kitchen included fresh and tinned fruit, deserts, milk and fresh ingredients for main meals.

During meal times people received the support they needed. Staff were supportive and attentive, sitting with those people who required their support. Kitchen staff had a good knowledge of people's nutritional needs; however we suggested to the manager that a more accessible record of people's nutritional needs would be beneficial so this information was more readily available. Kitchen staff were quickly made aware that one person's dietary needs had changed and had put an appropriate diet in place to support them.

Where required people were supported to access their GP or support from other health professionals. Daily records showed that staff had updated the relevant professionals with any concerns so that people could receive the help maintain their health and wellbeing.

Parts of the environment had been decorated to meet the needs of people living with dementia. Some people had their photographs on their bedroom doors to help them identify which room was theirs. Other parts of the environment such as lounge areas and dining rooms were easily identifiable and looked comfortable and inviting. Communal areas were well lit, and there were objects of interest for people to touch and hold which can help stimulate people and reduce levels of anxiety.

Good

Is the service caring?

Our findings

People commented positively upon staff. Their comments included, "Staff are all very good", "I like living here" and "I like staff". One person commented to us that the deputy manager was "lovely". People's relatives also made positive comments about staff. They told us, "Staff are excellent", "Staff are really nice and lovely", "Staff are respectful and compassionate to [my relative]" and "Carers are lovely. I trust them all".

Throughout the inspection we observed examples where staff were kind and caring to people. Staff referred to people by their preferred names and spoke with kindness. They offered people reassurance where they started to become anxious, speaking in soothing tones to help calm them down. People presented as relaxed in the company of staff and there was a lot of laughter and discussion between them. This helped to create a calm and relaxed atmosphere which was conducive to people's wellbeing.

Staff demonstrated patience and good communication skills when supporting people. We observed staff speaking slowly and clearly to people living with dementia to help ensure they understood what was being said. In one example where staff were supporting a person with transferring using a hoist, staff provided clear instruction and focussed on the person to ensure they did not become upset or distressed. In other examples we observed staff using visual prompts to help promote choice. For instance during lunch time, a member of staff showed a person two different meals to help them select which option they would prefer. When talking to people staff crouched down so that they were on the same level, rather than standing over them.

Staff were aware of how to support those people living with a sensory impairment. We spoke to one person who was registered blind who told us staff spoke clearly to them whilst providing support. We observed examples where staff announced themselves to this person before entering their room, telling them who it was and outlining what they were doing. In other examples people had their hearing aids and glasses available as required.

People told us that staff treated them with dignity and respect and acted to maintain their privacy. We observed examples where staff knocked before entering people's bedrooms, and ensured doors were closed whilst attending to people's personal care needs. People's bedrooms had curtains in place to help maintain their privacy which staff told us they would draw before attending to personal care tasks.

People's family members told us that they were made to feel welcome when they visited the service and confirmed that they were offered refreshments. This allowed them to spend time socialising with their relatives as they would in their own homes. We observed examples where staff were respectful during their interactions with family members.

People's confidentiality was protected. Records containing personal information was stored securely in locked offices and computers were password protected to prevent unauthorised access. Staff ensured that offices were locked when not in use.

People could not always remember if they had been involved in the planning and development of their care. However care records contained reviews which showed that where appropriate their relatives or relevant professionals had been involved in the review process. Information regarding the local advocacy service was available to people should they need to access this. An advocate acts as an independent source of support to people where decisions are being made about people's care needs. They ensure that their wishes and feelings are considered.

People's care records contained information about their end of life wishes. Where people did not want to be resuscitated in the event of failing health this was clearly documented at the front of their care record so this information could be easily accessed by staff. Where people were at the end stages of their life, information regarding any special arrangements or important contacts were included. One person's family member had left positive comments about the way their relative was treated during the end of their life, stating, "The care for [my relative] during their last weeks could not have been better if they had been the queen".

Good

Is the service responsive?

Our findings

People told us that staff provided the support they needed. Family members provided mixed views on the cleanliness of their relatives. One family member told us that they felt their relative required bathing more frequently, whereas another pointed out that their relative's fingernails were not clean. However other family members made comments such as, "[My relative] is always clean and fresh" and "[My relative] looks smart. Sometimes it can be difficult for staff because of [my relative's] illness". We made observations on people within the service and found that they presented as clean and well dressed.

Prior to people moving into the service an initial assessment was completed to determine whether the service was suitable and able to meet their needs. This assessment included a consideration of people's physical and mental health needs, communication and personal care support. During the inspection we heard the manager planning an initial assessment with one person, giving particular consideration to their sensory needs and mental health and how well their needs could be met by the service. This demonstrated a considered and detailed approach to ensuring the suitability of the placement.

People's care records contained personalised information about their care needs, including details such as their likes, dislikes, preferred daily routines and social history. For example one person's care record stated they "like a milky drink at night and will shout 'hello' if they require reassurance during the night". Other people's care records outlined important others in their lives such as family and friends, and provided details of their life history. This information enables staff to get to know the people they are supporting, and facilitates the development of positive relationships.

Care records also contained details regarding people's support needs. For example where people were at risk of developing pressure ulcers it was clearly documented what support they required from staff. The family member of one person who was at very high risk of developing these told us that since moving into the service their relative's pressure ulcers had healed. Where people had a required their food administering via a tube directly into their stomach (PEG), a clear procedure was in place outlining the procedure for doing this. In another example a person who exhibited behaviours that challenge had a care plan in place regarding this outlining how staff should manage these. During the inspection we observed staff managing behaviours that challenge skilfully and with tact. For example one person started shouting at staff, however staff remained calm, ensured the person was not at risk of harm and gave them space to calm down. This demonstrated that staff were providing the care that was required to meet people's needs.

