

Avery Lodge Limited

# Avery Lodge

## Inspection report

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Date of inspection visit:  
03 May 2017

Date of publication:  
02 June 2017

### 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

Avery Lodge is registered to provide accommodation and personal care for 67 people. It can accommodate older people, people who live with dementia and people who have a physical disability. The accommodation is provided on three floors. The ground floor is called Balmoral Suite where five older people can live. The first floor is called Kensington Suite where 31 people can live. The second floor is called Sandringham Suite where 31 people who live with dementia can be accommodated. At the time of our inspection visit there were 64 people living in the service. Nearly all of them were older people most of whom lived with dementia.

The service was run by a company that was the registered provider. There was a registered manager 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 19 January 2015 the service was rated Good.

At this inspection we found the service remained Good.

This inspection was unannounced and was carried out on 3 May 2017.

Care staff knew how to keep people safe from the risk of abuse. Although people had been helped to avoid preventable accidents some parts of Sandringham Suite had not been well cleaned and did not have a fresh atmosphere. Medicines were safely managed and there were enough staff on duty. Background checks had been completed before new care staff had been appointed.

Care staff knew how to support people in the right way. People enjoyed their meals and had been helped to eat and drink enough. They had also been supported to obtain all of the healthcare assistance they needed.

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

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been given all of the care they needed and they had been supported in innovative ways to pursue their hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home. Quality checks had been completed to ensure that people received safe care. Care staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from care staff acting upon good practice guidance.

Further information is in the detailed findings below.

## 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 rated as 'requires improvement' at the last inspection. This was because sufficient steps had not been taken to maintain good standards of hygiene. This had increased the risk of people acquiring infections. At this inspection we found that although further progress was needed most of the necessary improvements had been made to promote good standards of hygiene.

The service was Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Avery Lodge

## 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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 3 May 2017 and the inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke with 12 of the people who lived in the service and with three relatives. We also spoke with two senior care team leaders, two senior care workers, three care workers, two activities coordinators, a chef and the maintenance manager. In addition, we met with the deputy manager, registered manager and one of the company's regional directors. We observed care that was provided in communal areas and looked at the care records for five of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

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

# Is the service safe?

## Our findings

People told us that they felt safe living in the service. One of them said, 'I'm fine here'. Another person who lived with dementia and who had special communication needs pointed towards a member of care staff, smiled and stroked their arm. Relatives were confident that their family members were safe. One of them remarked, "I can't fault the staff at all because they're all just so kind."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Measures were in place to help people avoid preventable accidents. These included hot water being temperature controlled and radiators being guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames, raised toilet seats and there were bannister rails fitted in hallways. Furthermore, care staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

At our last inspection we found that the dining room floor and some of the hallways on Sandringham Suite were not sufficiently clean. At this inspection we noted that most of these problems had been addressed. The dining room floor was clean and we saw that a new carpet had been laid in the hallways. However, one hallway still did not have a wholly fresh atmosphere. We raised our concerns with the registered manager. They assured us that the carpet in question would immediately be deep-cleaned and that more regular checks would be completed to ensure that the carpet remained pleasantly fragranced.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and senior care staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that a small number of incidents had occurred since our last inspection when a medicine had not been administered in the correct way. The registered manager said that in each case the people concerned had not experienced any direct harm as a result of the mistakes. Records showed that the registered manager had established what had gone wrong and had taken appropriate action to reduce the chance of the same thing happening again. This included senior care staff receiving additional training so that they knew how to correctly follow the relevant policies and procedures.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to receive individual assistance when necessary.

Records showed that the registered persons had completed background checks on new care staff before

they had been appointed. These checks helped to ensure that applicants could demonstrate their previous good conduct and were suitable to be employed in the service.

## Is the service effective?

### Our findings

People told us that care staff knew what they were doing and had their best interests at heart. One of them remarked, "I get on fine with the staff". Relatives were also confident about this matter. One of them said, "Actually, I think that the staff are quite exceptional here and do a great job."

Records showed that care staff had received all of the guidance and training they needed. We noted that care staff knew how to provide people with the care they needed. Examples of this were care staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was care staff knowing how best to help people to keep their skin healthy. This included knowing how to prevent people from developing sore skin and the action to take if this occurred.

People said that they enjoyed their meals and records showed that there was a choice of dish at each meal time. In addition, we noted that the dining tables were carefully laid to promote a 'fine dining' experience. We also saw that people were helped to make choices by being presented with 'show plates' of the meals that were being served. When necessary, care staff assisted people to eat their meals and checked that they were having enough to eat and drink.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of care staff explaining to a person why it was advisable for them to take all of the medicines that their doctor had prescribed for them.

Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a person needed additional support to only go shopping for things they needed. The registered manager's action had enabled the person to be helped to only purchase goods that it was safe for them to have.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.



