

Porthaven Care Homes LLP

Avondale Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Avondale Care Home sits on the edge of the Chiltern Hills and is a few minutes from Aylesbury town centre. The service is set within private landscaped grounds and was first opened in 2010.

The service provides 24 hour residential, nursing; dementia and respite care for older adults. Facilities within the service include bedrooms with ensuite wet rooms, communal living areas including sitting rooms, restaurants, a bistro area, a fully fitted gym, library, an activities room and a private dining room for special family occasions.

At the time of our inspection 85 people used the service. The service had a registered manager supported by a deputy 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 and associated Regulations about how the service is run.

People, families and professionals told us the leadership was excellent. One relative told us, "Extraordinarily well-led. I am sure other homes would not have listened as much as they do here. My husband is now happy".

We saw people were well cared for and comfortable in the service. Everyone we spoke with spoke positively about the staff that supported them. People's comments included, "Everybody here is very nice and friendly, I can't say any more than that" and, "It's all good. This is a very nice place to live". People told us they felt safe living at the service. Comments included, "Completely safe" and, "No worries about it here".

Care records were personalised, up-to-date and accurately reflected people's support needs. Information in people's care files included life histories, interests, likes and dislikes and provided staff with sufficient information to enable them to provide care effectively. We saw people were treated with kindness and compassion. People told us, "I have no concerns regarding staff" and, "Every time I ring my bell they are ready to go". Another person told us, "I am amazed at the standard of carers here; they go out of their way".

People were cared for by staff that were well-trained and motivated. One member of staff told us, "I am so glad I work for a company that offer progression." Staff received supervision from their line manager to ensure discussions took place to highlight any concerns or training requirements. The service won 'Employer of the Year' from local colleges in recognition of the support and emphasis on training and diplomas. The service offered student nurses work placements. Students who had completed placements at the service put the care home forward for mental health placement of the year. The service won this award in 2015.

Managers and directors provided effective leadership and held regular meetings with staff and people who used the service to ensure everyone was involved in the running of the service. Senior managers were

responsible for supporting the management team. Staff were encouraged and supported to continue their professional development and arrangements were made to facilitate this. A member of staff told us this was her first job in the UK and said how everyone had been supportive and welcoming.

The atmosphere in the service was friendly and supportive. One relative told us, "The reason I chose this home was for the atmosphere. Staff are friendly and smile a lot". The service had a specific area where people could meet up with friends and families if they were unable to visit them outside the service. We saw compliments from relatives saying how thrilled they were being able to bring their friend along to the bistro area for coffee and cakes. One relative had written, "It's good to know that you care so much to make these things possible when people can't always leave the premises."

People were actively involved with the local community and encouraged to engage in activities and entertainment available within the service. We saw that people were encouraged as much as possible for the best outcomes in relation to their well-being. The service had a gym which was becoming more popular as people realised the significance its use had in terms of their general health and more especially their mobility and strength.

Professionals who worked regularly at the service told us, "I think they do a fantastic job. They are very responsive."

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

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

Staffing levels were appropriate to meet people's needs

Staff were knowledgeable on how to report safeguarding concerns and knew how to protect people from abuse

Medicines were managed effectively and safely

People told us they felt safe living at the service
Is the service effective?

Is the service effective?

Good ●

The service was effective.

Excellent arrangements were in place for people living with dementia.

People's rights were protected, and anyone who lacked capacity to consent to care were protected by appropriate legal processes.

Staff were knowledgeable and had skills and experience to meet people's needs effectively.

Staff were supported and received regular supervisions. Training was effective and on going

Is the service caring?

Outstanding ☆

The service was outstanding in caring.

People and their families spoke highly of the outstanding caring nature of staff. This was also recognised by external professionals working with the service.

End of life care was provided to a high standard. Families told us they were also supported during their relatives' end of life care.

People's privacy and dignity was respected

Is the service responsive?

Outstanding 

The service provided outstanding responsive support for people.

Activities were encouraged to ensure people maintained their independence.

