

## Avondale Rest Homes Limited

# Avondale Rest Home

### Inspection report

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Date of inspection visit: 20 and 21 August 2015  
Date of publication: 09/10/2015

### 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?

Good 

### Overall summary

This inspection took place on 20 and 21 August 2015.

Avondale Rest Home is registered to provide accommodation for 19 older people who require personal care. There were 18 people living at the service on the day of our inspection.

A registered manager was in post. 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 were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People

# Summary of findings

had support to access healthcare professionals. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they were supported by friendly and caring staff. People were supported to participate in suitable social activities.

Staff used their training effectively to support people. The manager and staff understood and complied with the requirements of the Mental Capacity Act 2005.(MCA) The manager was aware of their role in relation to Deprivation of Liberty Safeguards (DoLS) and how to support people so as to ensure they were not placed at risk of being deprived of their liberty.

Care records were regularly reviewed and showed that the person had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People told us that they received the care they needed.

The service was well led. People knew the manager and found them to be a strong presence in the service. People living and working there had opportunity to say how they felt about the service and the care it provided. Their views were listened to and actions were taken in response. The provider and registered manager had basic systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

# 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.

Staff knew how to recognise and report abuse. There were systems in place to manage risk for the safety of people receiving and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service. There were enough staff to meet people's needs.

People's medicines were safely managed.

Good



### Is the service effective?

The service was effective.

Staff received training and supervision suitable for their role.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet. People were supported to access appropriate services for their on-going healthcare needs.

Good



### Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs. Staff knew people well and what their preferred routines were.

People's privacy, dignity and independence were respected, and their visitors were welcomed.

Good



### Is the service responsive?

The service was responsive.

Care plans contained the relevant information needed to meet people's needs. People were supported to follow interests and activities they enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



### Is the service well-led?

The service was well led.

The atmosphere at the service was open and inclusive.

Staff felt valued and were provided with leadership support and guidance to provide a good standard of care to people.

The provider had improving arrangements in place to monitor, identify and manage the quality of the service

Good



# Avondale Rest 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 was planned to check 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 was undertaken by one inspector on 20 and 21 August 2105 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information

we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with three people who received a service, two of their relatives and two visiting healthcare professionals. We also spoke with the manager and four staff working in the service.

We looked at six people's care and medicines records. We looked at records relating to four staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

# Is the service safe?

## Our findings

People confirmed to us that they felt safe with the service they received and one person said this was because, "The staff are nice." Visitors told us they felt reassured that their family member was safe in the service. One person said, "I do feel [person] is safe here. There is good communication; they don't let anything go without telling us, we can turn up any time. We have never had any hint that [person] wanted for anything. We were vigilant but we have no worries anymore."

People were protected from the risk of abuse. Policies were in place for safeguarding people and whistleblowing and these were signed by staff to confirm their understanding and agreement. Staff told us that they had received suitable safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns where necessary. Staff told us that they felt the manager would respond positively to any concerns raised, however they would go outside of the organisation if needed to report any concerns to ensure that people were kept safe.

Risks were identified and actions were planned to limit their impact. People's care plans included information about risks individual to them and guidance was in place to help staff to manage this safely. Staff we spoke with were aware of people's individual risks and told us how they kept people safe, for example using safe moving and handling.

The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included fire, Legionella and dealing with emergencies. An emergency evacuation plan was in place for each person using the service. Staff received training in emergency procedures such as first aid and fire and were able to describe the procedures to follow in such an event. Certificates were available to show that equipment, such as the passenger lift and hoists, as well as fire equipment were

inspected and serviced routinely to ensure that they were well maintained and safe. The manager told us that, following analysis, there had been a decrease of falls in the service due to better risk assessments and planning.

People were protected by a robust recruitment process that ensured staff were suitable to work with people receiving the service. Staff told us that references, criminal record and identification checks were completed before they were able to start working in the service and they had a detailed interview to show their suitability for the role. This was confirmed in the staff records we reviewed.

People told us that staff were always available to help them when they needed it. One person said, "If I ring, they do come. I don't like to bother them but they tell me to and that that is what they are there for." Another person said, "Staff do come when you ring the bell, there are definitely enough staff." A visiting relative said, "There are enough staff, the ratio is superb."

People were supported by sufficient numbers of staff to meet their needs safely. The manager told us that while no system was in place as yet to assess staffing needs, this was planned. They worked regularly as part of the care team and so had a current and on-going understanding of people's needs to inform staffing level needs. Staff confirmed that there were enough staff available to meet people's needs and provide them with the required support. We saw that staff were available when people needed them, such as for support to move from place to another or to offer assistance at mealtimes.

People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept. Temperatures were recorded of the medicines storage area to ensure it remained within the safe recommended storage temperature. Medication administration records were consistently completed and tallied with the medicines available. People received their medicines as prescribed. People confirmed that staff supported them with their medicines and that they received their medicines when they should.