## Is the service caring?

### Our findings

People were positive about their relationships with care staff and about the support they received. One of them said, "The staff here are like friends to me". A person who lived with dementia and who had special communication needs approached a member of staff, smiled and stroked their hand in an appreciative way. Relatives also told us that their family members were treated in a compassionate way. One of them remarked, "Every time I come here I see new examples of how the staff are kind and genuine people. if it wasn't real they couldn't keep it up." Another relative said, "It's lovely to see my mum happy here."

We saw that care staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred on Sandringham Suite when a person became worried because they could not decide where they wanted to sit. A member of care staff noticed them becoming anxious and suggested that they sit for short periods in different communal rooms. The person found this advice helpful and later on we saw them sitting in various locations and chatting with care staff.

We also noted that care staff were considerate. This included making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. Another example was the way in which people were helped to celebrate their birthdays. This included having a birthday cake made for them and if the person wanted they could also have a party.

We also saw that people were asked about how and when they wanted their care to be provided. Examples of this included care staff asking people how they wished to be addressed and establishing what times they would like to be assisted to get up and go to bed. Another example was care staff asking people if they wanted to be checked during the course of the night.

Care staff knew about the assistance people needed, gave them time to express their wishes and respected the decisions they made. An example of this occurred on Kensington Suite when a person needed to change their cardigan but could not decide what new garment they wanted to wear. We saw a member of care staff quietly speaking with the person and suggesting colour combinations as they both looked through the person's wardrobe.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which they could lock and which they had been encouraged to make into their own personal space. One person described their room as being her, 'little den.' We noted that each person had been invited to prepare a 'memory box' that was placed next to their bedroom door. These memory boxes displayed items such as family photographs and were intended to help people to remember which bedroom belonged to them. We also saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their

relatives by telephone and also by means of the internet.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

## Is the service responsive?

### Our findings

People said that care staff provided them with a lot of support so that they could be as independent as possible. One of them remarked, "The staff are very good to me and give me all of the help I need." Relatives were also positive about the assistance their family members received. One of them told us, "I know that the staff are very attentive and my family member tells me that if they ring the call bell at night the staff are pretty much there straight away. "

We noted that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. This included help with washing and dressing, using the bathroom and keeping in touch with their relatives.

Care staff were able to provide reassurance for people who lived with dementia when they became distressed. We saw that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was becoming upset because they were not sure when they would next receive a visit from a member of their family. The member of staff gently reminded the person that their relative worked during the day and so usually called in the evening. After this, we saw that the person become less anxious and later on we saw them chatting in a relaxed way with one of the housekeepers about their work.

Care staff understood the importance of promoting equality and diversity. We noted that arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was care staff making relatives welcome so that they could stay with their family members during their last hours to provide comfort and reassurance.

People told us that there were enough activities for them to enjoy. One of them said, "In general there's something going on most days and the two activities people are very good at coming up with ideas about things for us to do." Records showed that people were being offered the opportunity to enjoy a wide range of social events including arts and crafts, quizzes, baking and gentle exercises. During our inspection we saw people enjoying participating in a sewing class, singing and attending a clothes party. We also saw people reading and discussing a publication called 'The Daily Sparkle'. This was a newsletter that was regularly given to each person which listed significant historical events that had occurred on that day.

We also noted that people had been supported in innovative ways to undertake activities that were particularly meaningful to them. An example of this was a person who used to own a food business being helped to serve customers in a similar shop. Another example was a person who wanted to fly in an aeroplane being helped to visit a local attraction where there was a flight simulator.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that since our last inspection the registered persons had received five formal complaints from relatives. We saw that on each occasion the registered persons had correctly followed their procedure to quickly and fairly resolve the matters concerned.

## Is the service well-led?

### Our findings

People told us that the service was well run. One of them said, "I do think that this place is well run which is how it should be." Relatives were also complimentary about the management of the service with one of them remarking, "It's a professional set up here and that gives me confidence in the place."

Documents showed that people had been regularly invited to attend residents' meetings at which care staff had supported them to suggest improvements to their home. We noted a number of examples of these suggested improvements being put into effect. These included changes being made to the menu and new destinations being arranged for trips out.

Records showed that the registered persons had regularly checked to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and the passenger lift were being checked to make sure that they remained in good working order.

Care staff were provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Care staff were confident that they could speak to the registered persons if they had any concerns about the conduct of a colleague.

We also noted that people who lived in the service had benefited from care staff acting upon good practice guidance. An example of this was the activities coordinators using professional websites to obtain guidance about how best to engage the interest of people who live with dementia. We saw that this had enabled care staff to take practical steps that made a real difference to the quality of these people's lives. An example of this was people being provided with brightly coloured and textured 'twiddle mitts' to hold, explore and enjoy. Another example was re-introducing people to vintage objects and scents which would have been familiar to them earlier in their lives. This use of good practice guidance had contributed to the promotion of positive outcomes for the people concerned.