Cultural needs were addressed and tailored to people and their families wishes.

Care plans detailed specific care needs to direct staff. The service responded to people's changing needs in a way that promoted individuals well being.

Complaints and concerns were used as an opportunity to improve.

Is the service well-led?

Outstanding 

The service was outstanding in its leadership.

People and their families were the focus of the service's culture. People, families and professionals told us the leadership was excellent.

Staff were supported to develop their career aspirations. Staff were trained to promote quality of life and deliver positive changes.

Managers listened and responded to feedback. The service was open and transparent in its approach to people, families and professionals.

The management demonstrated commitment to continuously develop the service. Robust systems were in place to monitor the quality of the service

Avondale 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.

This inspection took place on 1 and 2 March 2017 and was unannounced. The inspection team consisted of one inspector, one expert-by-experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of experience was older people's care. A specialist advisor is a person who is a registered nurse with experience in a specific area. Their specialist area was in older people's nursing.

The service was previously inspected in December 2014 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR 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 also reviewed the information we held about the service and notifications we received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people who used the service, 10 relatives who were visiting, 10 members of care staff, the registered manager, visiting professionals, the deputy manager, the regional manager and the director of the service. In addition, we spoke with the chef, the well-being members of staff (previously called activity coordinators) and the administration team.

We observed staff supporting people throughout the service and during the lunch time meal. We also inspected a range of records relating to how the service was run. These included 10 care plans, five staff files, six medication administration records, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Is the service safe?

Our findings

People spoke enthusiastically about the staff at the service and told us they felt safe. Comments included, "No worries about it here" and, "If I ring my bell they come straight away". One relative we spoke with told us, "Sometimes [person's name] could be aggressive and would fall. After the last fall the service arranged one to one care to make sure they are safe. They also have a monitor on their bed to alert staff when they get up". Another relative said, "No problems, they look after mum really well". Professionals who regularly visited the service told us, "They are very responsive I think they do a fantastic job".

Policies and procedures in relation to safeguarding of adults accurately reflected local procedures and included relevant contact information. All the staff we spoke with were able to explain the procedure in relation to the safeguarding of adults. Records showed the service was actively involved to ensure the safety of people. Where the service previously had concerns these had been reported and appropriate action taken to ensure any future incidents were avoided.

Risk assessments were detailed and informative and gave staff a clear description of any identified risk and specific guidance on how people should be supported. Where accidents and incidents had occurred these had been appropriately documented and investigated. For example, one person displayed aggression towards another person. This had been managed by moving one person to a more appropriate part of the service where they could be closely monitored and observed for signs of changes or deterioration in their health. We saw feedback from professionals who said how impressed they were with the service's willingness to learn and reflect from incidents.

Emergency plans were in place for people in the event of fire. This detailed each person's mobility ability. Staff had participated in fire training and there were regular fire drills.

Routine maintenance was carried out by the maintenance person. Staff reported any faults promptly and these were dealt with quickly. Staff were alert to any environmental obstacles that might pose a potential trip hazard to people.

People were supported to take risks to remain as independent as possible and feel in control of their lives. We saw staff were vigilant in case people required assistance as they walked around the service. One person told us, "I have regular physiotherapy. The staff make sure they walk me three times a day. They are determined my mobility will improve."

People received their medicines safely, at times specified by the GP. Medicines were dispensed to each person directly from the medicines trolley. The medication administration records (MAR) were correctly completed. Regular medicines audits were completed by senior staff and external audits completed by a pharmacist. Medicines that require stricter controls by law were securely stored and accurately documented. All staff were trained in the administration of medicines. Robust procedures were in place in the event of medicine errors.

The provider followed robust recruitment procedures records and demonstrated that prospective staff members' employment histories were reviewed as part of the recruitment process. Disclosure and Barring Service checks (DBS) were completed before staff were appointed to positions within the service. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving vulnerable adults.

We saw there was sufficient staff employed to meet people's needs. One person told us, "Every time I ring my bell they are ready to go".

Is the service effective?

