Christchurch Housing Society

Avondene Care Home

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

We carried out the inspection on the 17 January 2017 and it was unannounced. When we inspected the service in November 2015 we found that people were not always having their risks assessed and there were not always plans in place for managing identified risks. We asked the provider to take some actions and these had been completed. We also had found that care plans did not always reflect the care being provided which placed people as risk of inconsistent care or not getting the care and support they needed. We asked the provider to take some actions and these had been completed. At this inspection we found that improvements had been made.

The service is registered to provide accommodation and personal care for up to 11 people. The service at the time of our inspection was not providing nursing care.] At the time of our inspection the service was providing residential care to 10 older people some of whom were living with a dementia.

The service provides accommodation over two floors. All the bedrooms are single occupancy and six have an en-suite toilet and wash basin. On the ground floor there are shower facilities in a wet room and on the first floor a bath. The first floor can be accessed via a central staircase or a lift. Each room has a call bell system that people could use if they needed to call for assistance. On the ground floor there is a communal lounge, dining room and a small conservatory. The porch area looks onto the front driveway and has seating that people also use to meet with friends and family. On the ground floor there is a well-equipped kitchen a small laundry. Outside there is a small area at the front of the building which is used for parking. The service does not have a garden.

The service had a registered manager. 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 had their risks assessed and were a risk had been identified actions had been put in place to minimise the risk. Some people required air pressure relieving mattress and we found that one had been set incorrectly. This meant that the mattress was not offering the correct protection. The registered manager advised us they would introduce a checking system to ensure mattresses were consistently set in line with people's weight. People were involved in discussions about risk and actions to minimise risk respected people's freedoms and choices.

People were supported by staff who had been trained to recognise abuse and understood their responsibilities in reporting if they suspected a person was at risk of abuse. People were supported by enough staff who had been recruited safely. Checks had been undertaken to ensure staff were safe to work with vulnerable people. Staff had completed an induction, on-going training and regular supervision which had given them the skills to carry out their roles effectively.

People had their medicines ordered, stored and administered safely. Staff were aware of any actions they needed to take should a medicine error occur.

The service was working within the principles of the Mental Capacity Act. People were supported to be involved in decisions and choices about their day to day care. When people did not have the capacity to make some decisions for themselves a best interest decisions had been made on their behalf.

Staff had a good understanding of people's eating and drinking needs which included likes, dislikes and any diet related health conditions.

Staff were described as kind, caring and patient and had a good understanding of people's interests, likes and dislikes and individual communication needs. This enabled people to be more involved in decisions and independent. People had their privacy and dignity respected and were supported to express their individuality.

Care and support plans reflected people's assessed needs and detailed how staff needed to support them. Staff understood the actions they needed to take to support people. Plans were reviewed and changes shared with the staff team. Access to healthcare happened in a timely manner. Activities took place in the home and in the community which reflected people's likes and interests.

The registered manager worked alongside staff and promoted a positive, open culture that was inclusive and empowered staff to have a voice. Staff spoke positively about the service, felt appreciated and described communication as effective.
The registered manager understood their responsibilities for sharing information with CQC and kept up to date with best practice guidance and refresher training courses.

Systems were in place to gather feedback about the service. These included audits, quality assurance surveys and regular staff, resident and relative meetings. Feedback had been used to make changes that improved outcomes for people using the service. A complaints process was in place which people felt if they used they would be listened too.

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.

People were supported by staff that had been trained in how to recognise abuse and knew the actions they needed to take if they suspected abuse had taken place.

People had their risks assessed and staff were aware of the actions needed to minimise identified risks to people.

People were supported by enough staff who had been recruited safely.

Medicine was ordered, stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received an induction and ongoing training that provided them with the skills to carry out their role effectively.

Principles of the Mental Capacity Act were understood and followed.

People's eating and drinking requirements were understood and met.

People had access to healthcare in a timely way and which was responsive to their needs.

Is the service caring?

Good

The service was caring.

Staff had positive, caring relationships with people and understood their individual communication needs.

