

Avenue Care (Fareham) Limited

The Avenue Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Avenue Care Home is a service that is registered to provide accommodation for up to 25 older people, some of whom are living with dementia or mental health needs. Accommodation is provided over two floors. There was a stair lift and a passenger lift to provide access to people who had mobility problems. At the time of our visit 22 people lived at the home and one person was there on a respite visit.

The Avenue had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We inspected The Avenue on 14 January 2016 and found the previous registered manager had not provided staff with regular ongoing supervision to make sure their competence was maintained. This was a breach of Regulation 18 of the Health and Social Care Act 2008 Regulated Activities Regulations (HSCA RA) 2014. Staffing.

At this inspection we found the provider had made progress and was no longer in breach of Regulation 18.

Improvement was required to enable people living with dementia to navigate throughout the home safely and effectively.

Staff complied with the requirements of the Mental Capacity Act 2005.

Infection control procedures were consistently effective in maintaining a clean and risk free environment.

People were supported to engage in meaningful activities.

Staff were aware of people's individual risks and were able to tell of the strategies in place to keep people safe.

Staff knew each person well and had a good knowledge of the needs of people.

Staff received supervision, providing them with appropriate support to carry out their roles.

Food menus offered variety and choice. The chef prepared meals to meet people's specialist dietary needs.

Where possible, people and relatives were involved in care planning.

Staff supported people with health care appointments and visits from health care professionals.

Care plans were amended to show any changes and they were routinely reviewed every month to check they were up to date.

People and relatives knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person, their relatives and where appropriate other health and social care professionals.

The provider had appropriate arrangements in place should people require end of life care.

At this inspection we issued one breach of the Health and Social Care Act 2008. You can see what action we took at the back of this report.

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 remained safe.

Is the service effective?

Requires Improvement ●

The service was not always effective

The environment was not free from the risk of slips trips and falls.

Improvements are required to ensure people living with dementia are able to navigate throughout the home effectively.

Staff received appropriate support, supervision and training.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Health and safety checks were not always effective in protecting people.

Staff spoke positively about the registered manager and the provider.

The provider had worked effectively with external organisations.

The Avenue Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 July 2018 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

There were 24 people using the service at the time of our inspection. During our visit we spoke with the registered manager, the provider, two activities coordinators, four care workers, one domestic worker, one music therapist, one relative and three people. After the inspection we obtained feedback from two healthcare professionals.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, three staff recruitment files, care plans, risk assessments, fire safety reports, quality audits, infection control files, equipment safety documentation, training records and support and supervision documents.

We last inspected the home on 14 January 2016 and found one breach of the Health and Social Care Act 2008.

Is the service safe?

Our findings

We received positive feedback from healthcare professionals, people and their relatives about the safety of the service. Comments included, "mum chose to come here, she has come on leaps and bounds" and "we chose this place because staff are always here, you never have to look for anyone". Other comments included, "It's nice here, they have allsorts of things going on" and "I am always made to feel welcome".

Records showed medicines were received, disposed of, and administered safely. Medicines, including controlled drugs (CDs), were securely and appropriately stored in locked cupboards within a dedicated medication room. CDs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971. Up to date records were kept of the receipt and administration of medicines. The Avenue used an independent pharmacy for all their medication needs. Senior staff administered medicines on a regular basis. There were individual support plans in relation to people's medicines, including any associated risks. Medication administration records (MAR) demonstrated people received their medicines at the times they required it. Peoples' allergies were clearly recorded, to ensure they were protected from possible harm. Clear guidelines were in place for when prescribed 'as required' (PRN) medicines should be given and a senior member of staff demonstrated their knowledge of these. Monthly audits and weekly checks were carried out to help ensure any issues or errors were identified and action taken. Staff received training in the safe administration of medicines.

Staff were deployed according to the assessed needs of people using the service. The rota was planned in advance to meet the needs of the people. The rota showed that a suitable mix of staff competency and skill was available at all times. During the inspection we observed staff responding promptly to people asking for assistance. Staff were not rushed and were able to spend enough time to provide the care and support that people needed. A relative told us "Whenever [Person] or somebody needs something there is someone there" and a visiting professional told us "there always seems enough staff".

The service had a business continuity plan, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises. Each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire.