Our findings

People were cared for by well-trained staff. The training matrix recorded details of the training staff had completed. Training took place in relation to the safeguarding of adults, manual handling, infection control and food hygiene. Some staff had received training in additional topics such as dementia awareness, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff who administered medicine received training and on-going updates. One member of staff was responsible for delivering training in the MCA and DoLS. The training included group sessions and scenarios. Staff told us the training was very good and on-going. One member of staff commented, "I am so glad I work for a progressive organisation. The registered manager wants people to grow". One person we spoke with told us, "I am amazed at the standard of care staff. They go out of their way". We spoke with a visiting professional who said, "I think they do a fantastic job. They are very responsive". One relative we spoke with said, "They (staff) seem to have the opportunity to develop."

When new staff commenced employment at the service they completed an induction programme. This covered all the essential core training set out by the service. There was a high priority given to training within the service. When new staff were appointed they commenced the Care Certificate which was led by the services trainer. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to. The service's trainer held a training qualification. All staff within the service had training that was specific to their job role. For example, the leisure and wellness staff completed level two and level three National Activity Providers Association courses (NAPA). NAPA offer care staff training and support in integrating activities into the daily lives of the people they work with. Front of house staff received training in customer service.

Supervisions were carried out as a minimum six times a year, for all staff. Career progression was identified and discussed in supervisions. Supervisions could be flexible and as needs arose. Staff told us they had regular supervisions where they could discuss anything but there was always a strong focus on their career progression.

Where a training need was identified the service sourced external training companies to provide this. There was career progression within the service. We spoke with the service's housekeeper who told us, "I was just a cleaner when I started here and now I'm the housekeeper". We spoke with care staff who told us how they were going to start the assistant practitioner course this year. The assistant practitioner course enables staff to work alongside qualified healthcare professionals such as doctors and registered nurses in a variety of roles. Assistant practitioners would be able to deliver elements of health and social care that have previously only been within the remit of registered practitioners. This would in turn have a positive impact on people using the service. In addition this would enable the service to have more efficient use of staff resources.

Nursing staff were supported with their revalidation process. Nursing staff had a reflective element within the meetings they held. The service had been involved in projects such as 'Fred's Story' which was being used as a national training tool. Fred's story is aimed at healthcare professionals, emergency services, carers

and health and social care staff, to raise awareness of the issues faced by a person with dementia who may wander from their care setting including their own service. This is linked with Health Education England Thames Valley. The service had been invited to present at Health Watch about dignity in care following a visit by one of the team.

The service won 'Employer of the Year' from local colleges in recognition of the support and emphasis on training and diplomas. The service offered student nurses work placements. Students who had completed placements at the service put the care home forward for mental health placement of the year. The service won this award in 2015.

We saw that staff understood individual needs for each person living with dementia and had received additional training to enable them to do this. This in turn had a positive impact on people's lives. We saw good interactions with people and staff that showed they had exceptional skills in communicating with people living with dementia. For example, we observed practice on one of the dementia units during our visit. We saw that staff knew people well and anticipated their needs. One example was during the afternoon when two people became agitated and upset. Staff showed patience and were able to use distraction techniques in a professional, calm manner. We spoke with the member of staff after they had diffused the situation. They told us, "I knew [name] would be upset if [name] sat there". The member of staff was referring to a particular chair one of the people usually sat in. In addition the service ensured people's changing needs were reassessed as needed. For example, we saw one person had fallen several times over the past month. The service reviewed the person and concluded they required one to one support 24 hours a day to ensure their safety and to reduce falls. We saw documented evidence of this in the person's care plan. In addition we noted the person had not fallen since the one to one support had been put in place.

People had access to healthcare services through regular visits from their GP and district nurses. The service employed a physiotherapist who was available at weekends should people require this. We noted one person used this service regularly to build up their strength to enable them to walk independently. We saw from the person's care plan and speaking to staff progress was being made. We spoke with the person who told us they felt lucky they were able to have this service made available over the week end. Healthcare professionals reported that staff were excellent in recognising changes in people's health. They said that standards were high and staff always carried out any instructions specified by the healthcare professional. Another healthcare professional we spoke with told us they were 'very impressed' at the level of staff knowledge.