People, and when appropriate, their families were involved in decisions about their day to day care.

People had their dignity, privacy and independence respected.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and reviewed regularly. Staff understood their role in supporting people with their assessed needs.

A complaints process was in place that people were aware of and felt if they used would be listened too.

Is the service well-led?

Good

The service was well led.

Leadership of the service promoted a positive, open culture that was inclusive and empowered the staff team.

Communication with staff was effective.

Staff had a positive view of the service and felt appreciated.

Systems were in place to monitor service delivery and led to positive changes and outcomes for people.

Avondene 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.

The inspection took place on the 17 January 2017 by one inspector and was unannounced.
Before the inspection we looked at notifications we had received about the service and we spoke with a social care commissioner to get information on their experience of the service. We did not request 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 gathered this information from the provider during the inspection.

During our inspection we spoke with a director, the registered manager, three care workers, the cook, administrator and housekeeper. We also spoke with a relative and a district nurse who regularly visited the service.
We reviewed three people's care files and discussed with care workers their accuracy. We checked three staff files, health and safety records, medication records, management audits, staff meeting records, and records of feedback from families and others.
We walked around the building observing practice and the safety of the environment.

Good

Is the service safe?

Our findings

When we last inspected in November 2015 we found that people were not always having their risks assessed and there were not always plans in place for managing identified risks. There was a breach of regulation. We asked the provider to take some actions and these had been completed.

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. For example, people had their risk of skin damage assessed appropriately and, where risks were identified, actions were detailed in the person's care and support plan. Actions to minimise risk included people having specialist pressure relieving air mattresses on their beds. In order to offer protection to people the air pressure must be set according to the person's weight. We checked three air mattresses and one was set incorrectly. We discussed this with the registered manager who told us they would put a checking system in place to ensure mattresses were consistently set correctly. We spoke with staff who had a good knowledge of the risks people lived with and their role in reducing risk

People were involved in decisions about how risks they lived with were managed. We spoke with a person whose risks with moving and transferring had increased. They said "They put me on a machine (standing aid), I feel safe when they do it".

People had their risk of malnutrition assessed monthly. One person had been losing weight over a prolonged period of time. We read that discussions had taken place with the GP about dietician involvement. Actions had been introduced to fortify meals to add additional calories and the consistency of food and drinks had been adjusted to aid swallowing. We saw that the person's food and fluid intake was being recorded and reviewed daily at handover.

Risks had been assessed for home safety. A risk assessment had been completed for use of the staircase. Actions taken to minimise the risk to people on the stairs included high visibility strips on the stairwell. 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 told us they felt safe. One person said "The staff are kind. I always feel nice and cosy". A relative said "I feel (relative) is in safe hands". Staff had completed training and understood what types of abuse people could be at risk from, what signs to look for and the actions they needed to take if they suspected abuse. A poster was on display in the foyer that provided details of external agencies that people, their families or staff could contact with any concerns.

People were supported by enough staff who had been recruited safely. We spoke with a care worker who told us "If we ask for extra staff for a certain time it is considered. We had somebody poorly and we needed an extra pair of hands in the morning. It happened and was very helpful for everybody". One person told us "If I ring the bell the staff come quickly". Another we spoke with told us ""There are always enough staff to help me". This meant staffing levels were based on the needs of the people living in the home. We looked at

staff files and relevant checks had been undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Baring Service to ensure that staff were safe to work with vulnerable adults.

People had their medicines ordered, stored and administered safely. Some medicine needed to be kept in a fridge and a system was in place to record the temperature each day to ensure safe storage at the correct temperature. Where a person managed their own medicine administration a risk assessment had been completed. Actions to minimise any risk to the person or others had been put in place whilst still respecting the person's freedom and choice of remaining independent.

Some people had been prescribed medicines for "as and when required". Records showed us that when these were administered additional recording took place. It included what the medicine had been given for and whether it was effective. This meant that people were receiving medicine appropriately and information was available for effective medicine reviews. Staff were aware of any actions they needed to take should a medicine error occur.

