

# Beacon Place Limited

# Avery Lodge

## Inspection report

37 Beacon Lane  
Grantham  
Lincolnshire  
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Tel: 01476590674

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Avery Lodge is a residential care home which provides accommodation and personal care for up to 64 older adults and people living with dementia. There were 59 people living at Avery Lodge on the day of our inspection.

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

People were protected from abuse. Staff were knowledgeable about how to recognise and report abuse. Systems were in place to ensure people's safety, although these were not always effective in determining the level of risk associated with falls. The registered manager took immediate steps to ensure people's falls risks were reviewed and the correct measures were in place. Risks associated with choking and skin integrity were managed appropriately and records were clear for staff to follow. Medicines were managed appropriately. Records of staffing levels showed the home was being staffed according to people's needs. Staff told us staffing levels were sufficient but said staff sickness sometimes affected this. Staff were recruited safely and in line with regulation.

People's needs were assessed prior to moving into the home. Some people told us they were not satisfied with the quality of the food and told us the kitchen occasionally ran out of ingredients and condiments. We informed the registered manager who evidenced a plan to resolve the issues. Staff told us they received training they needed to do their job well. Staff told us they felt supported in their roles. People's consent to care was sought. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring, thoughtful and attentive. Staff seemed motivated and enthusiastic in their roles. People and relatives consistently told us staff were kind and caring and they were treated well. People were given the opportunity to express their views regularly and were involved in their care. Staff were knowledgeable about how to maintain privacy and dignity.

Care planning captured people's fundamental needs, but some development was required to capture more detail about people's likes and dislikes and what is important to them. The way people were involved in reviewing their care needed further development. We discussed this with the registered manager who developed a plan to address this. People knew how to complain and raise concerns and were listened to. Complaints were responded to appropriately and in line with policy. People were given the opportunity to take part in regular activities of their choosing. People took part in a variety of activities which they enjoyed.

There was a new registered manager who had plans to develop and improve the service. Staff were complimentary about the support they received from their managers. People and relatives were complimentary about the way the registered manager responded to issues and were happy with the support provided since in post. Processes were in place to ensure the delivery of care was monitored and checked.

regularly. Governance systems identified areas for improvement and plans were developed and actioned. The registered manager and the team built good working partnerships with other health and social care professionals and was developing and building links in the community.

#### Rating at last inspection

The last rating for this service was Good (published 02 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Avery Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, registered manager, assistant manager, care workers and the maintenance officer. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including

policies and procedures were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Systems and processes were in place to protect people from known risks. These were not always followed correctly. For example, the system used for categorising the level of risk associated with falls was not always completed accurately which meant some people who should have been high risk were categorised as medium risk. Nobody was harmed because of this error and the registered manager took immediate action to resolve this.
- People who were at risk of choking and skin breakdown had risk assessments which described the steps staff should follow to reduce the known risks and keep them safe.
- Maintenance checks were carried out regularly to ensure the building, facilities and equipment were safe to use.

### Staffing and recruitment

- Several people told us they had to wait longer than they thought appropriate for care and support and told us the home was short-staffed at times. One person said, "If I ring my bell, I often have to wait a long time, it makes me think that if it is me that rings the staff do not think it is important." Another person said, "The weekends can be difficult as there not so many staff on duty." During the inspection we observed staff respond promptly to people's needs.
- The registered manager used a staffing calculator which calculated the amount of staff required to ensure people's needs would be met. Records of staff rosters and timesheets showed the home was consistently staffed according to the calculated amount of staff required.
- Staff told us the home mostly had enough staff to meet people's needs but told us staff sickness and absence occasionally had an impact on this. The registered manager told us the staffing levels were regularly reviewed and processes to reduce staff sickness were improving levels of staff attendance.
- Recruitment of staff was carried out safely and complied with regulations. Previous work history and suitability for the roles were checked. The disclosure and barring service was checked to establish if new staff had previous criminal convictions.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Avery Lodge. One relative said, "I feel that my [relative] is safe because the home is well organised, and the staff are very nice, which gives you confidence to know that [relative] is being looked after"
- The provider had a safeguarding and whistleblowing policy which staff were aware of. Records showed, and staff confirmed training was provided to enable staff to recognise and report abuse. One staff member said, "I am the trainer for the home. The training makes sure people are safe and secure." Another staff member said, "If someone was being physically abused, we might see bruises and scratches."

