Avon Lee Lodge Limited

Avon Lee Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Avon Lee Lodge is a residential care home for 24 older people with a range of needs catered for. The home has two floors with the first floor having access via stairs or a lift.

At the last inspection, the service was rated 'Good'. At this inspection we found the evidence continued to support the rating of good and there was not evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. People had their risks assessed and regularly reviewed. When people were at risk of falling, skin damage, infection or malnutrition staff understood the actions needed to minimise the risk. The service was responsive when things went wrong and reviewed practices in a timely manner.

People had their needs and choices assessed prior to admission to Avon Lee Lodge and this information had been used to create person centred care plans that recognised people's diversity and lifestyle choices. Access to healthcare was available when needed and working relationships with health professionals enabled effective care outcomes for people. The principles of the Mental Capacity Act were followed which ensured people had their rights protected.

The environment, design and use of technology effectively met the needs of people and enabled them to live more independent lives. People felt involved in decisions about their day to day lives and had their dignity and privacy respected. A complaints process was in place which people and their families felt they could use and would be listened too.

The service had an open and positive culture and had systems in place to engage and involve people, their families and staff in service delivery. Leadership was visible and promoted teamwork. Staff had a clear understanding of their roles and responsibilities and described the home as organised and well led. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

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? The service remains good.	**Good**
Is the service effective? The service improved to Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Avon Lee 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 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.

The inspection began on the 9 April 2018 was unannounced and 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 or caring for someone who used this type of care service. It continued with one inspector on the 16 April 2018 and was announced.

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service.

The provider had completed a Provider Information Return prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with thirteen people who used the service. We spoke with a director, registered manager, administrator, four care staff, chef and housekeeper. We also spoke with a visiting community nursing from local district nursing teams to gather feedback on their experience of the service. We reviewed five peoples care files and discussed with them and care workers their accuracy. We checked three staff files, care records and medication records, management audits, staff and resident meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

People and their families described the care as safe. One person told us "I feel confident when they (staff) help me". Another said "I'm content here; it's warm and safe". People were supported by staff that had completed safeguarding training and understood how to recognise signs of abuse and the actions needed if abuse was suspected. Information about how to report safeguarding concerns was displayed on a noticeboard in the entrance. People were protected from discrimination as staff had completed training in equality and diversity and recognised and respected people's individuality.

Assessments had been completed that identified risks people experienced. When a risk had been identified actions had been put in place to minimise the risk and were reviewed at least monthly. One person had a risk of skin damage and had specialist equipment to help protect their skin. Staff were aware of actions they needed to take which included regularly helping people change their position, applying creams to dry skin and encouraging enough fluids and diet. Some people were at risk of falls and staff were able to describe safe moving and transferring practice and the aids people used to support their mobility. Technology had been introduced to reduce the risk of falls and included an electronic acoustic system that alerted staff to people awake at night and needing assistance.

People had their weight checked regularly. Staff were aware of the people who needed encouragement to eat and drink and completed charts to reflect people's dietary intake. Staff told us they were kept up to date with the changing risks people lived with. A care worker told us "We talk at handover about who needs regular fluids and get prompts to offer fluids on our handsets (hand held database with care and support information)".

Records showed us that equipment was serviced regularly including the lift, boiler, fire equipment, and hoists. One person told us "We have a fire alarm test every week which we are made aware of; that's a great thing". People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

People were supported by enough staff to meet their needs. A relative told us "Plenty of staff; enough for what we need". We observed staff responding to people's calls for assistance in a timely manner and providing support at times of people's choice. Staff had been recruited safely. Relevant checks had been undertaken before people started work. For example references obtained and checks made with the Disclosure and Barring Service to ensure that staff were safe to work with vulnerable adults. Employment profiles had been provided for agency care staff that demonstrated they had also undergone safe recruitment practices.

People had their medicines ordered, stored, administered and recorded safely. Medicine was administered by staff who had received medicine training and had their competencies checked. Staff had a good understanding of people's medicines and any precautions required such as whether medicine needed to be taken with food and safe gaps between doses. When people had medicine prescribed for when required (PRN) protocols were in place. These provided details of what the PRN medicine had been prescribed for

and how it should be administered. Body maps had been completed for people indicating where topical creams needed to be applied. Records showed us these had been applied in line with people's prescriptions. When a medicine error had happened staff had followed the reporting process and appropriate actions had been taken to avoid further incident and keep people safe.