All areas of the home were clean and people told us this was how it was usually kept. Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was a supply of personal protective equipment (PPE) in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home were clean and smelt fresh.

There was a safeguarding and whistleblowing policy in place which informed staff about the action they must take to protect people from harm and abuse. Staff were aware of the different types of abuse that could occur and said they would report issues immediately. One member of staff told said, "I would just call the Police or CQC". We found safeguarding issues were reported to the local authority and were acted upon.

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the records for two of the most recently employed staff and one long standing staff member. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The registered manager told us how risks to people's well-being were managed. They were able to tell us how they put plans in place when a safeguarding risk was identified. For example, they described the action they had taken. They described how they had reported the incident and the processes they followed to minimise the risk of this happening again. There was a plan in place which staff were aware of and followed. Where people's needs changed, staff had updated risk assessments and changed how they supported them to make sure they were protected from harm. Where people were identified as at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattresses had been obtained reducing the risk of them developing skin break down. Quality audits and monthly care evaluations conducted by the registered manager documented progress and detailed any actions required for staff to follow up. This included contacting a GP for example and referring people to the falls team.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us staff were skilled to meet people's needs. A relative said "They review care plans monthly with residents" and "[person] wrote on their care plan "there is no place I'd rather be."

Staff told us they were supported to do their job and relatives felt staff were appropriately trained. Comments included, "I have had loads of training and so have all the staff" and, "I have done training around dementia and risk assessments". A visiting professional told us "Staff engage with all the residents very well"

The provider had not taken all reasonable steps to reduce the risk of trips and falls by ensuring the environment and layout of the building was always safe to navigate. We had concerns relating to exit and entry levels of doors leading to the garden. We observed doorways required a significant step to exit and enter the building. We observed one person's zimmer frame next to a doorway which posed a significant slips, trips and falls risk. The provider had placed warning tape on one of the steps, placed a notice on the door and that they had a risk assessment in place. However, this did not remove the risk to people. During the inspection there were four occasions when an inspector tripped over the door threshold where the floor level changed. A member of staff said, "There have been times when zimmer frames have got caught and they have fallen over". Another member of staff said, "I don't know if [person] has fallen over any of the doorways but I do get nervous when he is close because it dangerous".

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not ensure the premises was properly maintained and suitable for its purpose.

We saw some areas of the home were worn and looked tired and the décor was not always suited to people living with dementia, for example the wall paper and carpets were pattered which can impact on people living with dementia. Floor patterns can cause illusions, while visual spatial problems mean rooms can appear flat or 2D.

We recommend that the service improves the environment, based on current best practice, in relation to the specialist needs of people living with dementia.

At our last inspection we recommended that the provider review their induction procedures, in light of recent best practice. We also found the lack of regular and ongoing supervision of staff meant there was a risk that staff were not fully supported in their roles and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Supervision is a process which offer support, assurances and learning to help staff development.

At this inspection we found improvements had been made. For example, staff were supported in their role and had been through the provider's induction programme. This involved attending training sessions and shadowing other staff. New staff completed the Care Certificate. The Care Certificate is an identified set of

standards that health and social care workers adhere to in their daily working life. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding and food hygiene. We observed staff applying their skills and knowledge effectively when they supported people who were living with dementia. For example, we observed staff display patience and understanding during conversations with people throughout the inspection.

Documents demonstrated that regular supervisions were now taking place as well as protected time in between supervision. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home. Records of supervisions detailed discussions and were signed by both the staff member and the supervisor. Staff told us training was useful in supporting their development. A member of staff said, "If I ever feel I need more training I just need to ask and I can do it".

Staff sought people's consent for care and treatment. People signed their consent forms if they were able to do so. We observed care workers explaining to people they supported what they were about to do and asking for consent before they went ahead. We observed one staff member asking a person if it was ok to go in and clean their room.

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 make 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 Act. The application 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 Act, and whether conditions on authorisations to deprive a person of their liberty were being met.

Some applications had been submitted to ensure that people were only deprived of their liberty when it was necessary to protect them from harm. At the time of our inspection four people were subject to DoLS and two people were waiting to be assessed by the local authority. People's care plans showed they were involved in decisions about their care and treatment. Although staff demonstrated good practice we found some mental capacity assessments were not always fully completed. We raised this with the registered manager at the time of our visit. One the second day of our inspection the registered manager had completed all the necessary assessments and we were satisfied with their actions.