We observed people enjoying their food at lunch time and saw staff assisting people with food and fluids who required this. Staff were knowledgeable about people's dietary requirements and were able to explain who needed specific food and fluids. For example, some people had difficulty with fluids and had thickener in their drinks. Staff told us how much thickener people required and we saw this collaborated with people's care plans. Staff supported people appropriately without rushing them. Nutritional assessments were carried out for people at risk of malnutrition. Where appropriate, food and fluid intake was monitored to ensure the person received adequate calories to maintain their weight. Any risks identified were shared with the appropriate healthcare professional such as a dietician. The chef offered a menu according to people's dietary requirements and preferences. People were provided with a choice of meals and relatives told us the food was excellent. We saw that staff offered a different dessert for one person who disliked what was on offer. One relative told us, "The chef came over to speak to [name] to see if there was anything different they would like to eat". One person told us, "I can always get an extra cup of tea if I want one". People told us they liked the food. One person told us, "I don't like fish. If fish is on the menu they will give me something else. They go the extra mile". We saw meals were served in a relaxed manner; people that needed assistance with their meal were supported by staff.

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. We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities in regards to 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 was being met. Applications to the local authority were correctly completed and submitted. The registered manager had systems in place for ensuring conditions set by the local authority were met. Staff we spoke with had a good understanding about the MCA and about making decisions that were in people's best interest. Staff told us, "We always assume people have capacity to make decisions. If there are concerns then we carry out an assessment".

Is the service caring?

Our findings

Relatives and people told us they received exceptional care. Comments included, "Dad has been here for one year. I can't fault it. The carers are brilliant" and, "Overall I would give them top marks."

Staff received training in end of life care which was currently 86% of total staff. The service had an end of life champion and intended to increase this when staff completed their assistant practitioner course.

The service worked extremely closely with healthcare professionals. Staff worked with palliative care nurses to ensure they consistently followed up-to-date end of life practice. A palliative care nurse we spoke with told us the service provided good care when people were entering the end of their life. They told us, "Not only do they look after the person but the rest of the family too." We saw evidence of this during our inspection when a family was present throughout the day. Staff ensured they were attended to with comforting words and plentiful supplies of refreshments. This demonstrated staff's awareness of the needs and preferences of people who were approaching end of life.

We saw evidence of awareness of the needs and preferences of people who were approaching end of life. One example was when a person died who was from a Muslim faith; the body was attended to in a way that demonstrated the service was aware of the cultural needs. For example, a member of staff from the same faith attended to the washing of the body and accompanied the body to the place of rest. Comments from the family were, "I would like to clearly outline that Avondale was able to deliver comprehensive, transcultural and culturally sensitive care to my dad as well as supporting the family through difficult times. Your staff accommodated the cultural and religious rituals of Islamic faith perfectly and competently. Another point to mention is that Avondale allowed us to create a very family orientated room for dad. We were able to put up frames of family and friends photos as well as the service providing us with the ability to watch Arabic TV so dad could enjoy and remain culturally connected. We had open access to visit and were able to be with dad in his last few minutes of life which is of huge significance in our culture and faith."

Care staff wanted a way of remembering people who had passed away at the service. After a person had died, staff displayed a memorial tribute on the unit where staff and people could pay their respects. We saw evidence of this during our inspection when a person passed away. We saw a table outside the deceased person's room displaying flowers and a remembrance book. In addition, a relative who visited the service on a daily basis until their family member died had been invited to continue to visit the service as a volunteer. The registered manager told us they were aware how the loss of their loved one may have had a major negative impact on their well-being. In order to address this, an invitation to become a volunteer was made to the relative. They attended on a regular basis as an observer on all the units. They have a title called 'sit and see' which was observing care throughout the service. They fed their findings back to the manager. We saw this feedback was always positive. In addition the client service manager followed up with people's relatives who have died at the service.

