

The Avenue Care Home Limited

The Avenue Care Home

Inspection report

23 Avenue Road
Malvern
Worcestershire
WR14 3AY

Tel: 01684575922
Website: www.theavenuecarehome.co.uk

Date of inspection visit:
30 March 2016

Date of publication:
20 April 2016

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 Avenue Care Home is located in Malvern. The service provides personal care and accommodation for up to 25 people. At the time of our inspection there were 22 people living at the home.

There was a registered manager at the home. 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.

People and their relatives said they were happy with the support staff provided. They told us staff were caring and promoted people's independence. Staff encouraged and assisted people to maintain relationships with their family and friends. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. They were supported to eat and drink well in a discreet and dignified way.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People and their relatives told us they had access to health professionals as soon as they were needed.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and took people's preferences into account and respected them.

Relatives had been included in planning and reviewing people's care needs. They had been contacted when people's care or health had changed.

Staff had the knowledge and training to support people. Staff were knowledgeable about ensuring people agreed to the support they received. They worked within the confines of the law to ensure they did not treat people unlawfully. There were no applications to the local authority to deprive people of their liberty at the time of our inspection.

People and their relatives knew how to make a complaint and felt confident that they would be listened to and action taken to resolve any concerns. The registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

The registered manager ensured people were included in the development of the service, by holding regular meetings and surveys to discuss the quality of the service. The provider and registered manager had quality assurance systems in place to monitor and maintain the quality of the care provided.

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 ●

This service is safe

People were supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to support them. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

People's needs were met by staff who were well trained. People enjoyed meals and were supported to maintain a healthy, balanced diet. People had support to contact health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring

People were involved in how their care was provided. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. People were supported by staff to maintain important relationships. Staff knew the importance of maintaining people's confidentiality.

Is the service responsive?

Good ●

The service was responsive

People who lived at the home and relatives felt listened to. People were supported to make everyday choices and encouraged to engage in pastimes they enjoyed. People were regularly asked for their opinion on how they were supported.

Is the service well-led?

Good ●

The service is well-led

People were able to approach the registered manager and the provider at any time. People and their families benefitted from a management team that regularly monitored the quality of care

provided.

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 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.

We made an unannounced inspection on 30 March 2016. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. This information helped us focus the contents of the inspection.

Before the inspection, the 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 spoke with seven people who lived at the home and three relatives. We spoke with the visiting podiatrist, two support workers, two senior support workers, housekeeper, cook, the registered manager and provider (who were present throughout the inspection). We also looked at complaint files, minutes for meetings with staff, and records relating to people who lived at the home. We looked at quality assurance audits that were completed.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "I do feel safe because there is always staff around to help me. At night if I need help the staff come". Another person told us "Staff don't rush us and let me take my time. They help me when I need it." Throughout the inspection we saw people were confident and relaxed in conversing with staff and management.

Relatives we spoke with told us they thought their relatives were safe living at the home. One relative told us, "I am sure [relative's name] is safe here, I've never had any doubts about that."

We spoke with staff about what actions they took to ensure people were protected from abuse. They explained that they would report any concerns to the registered manager and take further action if needed. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority. The registered manager was aware of their responsibilities, and knew how to report any concerns to the correct authority in a timely way. Staff said, they really knew the people that lived at the home and their families well. They felt they would recognise any changes in the people they cared for and report it to the registered manager. One staff member told us, they were confident that any concerns raised would be investigated and reported by the registered manager to the local authority in order to keep people safe.

We observed staff receiving information about the people who lived at the home during handover, (a brief meeting between different staff shifts. Staff told us this supported them to be aware of any current concerns about each person's health and wellbeing. Staff said, sharing information with their colleagues at handovers contributed to the safe care of people living at the home. A staff member told us, how they would report any changes or concerns they had immediately to the deputy or registered manager, so appropriate action could be taken to reduce risks. Senior staff also recorded any changes in people's care needs and support in a communication book, so staff not on shift could up-date themselves when they returned to work on shift.

People had their needs assessed and risks identified. Staff were aware of these risks and the registered manager kept them under review. We saw from the care plans these were reviewed monthly to ensure staff had current information in order to keep people safe. For example, we saw how one person was now required to use a walking aid to prevent them from further falls and maintain their independence.

People and their relatives told us, there were sufficient staff on duty to meet people's needs. One person we spoke with said, "There are enough staff on duty and it's the same at weekends." A relative told us, when they visited they felt there was enough staff on duty to help their relative. The home benefited from a stable staff group who had worked at the home for many years, so had been able to build positive relationships with people who lived at the home and their relatives. The registered manager told us, staffing levels were determined by the level of support needed by people. This was assessed when people arrived at the home then monitored to ensure there was sufficient appropriately skilled staff to meet the needs of the people living at the home.