# Is the service effective?

## Our findings

People were cared for by staff who were trained and supported in their role. One person said, "Staff are very much able to do their jobs and they do everything well." A health professional told us, "Staff really seem to know what they are doing." A visitor said, "Staff seem well trained." The manager told us, "We have some really great staff who are really good at their job."

Staff told us they had had an induction when they started working at the home. This had included working alongside more experienced staff to begin with and being mentored by the registered manager. Staff told us that the induction and training provided them with the knowledge they needed to meet people's needs safely and effectively. Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. The manager told us that the frequency of formal staff supervisions had improved recently so they could complete this year's annual appraisals. This was confirmed in records and had included night staff. The manager worked alongside staff routinely and supervised their practice and skills in this way. Staff confirmed this and told us that they felt well supported in their work.

The management and staff team had completed training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a basic understanding of their role in relation to MCA and DoLS and how these should be applied. Assessments of people's capacity had been completed in line with the Mental Capacity Act 2005 (MCA) and where appropriate, best interest decisions had been made. The arrangements for the administration of covert medication, that is medication given in a disguised way, for example, had been assessed for individual people. Records showed that this had been agreed as in their best interests by appropriate people involved in their lives including a clinical nurse specialist and their family. The manager was aware of changes to the DoLS guidance

following a Supreme Court ruling. They were in contact with the local authority for advice and support on completing the required assessments for DoLS applications for people using the service.

People were supported to maintain their nutritional health and had enough to eat and drink. People's individual preferences and nutritional needs were known to staff, including those preparing meals. People told us they enjoyed the food and drinks served and that they always had a choice. One person said, "The food is good, you have your choice, they ask you what you like." Another person said, "We have plenty of food, plenty of water and lots of tea, I do not like coffee."

People's risks in relation to nutrition and hydration were assessed and monitored and food and fluid charts were maintained where required. Records showed that specialist support was requested where required. People's weight was routinely recorded and monitored to support their health and well-being. A relative said, "[Person] has improved since they came here as they used to get dehydrated at home. Here they are encouraged to have plenty to eat and drink and [person] is actually putting on weight."

People's healthcare needs were well managed. Care records showed that staff were proactive in gaining prompt and effective access to healthcare professionals and assessment services. One person told us that staff listened to them and called the doctor for them when they did not feel well. They said, "They talked me into seeing the GP when I wasn't feeling well and they were right. So I was glad they had looked after me and given me good advice." A healthcare professional told us that that staff monitored people and called them in good time and were excellent at following advice provided. Another healthcare professional told us that staff regularly sought advice and checked such things as the suitability of equipment to best maintain people's health and wellbeing.

# Is the service caring?

## Our findings

People told us they were satisfied with the care they received and that staff were caring and kind. A healthcare professional told us that people were provided with excellent care at this service. One person told us staff were nice and another person told us staff looked after them and were good to them. One person said, "The staff are very friendly. They come when you call and could not be better. They will spend time with you." A healthcare professional said, "Staff are caring. The quality of care here is very good. Staff call people by their preferred name, they know people well and respect their privacy and dignity." A visitor said, "The care is very good. The staff are very good. They are nice and kind."

People's care needs and preferences were taken into account. One person said, "My family were involved in my assessment and checked the service first. They asked about our needs. I am not interested in my care plan, I am cared for so well it does not bother me." A relative said, "We know about the care plan, every now and then they tell us when there is a change and they tell us what is what. I sit and watch. They are very caring in respect of my [family member] and very caring towards everyone here. I don't know how they do it."

People were involved in making day to day decisions and choices. Staff asked people for their preferences such as if

they were ready to leave the table, or where they would prefer to sit and telling people that the choice was theirs. A staff member told us, "We are here for [people] and we give them encouragement, but they decide." One person told us, "There is no problem with choice. They offered me a bigger room but I am cosy here and so refused. It was not a problem."

Staff interacted with people in a caring way and spoke with them in friendly tones. Staff clearly knew people's likes and dislikes and people and staff chatted easily together in an appropriately familiar way. Many of the staff had worked with people for a number of years which enabled relationships to develop.

People confirmed that staff respected their dignity and privacy. Staff spoke to people in a respectful way, for example, staff knew and used people's preferred names. People who needed support with personal care were assisted discreetly. Staff spoke quietly with people about matters relating to personal care to respect their dignity. People confirmed that staff closed doors when people were receiving support with personal care.

People were supported to maintain relationships that mattered to them. Visitors told us they could visit at any time. One person said, "We can turn up at any time. They are always welcoming." Another visitor said, "We are here often and are always welcomed."