Every six weeks, the service had a 'person of the day' where other departments such as housekeeping, maintenance and wellness coordinators had input into the person. For example, maintenance staff would

ensure the person's room was not in need of any improvements or repairs. The housekeeper would discuss with the person if they had any additional requirements in terms of their laundry or room cleaning. Comments from one person about being resident of the day were, "Being resident of the day is a great idea as it gives us the chance to express any wishes, complaints or concerns we may have. I would say it makes me feel like a 'Queen' for the day, but I feel that most days. Through resident of the day I have been able to inform kitchen staff that I prefer more traditional meals. I have been able to tell the well ness team how much I enjoy the bus trips. It has now been arranged for me to join residents from other homes on their bus trips. This means I will meet new people and see different areas".

The service received many compliments and comments about exceptional care. For example, a comment we saw from a family when their relative was first admitted to Avondale Care Home was, "We weren't even sure she would make the journey to the service. But when we arrived, on a very hot summer day, we were met by two lovely staff who immediately gave her an ice lolly. She smiled for the first time in months. Two hours later she was sitting up in bed looking relaxed, and within a couple of days she was sitting in the lounge chatting to staff and other residents. Avondale gave her life back and her dignity. Over the next three years my [mother] rediscovered a quality of life that we thought had gone. Not only was [she] safe and well cared for in terms of health and hygiene, but [she] was able to make friends, socialise, laugh, engage in new activities, and be as mischievous as [she] always had been. [Her] personality hidden for a long time could reveal itself again".

Other comments from relatives included, "The staff have looked after mother incredibly well. They have also looked after me and helped me through a difficult time. But above all, the home has enabled me to go home at night knowing mother could not be in better hands" and, "Avondale was dad's home and we were able to treat it as though it was". One family commented, "I can visit whenever I like and often find the carers sitting with mum, often singing or dancing; making her laugh. She has dementia and finds it hard to communicate, but they tend to her every need."

Staff developed compassionate, caring and positive relationships with the people they supported. We saw evidence of this during our two day inspection. We saw one person become upset and saw a member of staff sit with them holding their hand offering comfort and reassurance. Interactions with people were not rushed and we saw staff spending time with people making sure they were relaxed before they left them. All staff whatever their role made positive interactions with people. For example, we saw one person helping a member of the domestic team push a laundry trolley. They were encouraged to push the trolley. We could see clear evidence the positive impact this had on the person assisting the member of staff. The person concentrated on the task in hand and walked along with purpose and meaning.

The service had staff who were designated dignity champions. Their role was to promote dignity within the workplace. Our observations throughout the inspection confirmed that people were treated with respect and dignity by all the staff working at the service. The Home had been awarded 11 highly commended awards from the Buckinghamshire Dignity and Respect awards. A team leader, who was nominated in the Bucks Dignity and Respect awards at the time of inspection was declared the winner in the Social Care category. At the National Care awards 1 member of staff was a finalist in the category "Nurse of the Year" and one carer was a finalist as "Dementia Carer of the year" at the Great British Care Awards. This demonstrated the external recognition that the service had gained in regards to the care that they provided for people living at the service.

Is the service responsive?

Our findings

One family member told us, "As soon as we came in here it was like magic. I feel totally at ease. You don't have to check up on [her]. The staff have had training in the condition [my loved one] has".

Care plans were detailed and informative. People were encouraged to visit the service prior to moving in. One relative we spoke with told us, "We looked at several homes before making our final choice. This one was by far the best. One of the reasons for choosing Avondale was the atmosphere, and we noticed how pleasant everyone was, especially how staff always seemed to be smiling and friendly. Nothing seemed to faze them". Once a person decided to move in to the service one of the senior members of the nursing team would visit the person to discuss their specific needs and their wishes. In order for the service to establish if it could meet the person's needs, details of their medical conditions, likes, preferences, interests and life history would be discussed. People were offered accommodation in the service on a trial basis to ensure they were satisfied before moving in permanently.