Where family members had the legal rights to make decisions regarding the care of their relative, documents were held at the home to evidence this, such as Lasting Power of Attorney (LPOA). A LPOA is a written document that gives someone else legal authority to make decisions on your behalf. Copies of those documents where relevant were kept in people's personal records which were kept securely in the administration office.

The home was clean and tidy with no unpleasant odours. The registered manager told us recent decoration had taken place which was observed on our inspection. A relative told us "[persons] room is spotlessly clean, I can't fault it." We observed staff cleaning people's bedrooms.

Staff regularly went the extra mile to ensure people's preferences were taken on board. For example, one

person originated from Italy and had told staff they enjoyed traditional spaghetti. Pictures showed staff had organised two chefs to visit the home to cook a traditional Italian meal for them.

A nutritional screening tool was in place and used to develop care plans to meet people's nutritional and hydration needs. People's care plans reflected their dietary needs and specific requirements. Where needed, input from Speech and Language Therapists (SALT) had been obtained to ensure people's safety when eating and drinking. People had also been referred to dieticians where appropriate. Records provided guidance for staff to follow as to the type of foods and textures that had been recommended by SALT and dieticians. The registered manager told us that this information, including information about people's likes and dislikes had been shared with the kitchen staff who prepared people's meals. People were supported to eat, drink and to maintain a healthy balanced diet. We observed lunch time in two of the dining rooms. Staff supported people to eat in a sensitive manner, they offered encouragement when people hadn't eaten very much and held conversations with people to make the experience a social occasion.

Technology was used to support the effective delivery of care and support. For example, one person had a mat which alerted staff when they got out of bed, staff were then able to respond and support them to ensure their needs were being met. This was agreed in their care plan.

Equipment in the home was maintained to a safe standard. Checks were carried out on equipment such as the fire alarm, emergency lighting and the gas boiler and any actions required were recorded and completed.

Is the service caring?

Our findings

Comments from relatives and healthcare professionals was confirmed staff provided compassionate care. For example, one relative said, "The staff are wonderful, they are always smiling and they do a really good job".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included information about people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

We observed that the staff understood people's preferences for their care and support. Staff understood people's personalities, interests and preferred routines. Staff were seen to be attentive and they offered help and assistance to people, when required. Friendly banter took place between people and the staff. We saw staff attended to people straight away if they were anxious or upset. They comforted them in a gentle and kind way, made sure people were alright and asked if they needed anything. We saw staff dealt with people's anxiety in an extremely empathetic and considerate way.

Staff communicated well with people and treated them with compassion. People's individual communication needs were understood and staff gained good eye contact and, bent down or used appropriate touch to aid communication, help and to reassure people or let them know they were there. We saw staff listened to and acted upon what people said.

People received care and support in private in either their bedroom or in bathrooms with the doors closed. We saw staff knocked on people's bedroom doors before entering and addressed people by their preferred names. A relative said, "The staff are really caring and they do respect people"

The service ensures that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's bedroom front doors had pictures on them to help people remember where their room was.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter seating area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one. One person told us they did not wish to take part in an activity so they chose to vacate to the conservatory.

There was a confidentiality policy in place for staff to follow. People's personal information was stored securely and computers were password protected in line with General Data Protection Regulations.

Is the service responsive?

Our findings

Relatives told us staff responded to people's needs appropriately. Comments included, "When (person] gets agitated staff respond really calmly and deal with it well" and "If someone's looks sad staff will go and ask if they are ok".

Care plans described what support was needed in sufficient detail to ensure consistent support was provided. People's preferences were detailed, such as, whether they preferred a shower or a bath and how they liked to take their tea. Staff knew people well and understood what preferences they had and this helped to ensure people received the support they wanted. Care planning information prompted staff to ensure people retained as much independence as possible by reminding them to encourage people to do as much as possible for themselves. Staff put this into practice, for example, by encouraging one person to eat independently as much as possible. Records showed and staff described how people at times refused care, for example if they did not wish to be helped to wash and dress at a particular time and staff said this was respected. They would return at a later time to support them instead.