Good

Is the service effective?

Our findings

People were supported by staff that had completed an induction and on-going training that enabled them to carry out their roles effectively. New care staff completed the Care Certificate induction course. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Specialist training had also been completed by staff which reflected the health and social needs of people living at the home. It included dementia awareness and a visual impairment awareness course. Staff explained how their training had changed how they supported people. One care worker told us "On the blind course I learnt how to guide a person when walking with them". A relative told us "Feel the staff have the skills to care for them. (Relative) has equipment when they need it".

Staff told us they received regular supervision and felt supported. A care worker told us "I receive supervision and feel supported. If I needed extra support I would speak to the manager and I know I would be listened too". Staff had the opportunity for professional development. We spoke with a care worker who told us "I have had supervision and an appraisal. I'm taking my level 3 in health and social care and its going well".

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 found that the service was working within the principles of the act. The registered manager had completed MCA training and kept their knowledge up to date. Mental capacity assessments had been completed for people and DoLS applications had been submitted appropriately to the local authority. People received care that was designed to meet their needs and staff supported people's ability and choices about their day to day care. Most people living in the home were able to make decisions about their care and they did so throughout our inspection. One person had been assessed as not having the capacity to make some decisions for themselves such as the decision to consent to their care and treatment. We saw that a best interest decision had been made and had included input from their family. Staff told us about one person who was not always able to express their consent verbally. They said "You need to get down to (name's) level and speak slowly, we have pictures we can use that help us get an answer. If you show (name) the menu they can point to what they would like".

People told us the food was good. One person said "The food is excellent, it's all homemade". Both care and catering staff had a good understanding of people's eating and drinking needs. This included information on people's likes and dislikes and any health considerations such as diabetes. Hot and cold choices were available at each mealtime and displayed on the menu board. On the day of our inspection a birthday buffet had been arranged for supper. Food was presented well and looked appetising and nutritious. We observed people being offered choices about where they had their meals including the dining room, lounge area or in their own rooms.

People had access to healthcare and records showed us this had included opticians, dentists, GP's, district nurses, chiropodists, specialist health professionals and dieticians. We spoke with a relative who told us "They are very very good at organising health care. Feel confident I can leave (relative) if I'm away".

Good

Is the service caring?

Our findings

People, their families and visiting professionals all told us the staff were caring. One person told us "The staff are kind; all of them. We get on quite well. They nip and say hello and check I'm OK". Another told us "The girls are very careful to make sure you are comfortable". A relative said "I feel the care is good and if I was worried I know I could speak to (registered manager)". We spoke with a district nurse who told us "Care is excellent here. Staff attitudes are right and they are genuinely concerned about residents. Residents seem happy and looked after to a really high standard. They know everything about the residents. They care about the people they look after and treat them as if their own mum".

Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. Pictorial cards were used to aid people if they were not able to express themselves verbally.
We observed staff laughing and sharing banter and conversation with people and their families. Some people chose to spend most of their time in their room. A care worker told us "We pop in for a little chat". We observed meaningful and appropriate interactions. Staff demonstrated patience when supporting people, listened and gave people time. Staff used appropriate non-verbal communication to demonstrate listening and to check people understood them. For example talking with people at eye level and using hand gestures and facial expressions.

One person had poor sight and their daily routine had been printed in large print so that they were able to be access the information. Signs around the home were in word and pictorial form to enable people to independently navigate around the home, an example were signs for toilets. A board on the wall provided information about the date, people's birthdays, events and activities. This meant that people had accessible information that supported their orientation and independence.

People told us they felt involved in decisions. One person said "The staff are friendly and I feel if I was to ask them to do anything they would". Another person had been involved in a decision to change rooms. The registered manager told us "(Name) moving onto the ground floor. They and their family have been involved in personalising the room". People who needed an independent representative to speak on their behalf had access to an advocacy service and contact information was displayed on the foyer notice board.