# Is the service responsive?

## Our findings

People's needs had been assessed before they came to live in the service and they and their relatives were involved in the planning of their care. One visiting relative said, "We were involved in the assessment and the manager and deputy manager visited us at home." Another relative told us, "They did an assessment. We had long discussions about [person's] needs and then they did the care plan. It is very good." The assessments were used to inform individual care plans. An assessment, basic care information and relevant risk assessments were in place for a person very recently admitted to the service. The deputy manager confirmed this care plan was being further developed as they got to know the person. Detailed care plans were in place for the other people whose care records we looked at. This provided staff with clear information on how to support people's needs in the way they needed and wished for. The care plans had been reviewed regularly, or as people's needs had changed, so that staff had current guidance on how best to meet people's needs.

People received care and support that was responsive to their needs. One person's mobility had decreased and they had a new walking aid. The manager arranged for a new sensor to be fitted to the passenger lift so as to give the person more time to use it easily and maintain their independence. One person told us that they did not like to have a bath and that staff gave them a full body wash, which was what they preferred. Staff were clearly aware of people's individual preferences for daily routines as identified in their plan of care. Staff told us, for example, how one person liked to eat in the evening just before going to bed while another person preferred to eat breakfast in their bedroom before getting washed and dressed.

People told us they had a range of activities and social events available to them that suited their needs. These included group activities such as bingo and quizzes, going

into the garden and individual activities such as reading and doing puzzles. People also had opportunities for individual conversations with staff and to have visits from a representative of their faith. People told us about the garden party held the weekend before our inspection, that was also attended by families and friends and how enjoyable they had found this experience. Some people preferred to spend time in their own bedrooms following their own lifestyle choices. One person said, "I do go down to activities but I prefer my own company. I like to read the newspaper and watch television in my own bedroom." Another person said, "I watch television in my own room and just do the things I like to do. I could not stand bingo or such activities, it is just not me."

The provider had a complaints policy and procedure in place that had been recently reviewed. The complaints information gave people clear timescales within which the provider would need to respond and actions would be implemented so people knew what to expect. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. A system was in place to record complaints and to show any outcomes or learning identified. The manager told us that no complaints had been received since our last inspection so we were unable to judge the procedures' effectiveness.

People told us they had no complaints and confirmed that they would be able to talk to staff if they did. One visitor said, "We would feel able to complain. We get on well with the manager who is always happy to chat to us." Another visitor said, "[Person] could say if they had any problems but they never have. We could complain, but any query is dealt with immediately so no problems do arise." Staff were aware of the requirements of the provider's procedure in relation to complaints. They told us they would try to deal with any smaller matters immediately. If they felt this was not possible, they would offer to log the person's concerns and refer them to the manager to follow up.



# Is the service well-led?

## Our findings

People told us that the service was well-led and managed. One relative said, “The manager runs the home very well. They have the ability to get staff who are good at their job and do the job as intended without having to chase them.” A healthcare professional said, “This home is really well-led by the manager.”

The manager promoted an open and positive culture and people knew who the manager was. People told us they saw the manager often and that the manager always asked them if everything was alright for them or if they needed anything. People benefitted from an established management and staff team that worked together and were clear about their roles and responsibilities. Staff told us that the manager and deputy manager were approachable and supportive and all staff worked as a team with good communication systems in place. Staff also told us they had received support and opportunities to develop their knowledge from the manager. A member of staff said, “I have done National Vocational Qualification levels 2 and 3 in Health and Social Care. It took a while but I got there. They helped me to understand my everyday work. You can go to the manager or the deputy and they sort things out when they say they will. I honestly do think this home is well managed and people say good things about it. It is really nice. Staff are important here and people make you feel like you matter.”

The manager worked as part of the care staff team including working night shifts on occasions. This provided people and all staff an opportunity to speak with the manager and allowed the manager to know everything about the way the service ran and the care people received.

The manager told us that it enabled them to ensure that the main aim of the service; to provide people with a home from home where they received the care they needed in the way they preferred, was met.

Systems were in place to gain people’s views on the service. The manager told us they had provided all relatives with their mobile telephone number so that relatives could contact them at any time. People told us they felt they could talk to the manager if they needed to. A relative said, “The manager is very good. We know both the manager and the deputy manager. We can contact them at any time.” While a formal analysis had not been completed, all responses to the satisfaction survey of 2014 were positive. This included areas such as standards of care and privacy in the service. Staff told us that staff meetings happened about twice each year but that as the team was so small and the manager so readily available, they were able to discuss any suggestions on a daily basis and felt listened to.

The manager had improving systems to monitor the quality of the service. The manager told us that they knew the people, the staff and the service quality well as they worked regularly as part of the staff team. This enabled them to support and guide staff and identify any areas that needed improvement. Recorded checks of the laundry and kitchen had been undertaken and actions identified had been completed. Audits of care plans were in place and medication audits were to include more people each month so as to be more robust. The manager was working with the advice of the local authority and had introduced, for example, an environmental audit and a more detailed analysis of falls in the service, to ensure continuous improvement.