Records showed care plans were reviewed regularly including, for example, monthly reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. Information about people's preferred daily routines included when they liked to get up and whether they preferred to eat breakfast in their own room or with others. The provider had effective tools in place to assess, monitor and review people's care needs. Nutritional screening documentation, moving and handling assessments and monthly observations records including blood pressure and weight checks were used to review and change people's care when needed. One person was referred to the speech and language team after it was noted they had lost weight over a period of time.

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, an incident record showed how staff responded effectively after someone had a fall. Their care plans and risk assessments had been reviewed and updated to reflect the change in their care needs. The records relating to the person showed many healthcare professionals were involved in reviewing their care.

People were provided with a range of opportunities to participate in activities. During our two days inspecting we observed people playing board games, playing skittles and we listened to people singing songs relevant to their generation whilst a pianist provided entertainment. A member of staff said, "we work in partnership with the memory box. Every month they send a memory box, it could be the seaside, the next time it could be something else. It generates so much discussion". Pictures on walls showed adverts to attend Mamma Mia on 27 July and a garden party on 8 August. Other events included, celebrating the royal wedding, summer garden activities, cupcake day and Father's day. A member of staff said, "we have the pets coming in for the garden party. A gentleman here likes the military and the navy. Staff took him to see the big aircraft carrier" and "[person] was 90 and him and his wife were taken to Gosport to see the ships" and "we have a lady who loves watching Portsmouth football club. We organised her to go and see them play

and she was in the VIP part".

The complaints procedure informing people of how to make a complaint was displayed in the reception area and included symbols and pictures and details about how to contact the local authority and CQC. People told us they would speak to staff or the manager if they were worried about anything. The home had received three complaints which were recorded in the complaints book. Each complaint had been investigated and actions taken where necessary. There was a record of the outcome and actions taken and the feedback given to the complainant.

Is the service well-led?

Our findings

Staff, relatives and healthcare professionals spoke positively about the registered manager and the provider. A member of staff said, "The owner is always here and he walks around talking to people and the staff. He is very understanding and really cares about people". A relative said, "The manager is excellent, nothing has ever been an issue, she is approachable and seems very honest".

The registered manager said, "I want high standards and I want us to stand out. I have worked really hard on the activities. I think I have a good running standard but I don't think we are there quite yet because of the time factor and the timescales".

The provider had governance systems in place to monitor and assess the quality of care provided, however audits in respect of health and safety and the environment were not always effective in making changes to ensure people were always safe. We recommend the provider reviews their environmental auditing systems to ensure safety is robustly risk assessed and appropriate actions are taken.

The registered manager was able to demonstrate they understood people's individual needs, knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and were reviewed by the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service. Staff consistently told us the provider was a regular presence in the home and provided support to management when needed.

The culture within the home was open and transparent and staff said they felt able to go to the registered manager with any issues if they needed to. The registered manager was available and visible throughout the home, working alongside staff to support people in their daily routines and activities. Staff shared the visions and values of the service and were committed to providing a good standard of care for people. Staff understood their roles and the lines of accountability within the service.

Staff worked well with other organisations to promote an inclusive and stimulating environment for people living in the home and for the local community. For example, staff got in touch with a nearby junior school to ask if the children would like to visit the home to talk to people. A member of staff said, "there are 10 to 15 children that come in every month. It's so lovely to see them speaking to people because they just love it and it makes them have such a nice smile". The children had sent thank you cards which were displayed in one of the lounges. Comments included, "Thank you for letting us visit and hearing all your interesting stories" and "Thank you so much for having us, we love talking, singing and reading to you all". The home had opened its doors to the local community to promote dementia awareness which had a positive impact on people and staff. Pictures of the event were published in the local newspaper which were placed in the homes activities folder.

People were encouraged to share their views. There were regular resident's meetings and minutes showed people were asked for their ideas, such as activities and trips out. People were asked for their feedback after

taking part in different activities. One person said, "That was absolutely lovely".

The home had operational policies in place which guided staff in the latest practice and legislation. Staff were knowledgeable about the policies and knew where they were kept if they needed to refer to them. Policy updates were discussed at team meetings and staff were required to sign when they had read them.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were not always protected from the risk of trips and falls.