Avondale Care Home Limited

Avondale Rest Home

Inspection report

38 Avondale Drive
Leigh On Sea
Essex
SS9 4HN

Tel: 01702711934

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was undertaken on 24 and 25 May 2017 and was unannounced.

Avondale Rest Home provides accommodation and personal care to up to 19 people. People living in the service may have care needs associated with dementia. There were 18 people living at the service on the day of our inspection. The service was registered to the current provider in September 2016. This was our first inspection of the service since that registration.

The provider is also the registered manager of this and another local service. 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.

Systems and records to manage risk, safeguard people and to check on the quality and safety of the service needed strengthening to ensure people's safety and wellbeing was maintained.
Improvements were needed to registered manager's knowledge of the responsibilities of their role and in the detail of the records required to be maintained.

Up to date guidance about protecting people's rights had been followed overall so as to support decisions made on people's behalf and comply with legislation.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were suitable overall. While the temperature of storage areas needed to be monitored, medicines were safely recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs.

People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences. Arrangements were in place to support people to gain access to health professionals and services.

People were supported by staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. Visitors were welcomed and relationships were supported.

People's care was planned and reviewed with them or the person acting on their behalf. Staff had information on how best to meet people's needs. People were supported to participate in social activities that interested them and met their needs.

People felt able to raise any complaints and felt that the provider would listen to them. Information to help

them to make a complaint was readily available.

People and staff knew the registered manager and found them to be approachable and available in the service. People living and working in the service had the opportunity to say how they felt about the home and the service it provided and had their views listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems and records to manage risk and to safeguard people needed improvement.

Medicines were safely managed, although storage temperatures needed to be monitored. There were enough staff to meet people's needs safely.

Is the service effective?

Good

The service was effective.

Staff were provided with a level of training and ongoing supervision that enabled them to meet people's needs well.

People were supported in the least restrictive way possible.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness. People, or their representatives, were included in planning care to meet individual needs.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Is the service responsive?

Good

The service was responsive.

People were provided with care and support that was personalised to their individual needs. Staff understood people's care needs and responded appropriately. People had activities they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvements were needed to the quality processes and record keeping to ensure people's safety and well-being were maintained.

Staff felt valued and the culture in the service was open, respectful and inclusive.

Opportunities were available for people to give feedback, express their views and be listened to.

Avondale Rest 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.'

This inspection was undertaken by one inspector on 24 and 25 May 2017 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with eight people who received a service and three healthcare professionals. We also spoke with the registered manager and three staff working in the service.

We looked at eight people's care records and four people's medicines records. We looked at recruitment records relating to two staff and the training information relating to all staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Requires Improvement

Is the service safe?

Our findings

Individual risks assessments were in in place, however improvements were needed to ensure all risks were identified to enable them to be safely managed. While some people had bedrail assessments in place, a risk assessment was not available for one person who had bedrails fitted to their bed. This meant that was no assessment of the risk this presented for the person, such as of entrapment and whether the type of bedrail was safe with the bed in use. Another person had a risk assessment in place regarding a lifestyle habit that could pose a fire risk, however it did not consider the risk to and from others living in the service. The generic risk assessments in the service were not demonstrated as recently assessed and considered. The registered manager had adopted those of the previous provider of the service without ascertaining that they remained accurate or appropriate. This included, for example, the fire and water risk assessments, aspects of which the registered manager told us were inaccurate. There was no evidence of any negative outcomes for people and the registered manager confirmed they would review these records immediately.

Staff knew how to recognise different forms of abuse and were clear on how to report any concerns, however improvements were needed to ensure all concerns were always reported promptly by the registered manager. The registered manager told us of an incident in the service where they had completed their own investigation and which had now been raised as a safeguarding event by an external source. The registered manager acknowledged that, with reflection, they should have referred this incident to the local safeguarding authority and notified the commission. The registered manager confirmed that they were working with the local authority as part of their current investigation of the incident and had provided all documents requested. A copy of the up to date local safeguarding protocols had been obtained by the registered manager following a recent monitoring visit by the local authority.

Safe recruitment practices were in place overall to ensure that staff were of good character and suitable for the roles they performed, although some areas for improvement were noted. Records showed that the required references, criminal record and identification checks were completed before staff were able to start working in the service. A current photograph of all staff was not available as required. The provider's recruitment application format required only a ten year rather the full employment history required. This had not impacted on people's safety however as the relevant staff had not yet been in employment for longer than ten years. The registered manager confirmed this would be amended for any future applicants.

