

Mr and Mrs A Nethersole

Avon Park Residential Home

Inspection report

66 Southampton Road
Park Gate
Southampton
Hampshire
SO31 6AF

Tel: 01489574616

Website: www.avonparkcarehome.co.uk

Date of inspection visit:

14 March 2019

20 March 2019

Date of publication:

17 May 2019

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

About the service:

Avon Park Residential Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 28 people aged 65 living at the home.

The service had a manager who is registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What life is like for people using this service:

- People received a safe service and were very complimentary of the care workers and management team.
 - Relatives and health professionals expressed confidence in the management team and felt the service was very well led.
 - The staff received safeguarding vulnerable adults training and knew how to report any concerns they had about a person's safety.
 - People were provided with a person-centred service and told us this was delivered to their expectations. They were involved in making decisions about how they were looked after and the staff took account of their preferences and any choices they made.
 - The staff team received training to enable them to carry out their jobs well and were well supported by the management team.
 - The service was staffed with sufficient levels of trained staff who were themselves supported with a robust system of regular supervision and annual appraisals. Staff felt very well supported and commented positively on the training they received.
 - The service worked collaboratively and closely with health care professionals to ensure people received the best care and support at all times.
 - People had detailed, individual risk assessments completed which ensured they were supported to live their lives as independently as possible while minimising any identified risks.
 - People were supported to have maximum choice and control of their lives and supported in the least restrictive way possible, whilst maintaining a level of independence.
 - People were supported to access the community where possible and there was a full programme of activities provided in the home.
 - People's privacy was protected and they were treated with dignity and respect by a caring staff team who showed people kindness and compassion.
 - People's medicines were being managed safely, stored securely and administered by trained staff.
 - People and their relatives were fully involved in assessing and planning the care and support they received.
- People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.

More information about this inspection is available in the detailed findings sections of the full report.

Rating at last inspection:

When the service was last fully inspected we rated the service as Good (reported published 14 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service has remained rated Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until the next inspection. If any concerning information is received 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 Safe findings below

Is the service caring?

Good ●

The service was caring
Details are in our Safe findings below

Is the service responsive?

Good ●

The service was responsive
Details are in our Safe findings below

Is the service well-led?

Good ●

The service was well led
Details are in our Safe findings below

Avon Park Residential Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one adult social care inspector on both days of the inspection.

Notice of inspection:

The inspection of the service was unannounced.

What we did when preparing and carrying out this inspection:

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about any incidents the provider must notify us about. We asked social care professionals for their views and experience of working with the service.

One of the providers, the registered manager and deputy manager assisted us throughout the inspection. We spoke with ten people who used the service, two relatives and seven members of staff; including the chef, two senior carers, three care workers and the deputy manager. We reviewed a range of records. These included, medicine's records, three people's care records, medicines records, three staff recruitment and training records and other records relating to the management of the service.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes:

- People living at the home were all highly satisfied with the service, care and support they received since moving into Avon Park Residential Home. No one had any concerns about safety issues. People made comments such as, "It really has been a positive experience and I would not want to be anywhere else", "Everything is fine, I have no concerns at all". Relatives were also satisfied with the care provided to their relatives. A relative told us, "She feels very safe; the care provided by the staff is superb".
- The service took the appropriate steps to ensure people were safeguarded and protected from harm. Care workers received safeguarding adults training and knew what to do if concerns were raised with them, or identified by them.
- The registered manager was aware of the reporting procedures to the local authority if concerns were reported.

Assessing risk, safety monitoring and management:

- Any risks to people's health and welfare had been assessed as part of the care planning process. This included risks associated with people's health. For example, mobility, skin integrity, diet and hydration and medicines.
- There were systems to keep people safe in the case of emergencies. Emergency plans had been developed and each person had a personal evacuation plan.
- The environment and equipment was safe with the maintenance staff having delegated responsibility for this. There were good systems in place and all equipment was safe and serviced.
- Risk assessments and plans were regularly monitored and revised where necessary.