The service had received an audit of their diabetes care from an outside agency. The results were excellent and comments from the professional who conducted the audit concluded. "Your care of residents with diabetes is outstanding". We saw that people who had diabetes received individualised care. For example, one person wanted to remain in bed but needed their insulin first. We saw the person had their cooked breakfast brought to their room by the chef later in the morning as they requested. We saw evidence that demonstrated people's diabetes was well controlled as a result of the care provided. For example, the service introduced a 'healthy and balanced diet' plan for one person with diabetes to ensure they made food choices that allowed them to have a wide variety of foods that did not impinge on their diabetes. Following the introduction of the healthy food choices we saw the person's blood sugars were stable and they no longer required their medicine to control their diabetes only requiring insulin each morning to manage their condition. Another person with diabetes had unstable blood sugars which were difficult to control. However, we saw the service had a 'hypo box' in the event of the person having a hypoglycaemic attack. A hypo box contains specific items to raise a person's blood sugars such as glucose tablets and glucose drinks.

People were involved in the planning and development of new ideas for the service. We saw invitations for people to help choose a new colour scheme for the reception area. In addition, when potential staff were invited for an interview, a person who used the service, was on the interview panel. During our inspection we were invited to attend the interview and observe. We saw the person, fully involved with notepad and pen ready to write notes and ask questions to the potential member of staff. Following the interview the deputy manager and the person reviewed the notes from the interview. The outcome was the potential member of staff was unsuccessful. We spoke with them following the interview and they told us how much they enjoyed being involved in the running of the service. They told us, "I don't feel useless sitting around all day. I enjoy helping in the interviews it's nice to have my input valued, and if I can help in any way I am more than happy. It reminds me of when I was a midwife and dealing with people such as nervous fathers to be". This demonstrated the service worked to ensure people felt independent, and felt they had a purpose in life and a sense of belonging.

The service had a project in place called, 'The dream chaser'. This was where people gave examples of their dreams and the service worked to accomplish these. One person told the well ness coordinator their 'dream chaser' was to walk again. After an initial meeting with the staff an agreement was put in place which included a commitment from the person to work hard in order to achieve their goals. The service purchased parallel bars as they knew this would be the main piece of equipment to get the person started. The second step was to have an assessment with the physiotherapist to ensure the exercises were specific and attainable.

After a few months of hard work from both parties. The staff noticed a significant improvement in the person's strength in their arms and legs. The person was asked to attempt to stand for the first time. After a few attempts of trying to stand the person finally was able to stand unaccompanied. After another month of using the gym the person took their first steps in years. We saw comments from the person who said, 'This is the first steps I've taken in so many years; I can't believe I've managed to do it.' The person still uses the gym twice each week and continues to improve.

We saw that people were encouraged as much as possible for the best outcomes in relation to their well-being. For example, the gym which was becoming more popular as people realised the significance its use had in terms of their general health and more especially their mobility and strength. We saw that one person previously had challenging behaviour and could become aggressive toward others. The service had looked into ways of managing this. We saw the person had a gym programme in place. We spoke with the lifestyle and well ness coordinator who told us, "It keeps them focused and busy; sometimes we go for a run together". We saw that from the person's care plan regular gym sessions were planned together with the outcome from each session. We spoke with the person during their gym session and they told us how much they enjoyed and looked forward to the activity. The well-being co coordinator told us the person was previously a very active person and had enjoyed sport. The gym sessions had significantly reduced their challenging behaviour.