Staff told us prior to starting their employment Disclosure and Barring Service Checks (DBS) had been

completed to ensure they were suitable to be employed at the home. A Disclosure and Barring Service Check identifies if a person has any criminal convictions or has been barred from working with people. We saw from the recruitment files two references were present to ensure the provider the staff were fit to carry out their roles.

We looked at how people were supported with their medicines. People told us, they had received their medicines on time. One person told us, "I always get my medicine on time, never had a problem."

All medicines records checked showed people had received their medicines as prescribed by their doctor. We saw from the training records that staff had attended training and been assessed as competent to administer medicines. We saw staff asked people and explained what their medicine was for before administering it to them. Staff knew the possible side effects and how medicines should be suitably stored.

Is the service effective?

Our findings

People told us they felt staff were well trained and knew how to meet their needs. One person told us "The staff are excellent; they know how to help me when I need them." One relative told us "the staff are fabulous" in how they understood their relative's needs.

The registered manager and the provider were active in supporting people who lived at the home and spent time supporting people with all aspects of their care. They both told us, they thought it was important to work as part of the care team as it helped to identify any support or training that staff required. Staff we spoke with told us, they felt the training they had received had been good and helped them support people who lived at the home. One new member of staff did feel they would like more training on diabetes, the staff member told us, they would discuss this with the registered manager at their next supervision.

We spoke with staff about their induction period when they started their employment at the home. They told us, they had completed a five day training course, followed by a two week period where they shadowed more experienced staff. During this period the senior staff spent time with them discussing people's care plans and risk assessments, so they ensured they understood people's needs and wishes. We saw that staff were able to talk to people and were knowledgeable about how people liked to be supported. For example, staff knew people's preferred routines and how important it was to them to have continuity otherwise it caused them anxiety.

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. 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 MCA. Currently no applications for DoLS were deemed necessary for people living at the home, but the registered manager was aware of the process, as they had made applications for people in the past.

We looked at how the MCA was being implemented. We spoke with the registered manager about her understanding of the act, she showed us mental capacity assessments had been completed with the assistance of health care professionals and stored in people's care plans in line with best interest guidelines.

Staff we spoke with understood they needed to ask people consent before supporting them and to ensure people had few restrictions on them as possible. One staff member told us, "I always ask people before I do anything."

We saw people were given a choice of meals. One person told us, "the food is excellent" Another person told us, " the food is very good". We saw at meal times staff were available to support people if they required assistance in a quiet relaxed manner. Specialist equipment was utilised to support people to maintain their independence such as specialised utensils to assist them with eating their meals. We spoke with the catering staff, they showed us they were knowledgeable about people's individual requirements as some people required specialist diets due to conditions for example diabetes. They knew people's allergies to certain foods, so to keep them healthy avoided them and offered alternatives. During the inspection we saw people were offered several drinks and snacks throughout the day. Staff discreetly monitored people's food and fluid intake to help keep them healthy. One relative told us they were encouraged to share a meal with their relative when they visited

We saw from the care records and people confirmed with us they had access to a variety of health professionals, such as the GP, dentists, and opticians and on the day of our inspection we saw the visiting podiatrist. On the day of our inspection we saw one person was accompanied by the registered manager to a GP appointment at their request. Relatives told us they felt confident their relative's health and wellbeing was well supported and had been notified by staff when they had concerns.

Is the service caring?

Our findings

People told us, staff were very good and caring. One person told us, "I like living here, staff are here for everyone". One relative told us, they thought the staff were so kind and caring, "I'd like to live here." They told us, they felt involved and included in the care for their family member and felt welcomed to visit the home. We saw, and people told us their family were welcomed to share a meal with them at the home. People said this helped them to maintain important relationships.

When one relative arrived at the home we saw a person had been assisted to buy their relative a bouquet of flowers and chocolates for a special occasion.

Throughout the inspection we saw staff spoke with people in a kind and caring manner. People appeared to have a good rapport with all the staff team including the registered manager and provider, who all took time to chat to people and were interested in what they had to say. The housekeeper and catering staff took time to chat with people as they performed their duties.

Staff spoke warmly about people and knew people's preferences and needs. Staff told us, they got to know people by chatting to them and their relatives, so they could find out what was important to them. The records we saw confirmed staff had taken time to get to know about people's preferences and what was important to them, so staff would have the knowledge to support people in a caring way.

The provider and registered manager had developed a strong culture where people were at the heart of the home and staff understood these values. The registered manager told us, she expected every member of staff to treat people as they would expect their own family members to be treated.