Staffing Levels:

- The service employed sufficient staff to meet the care and support of people who received a service. Everyone we spoke with was satisfied with the levels of staff provided at the home.
- Recruitment procedures were safe and ensured unsuitable staff could not be employed. All required pre-employment checks, included written reference and disclosure and barring service (DBS) checks, had been carried out with evidence of this contained within staff files.

Using medicines safely:

- People's medicines were managed safely. Care workers received safe administration of medicines training. Their competency to administer medicines safely was then regularly monitored.
- At the time of this inspection, everyone was having their medicines, with their consent, administered by the staff.
- Medicines were stored, administered and disposed of safely. The registered manager on our advice consulted with their pharmacist to make sure storage facilities met regulatory requirements. People's

medication records confirmed they received their medicines as required.

- Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.
- We observed staff following safe practice when supporting people with their medicines.

Preventing and Controlling Infection:

- ☐ Care workers received infection control training as part of the provider's mandatory training programme. A senior member of staff had delegated responsibility for infection control and infection control audits were carried out.
- ☐ Care workers were provided with personal protective equipment (PPE- gloves and aprons) and a uniform to wear when working.

Lessons learnt when things go wrong:

- ☐ The registered manager maintained a log of any accidents and incidents and processes in place to monitor whether actions could be taken to reduce likelihood of accidents or incidents recurring. The registered manager gave an example of steps taken and lessons learnt. For example, mirrors had been bought for the staff to assist them in assessing people's pressure areas.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved into the home. The assessments involved the person, their relatives and other professionals if this was appropriate.
- Assessments and people's care and support plans were individualised for each person and reflected their preferences and wishes.
- Care plans and related assessments were regularly reviewed and updated in consultation with people, family. This meant that people's care and support was delivered in line with people's wishes and goals.

Staff support: induction, training, skills and experience:

- Staff spoke highly of the training provided. They told us core and more specialised training was well organised and gave them the skills and knowledge they needed for their role.
- New members of staff had an induction programme, which they told us was suitable. This included completing the care certificate, where staff were new to care.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles.

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

- People were supported to maintain a healthy and balanced diet. Menus were planned, taking into consideration people's meal preferences and choices, which were discussed at residents' meetings. Where people had specific dietary needs, these were known by the chef who was known to people in the home.
- Care plans clearly documented any likes, dislikes, and dietary requirements, and these were respected by staff.
- People made comments such as, "The food is alright, really; I can't complain. They do offer choices if there is something you don't like", and, "The food is lovely. The new chef is doing very well and presents food very nicely".

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager ensured that people's needs in respect of opticians, dentists and access to their GP were met. People told us that if they were unwell, a GP appointment would be made immediately.
- Staff had detailed guidance of how to support people with any health conditions and worked with other health and social care professionals to meet people's needs. There was evidence within people's files that people were supported to attend hospital appointments.

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

- Avon Park Residential Home is a purpose-built property situated in a residential area of Park Gate, near

Southampton. The home was in good decorative order, providing people with two communal lounges and their own private space.

- The layout of the home was suitable for people with adaptations such as grab rails to assist people in getting around the home safely.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to health care professionals when they needed it. Clear records were kept of any health care appointments and follow up treatment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS).

- Everyone living at the home at the time of this inspection had full mental capacity to make their own decisions and to be fully involved in how their care and support was managed. Staff, however, had received MCA training for when this legislation applied.
- No applications had been made in respect of deprivation of liberty safeguards as these were not warranted.
- Care plans were developed with people and we saw that they had consented to their care by signing their care plans.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- There were very positive comments throughout the inspection from people and their relatives about how staff supported people. For example, one person told us, "The staff are absolutely splendid and will do anything for you". A relative told us that staff were always friendly and professional. The relative went on to tell us that their fears of their relative going into residential care had been unfounded and how grateful they were for the dedication shown by staff.
- People felt they were treated very well by the staff and spoke highly of them.