Medicines were safely managed overall. The temperature of the medicines fridge was recorded each day however the temperature of medicines storage areas was not recorded to ensure it stayed within recommended limits so that medicines did not spoil. Updated training and assessment of staff medication competence was planned. Medication administration record (MAR) charts were completed consistently and a check on the quantity of medicines in stock was accurate. Records demonstrated that staff had recently found an error in the medicines provided for one person. This showed that staff checked medicines carefully on receipt to support people's safety and well-being. We observed staff administering people's medicines and saw this was done safely and with respect. The service had procedures in place for receiving and returning medication safely when no longer required.

People were satisfied with the way the service managed their medicines. One person said, "They look after my medicine for me and bring it when I need to have it." Another person said, "I used to look after my own medicines but I do not want to now and they do it for me."

People told us they felt safe living in the service. One person told us, "People are lovely here, very nice, so I feel safe. I am hoping to stay here." Another person said, "It's because of the staff, many of whom are really nice and no one has ever been unkind." The registered manager told us of improvements they had made in the service since becoming the registered person to increase people's safety. This included new side gates to the garden, CCTV in communal areas, new flooring and a new shower facility to support people's security, comfort and management of infection. Additional plans included reorganisation of the laundry area to allow safer fire and infection control systems to be in place and a keypad system to the front door. The registered manager told us they were now to complete a risk assessment relating to the management of laundry in the interim.

Staff were suitably deployed to meet people's needs. A formal system to assess staffing levels was not in place. The registered manager told us they had determined the minimum staffing levels needed to ensure people's safety by spending time observing in the service. The registered manager told us that they were endeavouring to provide a higher staffing level to afford people a safer and better quality of life and were now recruiting more staff to achieve this. Records showed that the higher staffing levels was often provided. People and staff told us that staffing levels were suitable. One person told us, "The staff are always there to help you or to open doors for you. You can walk outside yourself or use the buzzer and they are pretty good at answering, so there does seem to be enough staff." Another person said, "I do feel safe here. It's always having the staff around that does it."

Good

Is the service effective?

Our findings

People told us that they were cared for by competent staff. One person said, "Staff do know what to do." Another person said, "The staff are excellent." The registered manager had a formal staff induction programme in place. They were also in the process of accessing the Care Certificate, a current industry recognised induction programme. Staff told us they had received a suitable induction at the service, that they received the training they needed to undertake their role well and received regular supervision. The registered manager told us they would be completing annual staff appraisals in due course.

The registered manager told us that, since taking over the service, they were working towards updating staff training, however as their approach was more face to face than E-Learning, this was a slower ongoing process. Arrangements were in place, for example, for some staff to attend updated First Aid training and for all staff to attend updated medicines training by Clinical Commissioning Group staff in the near future. All staff had been provided with recent practical manual handling training. Staff were also part of a programme that was providing training in relation to for example, hydration and nutrition and we saw this taking place during the inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found that while some additional work was needed, the service was working within the principles of the MCA overall. The registered manager agreed that one person who had recently signed consent to the use of a floor sensor mat, for example, did not have capacity to understand what they were signing consent to. This showed some lack of staff understanding in the service of the MCA in practice. A floor sensor mat responds to pressure and alerts staff if the person stands on it and so the person's movement is always under supervision. Assessments were in place for day to day decisions where people were unable to make these decisions and they were being made by staff in the person's best interests. This had been identified by the local authority in their recent monitoring visit report and who had sent the registered manager a list of the specific domains that were now being considered. The registered manager told us that applications had been made for DoLS for two people that had been authorised. The registered manager also told us that having gotten to know people better and seen changes in their condition, applications for DoLS authorisations now needed to be made for other people in the service and they would do this without delay.

Staff had varied levels of understanding, training and knowledge of the MCA and DoLS, however all staff demonstrated a good understanding of gaining people's consent and making day to day decisions that were in people's best interests. People told us that staff did always ask for their consent and agreement in

relation to care and treatment and in all aspects of daily life, such as whether they wished to have a shower or if they wished to go to bed.

Nutritional assessments were completed to provide a clear baseline to support effective nutritional monitoring for people. Where staff supported people to eat, they sat with the person and assisted them in a calm and unhurried way to allow the person to enjoy their meal. Staff advised that they told people of the following days meal choices and asked for their preferences. We noted that while people were given different meals at lunchtime, they were not always told what they were being served, despite people living with memory loss and dementia. There was not always a clear choice of drinks provided as there were no jugs on the table, people received their meals with gravy already on it and condiments were not provided on each table. The registered manager discussed this with staff and initial improvements were noted on the second day of the inspection.