### Using medicines safely

- People's medicines were administered safely. Systems and processes to ensure people received their medicines were followed by staff. Records showed prescribed medicines were administered correctly. People who required 'as needed' medicines had guidelines in place to ensure their medicines was given to them when they needed it.
- Training records showed staff received training to administer medicines and were observed by a qualified person to ensure they were competent. One staff member said, "Yes we had training. We get one [observed practice] when we are first trained and then again every year as an update."
- Medicines were stored safely and securely in people's own rooms. Where medicines required keeping at a certain temperature these were stored in a refrigerator.

### Preventing and controlling infection

- People told us they were happy with the cleanliness and hygiene standards of the home. One person said, "The housekeepers come in and clean my room every day; they dust, clean the floor and the bathroom"
- The home appeared clean throughout. Cleaning staff were employed to clean the home daily and ensure clothing and bedding were washed following safe hygiene standards.
- Staff were seen wearing gloves and aprons. Clear signage in the home encouraged staff to wash their hands regularly.

### Learning lessons when things go wrong

- The registered manager had developed a clear system for ensuring accidents and incidents were reviewed and discussed with key staff members. For example, falls were recorded on an electronic database and reviewed regularly. The registered manager told us recent analysis of falls had shown most falls were taking place during the night time hours and were mostly unwitnessed. A link was made between the falls incidents and people getting up in the night to use the toilet. This led the registered manager to put measures into place to ensure people received improved support with their continence, which reduced the amount of falls people were having.
- The registered manager had introduced a daily 'flash meeting' with key staff where incidents and analysis was discussed. Information from falls reports and accidents and incidents had been added to a risk register which was reviewed at the daily flash meeting. This had improved safety within the home.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Several people were not satisfied with the variety of food available. One person said, "The food is a bit repetitive, sponge for pudding yesterday and for today." Some people told us they were happy with the choice of food but several people we spoke with expressed some level of dissatisfaction.
- A predominant theme of dissatisfaction related to the kitchen running out of food and condiments. One person said, "They seem to regularly run out of food items, such as sauces." We informed the registered manager about this and were assured they would resolve the issue with the kitchen staff.
- Meeting notes showed people were consulted about what they wanted and liked to eat. Menu options included a balance of food types which were healthy and nutritious. Fresh fruit and snacks were available for people throughout the home.
- People were regularly offered drinks and were encouraged to keep hydrated throughout the day. One relative told us, "They do important things such as making sure my [relative] always has a jug of juice so they drink to keep their catheter flowing."

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

- People's needs were assessed prior to moving into the home. Records of assessments carried out showed people's health needs were considered. Where people needed support to manage their health, information about the support the person required was recorded.
- Care plans were developed using the information obtained during initial assessments. Care plans contained basic guidance for staff to follow to ensure people's health needs would be met. For example, one person had been diagnosed with dementia and the details of this had been recorded in the assessment.

Staff support: induction, training, skills and experience

- Records showed, and staff confirmed they were provided with a comprehensive induction when they first started work at Avery Lodge. One staff member said, "We do a three to five-day induction when we first start." The staff member told us the training was delivered at the home and was mostly delivered in person by a qualified trainer.
- Staff told us they received ongoing training throughout their employment, "We get regular update training when we need it. If the managers have concerns they send us for more training. The training programme is pretty good. There is quite a lot on it."
- Managers received support to obtain professional qualifications to ensure they had the skills and knowledge to be effective in their roles. The deputy manager told us, "I am doing a programme at the moment which is around leadership. I have been in the role for about 18 months now, the training has helped me to get to grips with it."