Information within people's care records was reviewed on a regular basis. Where changes had occurred information was updated which helped ensure that staff had access to accurate information regarding people's support needs.

Staff updated records on a daily basis outlining the care and support that had been provided to people. Where people were at risk of dehydration and malnutrition diet and fluid monitoring charts had been completed which outlined people's daily intake. This enabled staff to identify where people's intake had been poor. Where people required support with altering their position to relieve their pressure areas charts

were in place which showed that staff were doing this. Staff also wrote a daily update on people's presentation, outlining any issues or developments in people's care which may be relevant for staff on the next shift.

Activities were available to people to protect them from the risk of social isolation. During the inspection we observed staff sat chatting and engaging with people in a very person-centred manner. We observed a group of people doing arts and crafts with staff, and another group of people attending a pamper session in one of the communal areas. This involved having their nails done, hand massage, brushing their hair and listening to music. The manager told us that a specific member of staff was on shift to provide these pamper sessions to people. An activities co-ordinator was also in place who demonstrated a good knowledge of people's needs. We observed the activities co-ordinator spending time with people in their bedrooms having a chat.

There was a complaints procedure in place which was accessible to people and their family members. The manager and registered provider had responded to people's concerns promptly and in line with the registered provider's policy, and a review into people's concerns had been undertaken. For example complaints records showed that a complaint had been made about the use of anti-psychotics within the service. Anti-psychotics are a type of medication that can be used to sedate or control people's behaviours where they have behaviours that challenge. A review of this person's concern had been carried out by the manager which showed that over time the use of anti-psychotics within the service had significantly reduced, showing that action had been taken to reduce people's dependency upon these. This showed that appropriate action was taken to address concerns that were raised.

Good

Is the service well-led?

Our findings

There was no registered manager in post as the manager had cancelled their registration in June 2017. The manager had declared their intention to resign from their post and was serving their notice period. The registered provider confirmed that they were in the process of recruiting a new manager to fill this position.

The manager had a strong presence within the service and was well known by people and their family members. People's family members spoke highly of the manager, telling us that they were proactive at responding to their concerns and making changes that were required. Their comments included, "The manager is approachable" and "The manager is responsive. When [my relative] first came here they started to lose weight. They monitored them and they put this weight back on". During the inspection the manager responded quickly to oversee an incident that occurred and proactive in ensuring that appropriate follow up action was taken.

In April 2017 there was an outbreak of influenza which impacted upon staffing levels, increased the dependency of people using the service and caused the manager to go off sick. During this period there was increase in the number of falls experienced by people using the service. The manager confirmed that staffing levels had not been increased during this period to meet the increased dependency levels. The area director also confirmed during a safeguarding meeting that contingency plans that were in place had not been implemented. Following the inspection we contacted the registered provider who confirmed that parts of the required process had not been followed. The registered provider took action to minimise the risk of this occurring again in the future.

We recommend that the registered provider review their contingency plans for managing outbreaks of influenza based on best practice.

Audit systems were in place to monitor the quality of the service being provided. These looked at areas such as accidents and incidents, people's weights and medication. The manager had taken action to identify those people most at risk of falls and any possible causes relating to this. Action had also been taken to refer people on to the relevant health professionals where required to minimise the risk of this reoccurring. Medication audits were being completed which had been effective in identifying issues addressing these; for example where staff had failed to sign the MAR the manager made addressed this directly with the member of staff.

The registered provider had quality monitoring systems in place to monitor the service being provided. The area manager had completed a visit to the service in June 2017 looking at areas such as accidents and incidents, call bells, care plans and infection control procedures. This had identified issues relating to increased use of agency staff and the high number of falls during the influenza outbreak.

The manager had held meetings with people and their family members to discuss the service. This had helped the manager to identify areas of the service that needed improving. For example during the meeting in April 2017, family members raised concerns around staffing levels. In response to this the manager had

contacted the registered provider suggesting the solutions needed to improve staff retention. As an interim measure the registered provider responded by authorising the use of an agency that was able to provide the same staff consistently. This meant that agency staff were more familiar with people using the service, and decreased the risk of incorrect or poor care being provided.

The registered provider had sent out questionnaires to people's family members to get their view of the service. The results showed that 16 family members had responded, with 82 per cent rating the service as 'good' or 'excellent'. The remaining 19 per cent had given an overall rating of 'satisfactory'. There had been some aspects of the service which a minority of family members had expressed dissatisfaction with, which included the décor, the maintenance of the gardens and the visibility of people's care plans. At the time of the inspection visit the results had only just been published so the manager had not had an opportunity to determine how to respond to the results.

The manager held team meetings with staff on a regular basis and on an ad hoc basis where issues needed to be discussed with the whole staff team. This provided staff with the opportunity to contribute to discussions regarding the running of the service, and facilitated learning from incidents to prevent them from occurring again in the future.

The service had links with the community. End of life care training had been provided to staff through a local hospice, and the pampering sessions had also been introduced through working with the hospice. This contributed to ensuring that people's wellbeing was maintained.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we reviewed our records which showed that this had been done as required. This meant that the registered provider was complying with the law.

The registered provider is required by law to display the most recent rating given by the CQC. During the inspection we observed that this was on display for people and their family members. Prior to the inspection we also checked that this was being displayed on their website and found that it was. This meant that the registered provider was complying with the law.