People were protected from avoidable risks from infection as staff had completed infection control and food hygiene training. We observed staff wearing gloves and aprons appropriately and hand sanitizers and moisturisers available at points throughout the building. All areas of the home were clean and odour free.

When things went wrong timely actions had been taken, lessons had been learnt and appropriate reporting to external agencies had taken place.

Good

Is the service effective?

Our findings

Assessments had been completed before a person moved into the service and this information had been used to form their care and support plan. The plans contained clear information about people's assessed needs and the actions staff needed to take to support people. Care plans had been developed in line with current legislation, standards and good practice guidance. Assessments included determining any equipment needed to support a person such as specialist air mattresses.

Staff had completed an induction and on-going training that provided them with the skills to carry out their roles effectively. A care worker told us as part of their induction they had completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. Some training had been specific to individuals living at the home. A care worker explained about their dementia training "The way it (dementia) presents is quite different from one person to the next. The more you get to know the person you know what works best for them". Staff told us they felt supported in their role and had regular supervision. Staff had opportunities for professional development. These included completing national diplomas in health and social care.

People had their eating and drinking needs met. One person told us "I'm a difficult eater but the food is lovely. They know what I like. They give me something else if I don't like what's on the menu." Both care and catering staff were aware of people's likes, dislikes, allergies and any special diets such as soft or pureed textured meals. Menu's offered a choice of well-balanced options and people were able to have their meals where they chose.

Working relationships with other organisations supported effective care outcomes for people. Examples included district nurse support with wound care. Records and feedback from healthcare professionals reflected that staff responded appropriately to both on going healthcare needs and health emergencies. People had access to healthcare and records showed us this had included opticians, dentists, GP's, district nurses, chiropodists, community mental health team and dieticians. One person told us "If I have health problems I know I just have to ask". Records and feedback from healthcare professionals reflected that staff responded appropriately to both on going healthcare needs and health emergencies.

The environment provided opportunities for people to access communal areas, private areas and accessible outside space. Residents had been involved in decisions about adaptations to the home. This had included people being asked if they would prefer an additional bathroom or shower room installed before a refurbishment. They had chosen a shower which had been completed.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that people had MCA assessments in place and that these were decision specific and provided evidence about how the decision had been made. For example, one person had a capacity assessment around personal care. There was a decision made in the person's best interest which had included their family and the least restrictive option for the person. At the time of our inspection there were no DoLs in place but staff had completed MCA training and understood the legislation.

Good

Is the service caring?

Our findings

People and their families spoke positively about the staff team describing them as kind and caring. One person told us "The staff are wonderful". Another told us "If I press my bell they (staff) come quickly but usually I don't need to because staff notice I need some help". Staff were knowledgeable about people and their history. One person told us "The carers are wonderful; they know me and my needs well". One care worker told us "One person is at risk of isolation and we have a great rapport with them. They mainly watch TV and have their favourite programmes like 'Bargain Hunt'. (Name) likes to reminisce about their time working and they used to sing". We observed friendly banter between staff and people and their families. One relative explained "The staff make (name) laugh". One person was anxious and called for staff frequently. The staff responded promptly and were sympathetic to the resident, handling their anxieties with empathy and understanding. One person told us "I have bad dreams and sometimes when I awake I don't know if it was real or a dream; the carers reassure me".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. Examples included the 'Resident Handbook' produced in large print, staff reading correspondence for a person with poor vision and another person with a large clock which told them the day, date and time.

People felt involved in decisions about their care and treatment and were able to express their views. People told us they chose when they got up and went to bed, whether they had a shower or bath or if they wanted to join in activities. One person explained "I awake every morning early and push the bell to tell the carers I'm ready to get up. They need to help me up, to wash and dress. They come in good time. I can stay in bed longer if I choose". Throughout the inspection we observed staff involving people in decisions, explaining their actions to people, giving people time and listening to what they had to say. Visitors were able to visit freely and we saw that staff knew them and made them feel welcome. People who needed an independent representative to speak on their behalf had access to an advocacy service. One person said "I have lovely room with a nice view. The home let me put up all my pictures, so it feels like home". They went on to say "I'm very very very happy here".