People told us that staff respected their privacy and dignity. We observed staff knocking on doors before entering rooms and addressing people by their preferred name. People's clothes and personal space were clean and reflected a person's individuality. One person had a pet that helped support them with their independence. Family supported with the care of the pet. This demonstrated a flexible approach by the staff when supporting people with their lifestyles.

Good

Is the service responsive?

Our findings

When we last inspected in November 2015 we found that care plans did not always reflect the care being provided which placed people as risk of inconsistent care or not getting the care and support they needed. There was a breach of regulation. We asked the provider to take some actions and these had been completed.

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. Staff were able to demonstrate that they had a good understanding of people's care needs and their role in supporting people. People had their care regularly reviewed and changes were shared with the staff team. A care worker told us "We go into the office at the start of each shift and one person gives the handover from the previous shift. We discuss each person and everything gets handed over".

The staff kept records which included references to personal care people had received how they had spent their time and physical health indicators. These records were linked to people's care plans and detailed the care people received and were used as part of the monthly care reviews. We discussed with a district nurse how responsive staff were to people's changing health needs. They told us "On the spot. Whenever they are worried about anybody they telephone straight away".

Information in care and support plans included details of a person's life history and included interests and activities they enjoyed. People had been supported to continue with their interests. We spoke with one person who explained how they spend their time. "I read a lot and have the library visit. We have a fortnightly trip with the mini bus and go and have a cuppa, Milford, Upton or perhaps a garden centre. We went to a panto at Christmas. We have a quiz on Wednesday; it's a laugh and gets our brains ticking over".

People were supported to keep in touch with families and people important to them. One person had a friend who visited each week and shared a meal. Another person had asked for visits from the church and this had been organised and had been taking place monthly. The registered manager explained that when people are on a short stay they support the person to continue with activities in the community in order that they maintain the routine they have at home. An example was a person who had continued to attend a day centre during their stay.

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. One person told us "(Registered manager) comes and checks everything is OK. If I did have a concern I could speak to them". We spoke with a relative who told us "You can go to (registered manager) with anything and she will listen to you".

Good

Is the service well-led?

Our findings

The home had a small staff team and we saw that the registered manager worked alongside staff throughout our inspection. Staff had a relaxed but respectful relationship with the manager. The manager demonstrated a good knowledge of people, their families and the staff team. We spoke with a district nurse who told us "The service is well led. The person in charge (registered manager) leads the team and knows everything about the residents."

Staff meetings were regularly held and staff told us they felt comfortable raising concerns and ideas with the management. One care worker told us "At the last meeting we discussed getting another cook. The care staff in the afternoon are doing the suppers and sometimes we may need to go and help a resident". This demonstrated that staff felt empowered to speak up and be involved in discussions about service delivery.

One care worker explained that the registered manager had recognised they were particularly skilled in nurturing people and given them positive feedback. They told us this had made them feel appreciated. Another care worker told us "I feel I know what is expected from me". Staff spoke positively about their roles and the management team.

The Manager had a good understanding of her responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Audits were being carried out by the registered manager and included care and support plans and medicines. The registered manager oversaw the auditing of call bell checks, health and safety checks of appliances and aids, and fire safety checks and drills. Audits clearly identified actions needed where shortfalls where identified and were used to improve service quality. An example had been the introduction of a daily care diary for one person to aid communication between staff and family. We discussed with the registered manager including information about who had responsibility for completing an action and the time frame and outcome. We spoke with a director and the registered manager about the auditing process. They told us they were currently looking at an external auditor to further improve management oversight. A system was in place for sharing audit findings with the head office.

Quality assurance systems were in place to gather feedback about the service. We saw that regular resident and relative meetings were held which provided an opportunity for feedback. We saw that a discussion about the menu had led to the options being revised and that activities had been arranged in response to feedback including more trips out on the mini bus. This demonstrated that people and their families were listened to and able to contribute in ensuring positive outcomes for people.

The registered manager explained that they kept up to date with best practice by visiting professional web sites and attending refresher training courses such as the Mental Capacity Act.

The service had shared the last CQC report with people, their families and staff and a copy was on display in the foyer.