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

- People were involved in how their care and support was planned and delivered.
- Residents' meetings were held regularly and minutes showed that people could express their views openly and discuss matters that affected them, such as menus and activities.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by the staff team. Staff were knowledgeable about people and it was evident that there were good relationships between staff and people living at the home.
- People's privacy was respected. People could lock their bedrooms and people told us staff knocked before entering their bedrooms.
- People were supported to be as independent as possible. People had made friends with each other and this was supported by the home. For example, two people told us of their passion for country music. They told us how they had been supported to have their own fridge in their room, so they could chill wine for musical appreciation mornings.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was upheld.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received personalised care and support. The staff knew people's personal care needs, how they wished to be supported, their preferred routines and their likes and dislikes. They told us care plans had been developed with their agreement.
- Staff had received appropriate training to make sure an individual's social and cultural diversity, values and beliefs were respected.
- Care plans reflected people's health and social care needs. These were kept under review and had been updated as people's needs changed.
- People were encouraged and supported to have active and meaningful lives. One person told us how much they enjoyed the activities provided by the activities coordinator who we saw engaging well with people throughout the inspection.
- One person was about to celebrate a landmark birthday; to which the local Mayor and press had been invited to make it a special occasion.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example, one person's first language was French and the service was developing a picture notebook to assist with communication.

Improving care quality in response to complaints or concerns.

- There had been no formal complaints made about the service since the last inspection.
- People told us that they felt able to speak to the registered manager at any time and had confidence that they would be listened to.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection but the registered manager talked about how they had given good end of life care recently for one person.
- End of life wishes were documented as part of the care planning process to ensure people received care and support in the way they wanted at this time of their life.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Since the last inspection in July 2016 there have been changes in management. The registered manager of that time still worked in the home giving additional support to the new registered manager who took over in November 2017. At the time of this inspection there was a good management team, who communicated good leadership to the staff. The provider also took an active role in supporting the management team. One person told us, "(the registered manager), is very kind and thoughtful. It is the little things that matter, for instance she gets particular things for me that I like to eat". Another person said of the provider, "He will put things right straight away; he is always around to talk to".
- The service had a motivated staff team who spoke passionately about their roles and how much they enjoyed working at the home. Staff were supported in all areas of their employment by a management team who were approachable, friendly, open and professional.

Overall, this meant that the service was able to provide truly person-centred care to the satisfaction of people living in Avon Park.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place. 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.
- There was good communication between the registered manager and staff as well as supporting health professionals.
- The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed.
- The registered manager was reporting to us appropriately about any required notifications. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.
- Staff were provided with on line access to policies and procedures on line.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents' meetings were held regularly, giving people the opportunity to put forward suggestions, discuss

routines, activities and menus.

- The evening prior to the inspection, relatives had been invited to meet for a cheese and wine.
- Staff had received equalities training to ensure they understand the importance of supporting people with diverse needs.
- Staff meetings were held regularly. There were also separate meetings for senior staff, so that they could feedback into the management team.
- People were involved in staff recruitment, for example a resident representative had recently assisted in the appointment of a second activities coordinator.

Continuous learning and improving care

- Surveys sent out to staff, relatives and the people living at Avon Park had been used to gain feedback on the quality of service provided to people. Responses had been collated to inform management on development of the service. Actions had been taken from suggestions; for example, new moulds had been purchased for pureed foods, to make meals more appetising for people who needed their meals pureed. One person had wanted to learn knitting and this was now provided by the activities coordinators.
- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager and provider. There was a service development plan to address areas for improvement. This included training, job roles and improving communication.

Working in partnership with others

- Staff worked collaboratively with other agencies to meet people's care and support needs. The service had established links with the local community and supported people to engage with life outside of the home where this was possible for them.