People spoke positively about the food and drinks served. One person said, "We do have a choice of drinks and meals. The food is improving since [registered manager/provider's name] took over." Another person said, "Is anyone else having a cup of tea – no. I can come down and say 'I'd love a cup of tea' and they have it done for me almost before I ask." A third person told us, "I am prone to water infections, but I get plenty of drinks here." We saw that one person, who had taken themselves to sit in a comfy chair in the entrance hall was not forgotten by staff. The person was offered drinks and reminded that it was a very warm day so they needed to drink plenty. We noted throughout the inspection that one person, who routinely asked when would it be meal time, was gently reminded but also offered additional snacks and drinks to support their nutritional intake in line with their risk assessment plan of care.

People told us their healthcare needs were well supported, for example, people told us that they regularly received visits from the chiropodist and could see their GP when they needed to. The service worked with their local GP who visited the service weekly at arranged time. This provided consistency as the GP got to know people using the service. A health professional said, "The staff are good at monitoring people and preparing a list with information about people who need to be seen. They are also proactive in contacting, for example, the community nurses or dementia nurse specialist so that people get access to relevant services." People's records showed that they were supported to attend healthcare appointments such as in relation to hearing, dental appointments and the memory clinic.

Good

Is the service caring?

Our findings

People told us that the service provided them with a caring environment. People described staff's approach to them in the service as 'very caring' and 'kind'. One person said, "This is such a pleasant place to be, the staff are excellent and would do anything for you." Another person said, "Staff could not be nicer. They are very obliging, they chat and say hello and it's so nice." The service supported relationships between people and their families and told us their visitors were always welcomed in the service. One person said, "I have lots of visitors were always welcomed."

People were involved, where possible in the planning of their care and making decisions. While some people told us they could not really remember if they were involved in the assessment and planning of their care, one person said, "I do know about my care plan and they do ask for my agreement to it." Another person's records showed that their pre-admission process had included an assessment along with a lunch to the service before going to live there. Care records noted people's preferences such as in relation to food, drinks, social activities and routines of daily living such as their preferences for getting up and going to bed.

We saw that staff took time to listen to what people said and to really engage with them in a caring way. Staff used touch in an appropriately friendly and gentle way when supporting and chatting with people. People and staff knew each other by name and also knew details about each other's lives. Staff showed concern for people. One staff member told us that one of the aims of the service was to make it feel that it was their home rather than a home and added, "The loss is huge for people and we try our very best to make them happy here." We saw, for example, that one person came to the dining room in a distressed state and saying that they had lost their handbag. A member of staff stopped with they were doing, reassured the person and immediately went to look for the handbag. The staff member returned with the handbag and explained quietly and discreetly to the person where it had been found, respecting the person's dignity.

People told us their privacy and dignity was respected in the service and that, for example, staff always knocked before coming in or closed bedroom doors, when personal care was to be provided. A staff member told us that improvements to the service, introduced by the new registered manager, better supported people's dignity and independence. This included the provision of an extra toilet downstairs and the addition of a shower/wet room. The staff member told us that this meant that people waited less time to use the facilities and helped to support good continence management. A staff member also told us how they protected people's dignity while being hoisted by using a blanket to cover them and by remaining discreet and calm so as not to draw attention to the person's loss of independence. We observed that people who needed support with personal care were assisted discreetly and with dignity.

People's independence was also supported. A staff member told us the addition of the new wet room meant the shower offered more dignity and independence for people as they were often able to do more for themselves in a shower, than when they were in a bath chair. One person's care plans and risk assessment noted that the person had capacity and therefore chose to take some calculated small risks, such as getting out of bed to use the toilet at night to maintain their wish for independence. One person in the service told us, "They help us in any way they can but they let us help each other too when we can."

Good

Is the service responsive?

Our findings

People who lived permanently in the service received care and support that was individually planned and appropriate to their needs. A plan of care was in place for each person based on their individual assessment and included information on how they wished to be supported and cared for. Care plans included important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. This provided staff with clear information on the support the person needed and the way they liked this to be provided. One person, for example, had a specific healthcare need with information provided to staff on how this might impact on the person and how to recognise that this was likely to occur. It also included confirmation that additional services, such as podiatry, were in place to support the person appropriately. While care plans were in place for people living in the service on a short-term and respite basis, the registered manager agreed that these records were basic and would benefit from additional information being in place from the outset, which registered manager would implement.

Staff did know people's needs and their individual risks and how to support these in a way the provided the person with the care they needed. Staff communicated effectively with one person who had a hearing impairment. Staff looked at the person when speaking to them and spoke clearly. A notebook and pen were used to write simple sentences in large print that the person could read so that they could understand what was being communicated. Staff were able to tell us of techniques they used to support a person who became distressed, such as praising their pet and accompanying the person while they took the pet for a walk.