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

- Records showed people received the support they needed to access healthcare services they required. For example, GP's, district nurses, opticians and dental care.
- Where people's needs changed because of their health, appropriate referrals were made to health and social care services to ensure their care would meet their needs in the future. For example, one person was experiencing difficulties swallowing and the staff made referral to the speech and language therapist for professional advice and guidance.
- The registered manager showed us a database they were using to keep contact information for health and social care professionals and local services and charities who could provide advice, guidance and awareness to the staff team.

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

- The accommodation was spacious and provided people with facilities such as lounge and dining areas, a hairdressers and a bar area to enjoy beverages.
- People's rooms were decorated according to their preferences and contained personal items such as pictures and personal memorabilia. Each person's room included an en-suite shower room which provided them with privacy.
- Points of reference such as memory boxes were placed outside people's bedrooms, so they could recognise their own bedroom.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were working in line with the principles of the MCA.

- Staff received training in relation to the MCA and demonstrated that they understood the principles. One staff member said, "Don't presume people don't have capacity. If they haven't we have to ask 'are we doing things that are in people's best interests.' It's also about the least restrictive ways of supporting people."
- Records showed capacity assessments had been carried out to establish what support people required with decision making.
- Some people living in the home were being deprived of their liberty. Records showed the relevant authorisations had been obtained. Review dates for the authorisations were clearly recorded. All documents included evidence the least restrictive options had been explored.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them well and they were fond of them. One person said, "The staff are very good; they have a lot to cope with and are very caring." Another person said, "The carers are wonderful; they lift you up when you are feeling down, and they are very kind. They work hard, but there needs to be more of them."
- Relatives told us staff were kind and caring toward their family members. "The carers all seem to be jolly and friendly; they seem to be here to please and they are very helpful." Said one relative. Another relative said, "The staff are very caring and keep a good watch over [relative]"
- Staff told us they would recommend the home to their own relatives. One staff member said, "Yes, I think we all aim to give the best care there is. We treat everyone as if it were your own Mum and Dad. We are here for them they are not here for us."

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

- Staff engaged with people and gave them the opportunity to make daily choices about their care. One relative told us, "The staff are very good with [relative]; they encourage them and really work in their best interests."
- People were included in choosing the activities on offer. "On a Monday morning we all have a meeting with one of the activities people to discuss what is coming up during the week." Said one person.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "The staff shut the door when they are giving care, they always knock before they come into my room." Another person said, "If I need to use the commode or want to go to bed, they [staff] close the door and the curtains. When they are helping me to dry after a shower, they cover me up with towels to respect me."
- People and relatives told us staff worked in a way which promoted their independence. One relative described their relatives improved mobility since living in the home as 'astounding'. They went on to say, "It's [Avery Lodge] just a lovely, lovely place and [relative] is as happy as they could possibly be. [Relative] calls it home and calls it their flat. The staff here spend time with [relative]."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's although people's basic needs were met, opportunities to ensure people had choice and control of their care were missed because people were not involved in their own care planning.

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

- People had care plans which described how to achieve tasks associated with their care. These did not include information about how people liked to receive their care. People's preferences, likes, dislikes and life histories were not routinely recorded in their care plans. This restricted staff's ability to understand people as individuals and know about their life prior to going into the home.
- People told us they knew they had a care plan but hadn't been involved in developing it. One person said, "I know that the staff have a file about me, that they complete every day. The file has things written about me, so that the staff know how to care for me. I can't say that I have seen it though." Another person said, "I have heard of a care plan, but I have never seen mine."
- Records of care plan reviews showed people were not involved and included. Reviews of care plans were taking place, but these were led by staff and were updated without people's involvement. We spoke with the registered manager about this who was aware of the issue and was considering several options to improve both the quality of plans and the review process.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider presented people with information about their care in a way they could understand. If required, alternate formats such as large print, braille and audio could be provided to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were provided with opportunities to take part in activities which they enjoyed. One person said, "I have been doing a jigsaw today, there is usually something going on during the day. We do exercise, play your cards right games and we have entertainers who come in."
- The home employed several staff whose role it was to arrange and facilitate activities for people. Activities staff were available every day each week. People who preferred to spend time in their rooms and did not want to participate in group activities were supported on a one to one basis by a member of the activities team. One person said, "I tend to stay in my room, I have my television and newspapers, occasionally the staff come and sit and chat."