People had their privacy, dignity and independence respected. We observed staff speaking to people respectfully; using their preferred name and giving people time to do things at their own pace. One person told us "They (staff) wait and see how much I can do without help before they do things for me which I do appreciate". People's clothes and personal space reflected a person's individuality. Confidential information was stored in a locked cupboard or stored on password protected computers.

Good

Is the service responsive?

Our findings

People had care plans which reflected their personal care needs and choices and were reviewed at least monthly. Care staff were able to tell us about their role in supporting people with their care needs and choices. New electronic care and support plans had been introduced and staff carried hand held devices which were used to access information, record actions and provided care prompts. Handovers took place at each shift changeover. A care worker told us "We have a handover book and it tells you everything. Who needs encouraging with fluids, any accidents or incidents, hospital appointments, people who need their medicines". A community nurse who had experience of the service told us "Staff are always friendly and helpful; they listen and follow our advice for skin tears etc".

Staff had a good knowledge and were respectful of people's individual lifestyle choices. People had their religious and spiritual needs respected and examples included people attending local church services or receiving communion in the home.

People had opportunities to join in group activities, spend one to one time with staff and access the local community. An activity plan was displayed for the month and included visiting entertainment, exercises to music, word games and trip to a local garden centre. We observed people joining in with carpet skittles, people painting or reading newspapers and books and a couple of people sitting together watching and chatting about the commonwealth games. One person told us "I like to stay in my room, the carers know it. They do regularly ask me if I want to go downstairs, but I don't and they accept that". A care worker told us "We have little books 'My Life' and provides information about people's past. The more you can delve into the past and people's personalities the better". They went on to explain how the information helped in supporting people to maintain interests. Examples included a garden activity for one person and a bird table put outside a room for another.

A complaints procedure was in place and people and their families were aware of it and felt able to use it if needed. The procedure included details of how to appeal against the outcome of a complaint and provided details of external organisations such as the local government ombudsman.

People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted. A care worker told us "We have training about people's cultural differences in death".

Good

Is the service well-led?

Our findings

People, their families and staff spoke positively about the home and leadership. One person told us "There's always somebody here who knows what needs doing and they get on with it". A care worker told us "The management are quite visible. We are small and it's quite nice; we're like a big family". Another said "I feel it's easy to talk to the management. If I have made suggestions it's been taken on board".

Staff told us communication was good and they had a clear understanding of what was expected from them. One care worker explained "There is an allocation sheet which is kept updated. The shift leader gives out the sheet and it tells you who you're supporting and the structure of your day. It helps as you know who is doing what and it's a fair share of the work". Staff felt valued in their roles. One care worker said "I feel valued. If we take up extra shifts we can apply to receive vouchers to spend in shops – it's a good incentive".

The registered manager kept their skills and knowledge up to date. This included attending training updates such as the Dorset Management Safeguarding training day and keeping up to date with new legislation such as a new Data Protection Act. They were also part of an 'Outstanding Managers Network' and explained "It's a best practice website which provides anything from good guidance to a bit of morale support".

Staff had been involved in developing the values and visions of Avon Lee Lodge. This had included a workshop were staff had discussed what made a good care home. The outcome had been key values being decided collectively under the theme 'Excellence in Residential Care'. The director explained "As a group we brainstormed what makes a good care home. Then through staff supervision we discussed individually. The plan is to include values and visions as part of staff contracts".

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. Systems and processes had been introduced to ensure effective communication and engagement with people, their families and staff in developing the service and sharing information and learning. We saw minutes of a staff meeting held in March 2018 where information had been clarified about safeguarding and whistleblowing and policies had been shared with staff. A relatives meeting in January 2018 and shared information about new technology being introduced to the home. A monthly newsletter was produced which included updates about developing the service and new technology being introduced.

Quality assurance systems were in place and effective in capturing areas requiring improvement. Feedback in a resident survey in September 2017 had found that people felt meals were not being served hot enough. In response the provider had purchased warming lights for the kitchen and a warming plate for people who wanted to have meals in their room at a time of their choice. The chef and people told us this had made a big difference and meals were now served at a hotter temperature.

The staff team worked with other organisations and professionals to ensure people received good care.

Records and feedback from professionals indicated that the staff followed guidance and shared information appropriately.