People told us that they received care that was responsive to their individual needs. One person told us that being able to keep their dog when they moved into residential care was very important to them and that the service had responded well to this. The person said, "I have my friend here, my dog. They made no fuss at all about it, which is wonderful. I have everything I need, a nice place to live, my dog and nice people. I am very happy." Another person told us of an individual lifestyle choice and that responded positively and without question to their request for support with this. Two people told us that they hoped to be able to remain in the service long-term as they felt the care provided was just what they wanted and needed. One person told us that they had requested a downstairs room should they be able to stay long-term and had been reassured that the service would provide this opportunity as soon as a downstairs room became available.

People had opportunities for basic social that met their needs. Life history booklets were available as part of some people's care records. This provided information , such as on important events in people's lives, their previous employment and leisure pursuits giving staff prompts for conversation and ideas in the planning of social activities. People were seen to be engaged depending on their own individual abilities. We saw, for example, that the registered manager understood about engaging people living with dementia at an appropriate time when the person was receptive. One person who sat at the table with us in the dining room during the inspection and told us that they were bored. The registered manager offered the person a newspaper which the person clearly appreciated and spent some time looking at. The registered manager told us of their plan to develop additional appropriate social opportunities for people in the service. Some people told us they enjoyed the available activities while others preferred to follow their own interests such

as watching television, doing puzzles or going out and that this was also well supported in the service.

People were given information on how to raise any complaints and the provider's complaints policy was displayed. This gave people information on timescales within which they could expect a response, so people knew what to expect. A system was in place to record complaints and to show any actions taken. The records of complaints received in the service were limited and did not clearly shows actions taken and responses to the complainant to ensure that people were satisfied with the response to their complaints. The registered manager told us of the action that had been taken and confirmed that this would be more clearly documented in future.

People told us they felt able to express their views about the service and felt they would be listened to. One person told us, "I could say if I was not happy, but I have no complaints. I would go to [registered manager/ provider's name]. Another person said, "I could say if anything was upsetting as they are nice enough to be able to tell them. However I have nothing to complain about; it is so nice here."

Requires Improvement

Is the service well-led?

Our findings

Basic systems were in place to monitor the quality and safety of the service although these were not robust in all areas. Medication audits were completed although they did not have sufficient detail to identify gaps, such as the lack of monitoring of the storage temperatures for medicines. The health and safety audit had not resulted in action being taken to ensure the electrical fixed wiring inspection was up to date. A care plan audit was not completed and so had not identified the lack of detail in the care records of people in the service on a respite basis. The views of professionals and relatives had been sought through a satisfaction survey in January 2017. The responses, while positive, had not been analysed to see if any improvements could be made following peoples' comments and fedback to those people who had participated. The falls audit was improved during the inspection to enable the identification of trends so that preventative action could be planned.

The registered manager was also the registered provider of this service and also the registered manager/provider of another established local care home service. This meant that they had experience in running a care home and also that they were not available in this service on a full-time basis. People and staff told us of the positive changes the registered manager had made in the service since they had been operating it. We saw these developments during the inspection and also noted some areas for improvement. We identified some gaps in the registered manager's knowledge of the responsibilities of their role, such as in relation to DOLS, notifications to the Commission as required by regulation, safeguarding referrals and to the quality of recording systems overall. This included their quality assurance system. These issues were mostly records based and we did not find that this had impacted directly on people's quality and safety. The registered manager demonstrated a constructive response to the issues raised in the inspection feedback and taking action to address them.

The atmosphere at the service was open and inclusive. Staff told us they received good support from the registered manager who was always available should they need guidance. One staff member said, "There is much more available management support now and there have been positive changes for the home. New staff will find it easier as there is a clearer culture of what is acceptable. The registered manager comes in at night and has put CCTV in place which means staff cannot sleep in communal rooms." Staff told us were able to express their views in regular staff meetings and the day to day availability of the registered manager and that they felt valued. Health professionals in the service to provide training told us that the registered manager and the staff were receptive to working with them to enable the training so as to improve the quality of care provided to people. The registered manager also told us of their approach to working with others, such as a research project looking at the impact on care workers of providing care.

People had opportunity to express their views and influence the service they received. Records of the most resident meeting showed that people's views had been sought as to changes to the menu. The satisfaction surveys completed by relatives in January 2017 confirmed that people were satisfied with the overall standard of care provided and one person included the comment 'Could not be better'.