- People were supported on excursions, one person said, "We have recently had trips out to the garden centre and to the shops."

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

- The provider had a complaints policy which people were aware of. Records showed the home had received four complaints during the previous 12 months. All complaints were responded to and investigated in line with the providers policy. Lower level complaints which were not formalised were recorded with evidence of how they were resolved.
- People told us they knew how to complain. One person said, "If I had a problem, I would go to whoever is on duty straight away, they are all knowledgeable, so I wouldn't hesitate." One person told us they had raised a complaint and were happy with the outcome. "I recently had an issue with some people who live here wandering into my room and sitting on my bed. I spoke to the staff and they sorted it out, I think those people live in a different part of the home now."

#### End of life care and support

- Records showed, and staff confirmed they were provided with training to enable them to provide support to people who were at the end of their lives. One staff member said, "Some of us went on training at [local college]. It is about meeting people's spiritual needs and following the plans they have in place."
- People who receiving end of life care had plans in place to ensure their wishes and preferences were met.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager displayed an open and inclusive style to encourage openness and inclusiveness within the team. The registered manager had begun to develop a more inclusive approach toward developing and reviewing care plans to make them person centred. This would ensure people were in control of their care.
- People and relatives consistently told us the registered manager was approachable, open and listened to them. One person said, "The manager is very good, he comes around quite often to see everyone and checks that all is okay. He always comes in to see me on a Friday to double check and says he will see me again on Monday."
- People and relatives expressed confidence in the registered managers ability to resolve problems. A person told us, "'I think the manager is good, he's great, he sorts all kinds of requests for us."
- The registered manager had recently introduced new systems to ensure key staff communicated daily about important issues relating to the care of people living in the home. Daily 'flash meetings' were introduced to improve people's outcomes and create an open culture within the team. Staff spoke positively about these.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider clearly understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law.
- Our previous inspection ratings were displayed prominently in the reception area of the home and on the providers website.

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

- Governance systems were in place to ensure audits and checks were done to ensure regulatory compliance was achieved. The registered manager and senior members of the team were completing regular audits. Shortfalls identified were added to an action plan which was used to ensure continual improvement and development of the service.
- Records of meetings showed shortfalls identified in medicines audits had been discussed and plans to make improvements had been recorded and actioned.
- The registered manager ensured they carried out a daily walk round of the home and spoke with people

and staff. This meant the registered manager could see if improvements were being made as planned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings were held for different parts of the team, such as care staff, housekeeping staff and kitchen staff. Records of meetings showed key topics were discussed, for example, health and safety and safeguarding. Staff told us team meetings were useful and benefited them. Staff also told us they were encouraged to participate and present their views and ideas, and these were listened to.
- People and relatives were encouraged to participate in meetings at the home. Records showed meetings had recently taken place and topics which were important to the people living in the home were discussed. Records showed people made suggestions and these were acted upon.
- The registered manager had developed closer working arrangements with discharge coordinators at several hospitals which had raised the profile of the home in the local community. He told us he carried out all assessments of people seeking to live in the home. This was corroborated by a relative who said, "[Registered manager] is fantastic, he was the one who came to the hospital to do the assessment. He just has a way about him, he is just right for the job. I think he is amazing."