People told us, they were involved in decisions about their daily care, and were encouraged to express their opinions and say what care they wanted. For example, people chose what time they wanted to get up, and what they wanted to do each day. One person told us, "I can do what I want sometimes I go outside into the garden". Although activities were offered such as bingo, arts and crafts, people were given the choice as to whether they joined in or not. The provider told us, to help motivate people they offered incentives such as prizes. For example, a prize was on offer for the 'best painting'. We saw the works of art were displayed around the home for people to enjoy.

Staff treated people with dignity and respect when people needed support with their personal care staff supported them discreetly. One staff member told us, how they felt it was important that when helping people with personal care, they always ensured the blinds were closed and the bathroom door was locked.

The staff were aware of the need to maintain confidentiality in relation to people's personal information. We saw that personal files were stored securely and that computer documents were password protected when necessary.

Is the service responsive?

Our findings

People told us, they were involved in their care planning. One person told us, they had been consulted on the way they liked to be supported. They told us, "I go to bed at nine because that's when I want to." We saw this was documented in the person's care plan and they had signed to say they agreed with it.

A relative told us, how they had been consulted regarding their relative's care and how impressed they had been with the support their relative received since moving into the home. They described how their relative had settled and they had seen improvement in their health and well-being. The person had started to enjoy social interaction and form positive relationships with other people living in the home.

We saw in care planning records that staff recorded as much information as possible about each person living in the home, their interests, history and preferences. We saw care records were reviewed monthly, so staff had up-to date guidelines and information to assist them. For example staff were able to describe a person's favourite television show and how they had incorporated this into the way they had chosen to decorate their room. Another person was very fond of gardening in the past, so the provider had included raised gardening beds in the garden to assist them to continue with their hobby.

People told us, they enjoyed going out for lunches at the pub, walks and going into town shopping. Staff told us, they thought this was important for people's wellbeing as it stopped people becoming socially isolated. The provider told us, they were always looking for interesting things for people to do, they had organised for a person to come into the home to do exercises with people, which had proven popular. They had recently applied to the 'Malvern in Bloom Competition' on behalf of people living at the home to show their efforts of developing the new garden people had helped construct.

People told us, there were regular meetings with the registered manager to discuss what was happening in the home. For example, the development of the new garden, activities and changes to the menu. Relatives told us, there had been meetings that kept them up to date with improvements at the home. The registered manager regularly used questionnaires to gain feedback from people, relatives and professionals. For example, we saw one comment had asked for new carpet strip to be added outside one of the rooms, we saw this had been responded to and fixed promptly.

People and their relatives told us, they felt happy to approach the registered manager or the provider, if they wanted to raise a concern or complaint. Although they had not needed to they felt confident if they did have a complaint it would be taken seriously, and responded to promptly. We saw the provider had received a number of compliments from people living at the home. For example "I would personally like to say to the staff and management do an excellent job. A big thank you, to all, you are very kind to all of us."

Is the service well-led?

Our findings

People told us they knew and liked the registered manager. The registered manager regularly worked alongside staff supporting people who lived in the home, this happened most mornings and then she spent the afternoons responding to her administration tasks. We saw this happened on the day of our inspection and staff confirmed the registered manager did this. She told us, she thought this was valuable experience as it helped "Keep her in tune with people's needs and preferences."

We saw people enjoyed her company and they felt she knew them well.

Staff told us the registered manager and the deputy manager were always available when they needed to speak to them. The registered manager said, staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff also told us, they would raise any concerns with the registered manager, the provider or the deputy manager. Staff knew there was a provider's whistleblowing policy in place should they need to use it. They said, they felt listened to and if they had an idea they could share it with the registered manager and she would listen. At staff meetings which were held regularly they felt happy to contribute and felt valued.

Staff told us, they were happy in their jobs and felt supported by the management. One staff member told us "I love my job and wouldn't want to work anywhere else."

The registered manager told us, they enjoyed their job and felt "Very supported by the provider". They described their working relationship as a "good partnership."

People and staff told us, the provider also worked in the home four days a week and we saw he offered support to people throughout the inspection day. We saw people enjoyed his company and were comfortable in approaching him. For example, one person asked for their cigarettes, he quickly responded so they had these.

Relatives told us, their family member wherever possible had been consulted about their care needs. They told us, they felt involved in what happened in relation to the support and care provided. People were encouraged to give their opinions on the quality of the service through questionnaires and relatives felt they could speak with management about any concerns or suggestions they may have. One relative told us "They always contact me if they have any concerns." We saw from previous questionnaires the provider and the registered manager had analysed the results and acted on any suggestions made. For example, one person had requested night lights in their room we saw this had been put in place.

We saw how the registered manager and provider ensured the quality of the service was maintained, through a number of quality checks including medication, health and safety and infection control audits. We saw any shortfalls identified were responded to promptly. For example, one audit had identified flooring needed replacing to prevent someone from falling; this was completed and recorded to show it had been dealt with.