The wellness coordinators told us how the gym had helped change people's lives for the better. They said they do not discourage anyone who would like to participate and told us, "Everyone has their own reasons for wanting to use the gym from wanting to lose weight to meeting new people and walking again". Another remarkable and outstanding achievement from the staff at the service was in relation to a person who used to be an avid horse rider. However, they were confined to a wheelchair and thoughts of riding again had long gone. Staff at the service composed an idea of helping the person to ride again. They found a place that was able to accommodate people with disabilities to ride horses in an adapted carriage. This allowed them to secure a wheelchair safely and take control of the reins and ride. Before the person was accompanied to the riding school they told staff at the service, "I would love to ride again. It would be the best day for me. But I honestly think it is not possible." However, it was possible and the person achieved their 'dream chaser' a dream they thought would never happen which had transformed their life and made them believe anything was possible. We spoke with the person about their 'dream come true' and they spoke enthusiastically about the event and said it was something they thought they could only dream about. This demonstrated the service was outstanding in being responsive to people's aspirations.

The care plans included clear instructions for staff to encourage people to be as independent as possible. For example, one care plan informed staff, "[Name] can mobilise well on 'good' days, however, may require assistance at other times." This was in relation to how motivated the person felt at different times rather than their physical mobility. Staff we spoke with were able to confirm this. One staff member commented, "I would say they can walk perfectly well. But it is all dependent on how their mood takes them". Evidence to support the positive impact promoting people's independence had on their well-being was comments we

saw such as, 'Coming to Avondale I feared I would lose my independence and I haven't. I can get up when I want to and go to bed when I want to. I came here together with my [wife] who has Alzheimer's. I am on the nursing unit and my [wife] is on the dementia unit, but we can still visit each other when we want to. Fortunately, we keep the same staff on the unit most of the time. They get to know our likes and dislikes. I now call this my home and I look upon the staff as part of my extended family.

Information was shared effectively between staff. We saw a 'morning meeting' was held each day. This was held in the main foyer where staff from each unit came together to ensure the events of the day and any changes to people's conditions could be shared. The meeting was conducted by the registered manager who asked each member of staff from each unit plans for the day and any changes the team needed to know. This ensured collaboration and demonstrated the service worked as in a united way. We discussed the morning meeting with the registered manager and they told us, "It involves everyone; if someone is not well or if they have an appointment. For example, if someone is going to hospital for an appointment the chef would need to know to either give them their breakfast slightly earlier or not to give them breakfast if this was the instructions from the hospital. If we are all working together as a home miscommunication is avoided. Also if we are having outside visitors such as nurse assessors for example, on the residential unit, staff can ensure they are ready with any additional information that may be required. This makes everyone's life easier". This meant that staff received current information about people's needs immediately before the beginning of their shift. Staff told us the morning meeting was essential for the smooth running of the day.

The service received large numbers of visitors. Staff told us that people were encouraged to invite family and friends to the service to maintain their relationships. The service had a specific dining room for special occasions. We saw comments of appreciation from families who had used the facility. Comments we saw were, "Thank you for a wonderful fine dining experience. What made the day very special was your attentiveness throughout the meal making us all feel very special indeed, and the wonderful guitar playing by your colleague. It was very kind and thoughtful of you to include me in your guest list." We noted this comment was from a wife of a person who lived at the service until they died.

The service supported people to attend church when they chose and we saw the service had good links with local faith groups. We spoke with a member of staff who covered training in dementia support for families. They told us, "Some families are bewildered with what's going on with their family member. I conducted a talk in church the other day. We looked at a person's spiritual needs".

The service had a specific area where people could meet up with friends and families if they were unable to visit them outside the service. We saw compliments from relatives saying how thrilled they were being able to bring their friend along to the bistro area for coffee and cakes. One relative had written, "It's good to know that you care so much to make these things possible when people can't always leave the premises."

There was evidence of local arrangements to ensure people were offered opportunities during their day to participate in meaningful activity that promoted their health and mental well-being. For example, staff recognised the importance of music, singing and dancing with people, especially those living with dementia. During the second day of our inspection we observed entertainment in the form of musicians singing and playing instruments. We saw that many families and visitors were present enjoying the music. During the latter part of the afternoon we saw a person who was in the advanced stages of dementia get up and dance with his wife. This was a particularly poignant moment as the person appeared to recognise his wife and looked intently into her face whilst they were both dancing to the music. This demonstrated the service acknowledged the importance of music as therapy in relation to people living with dementia. We discussed the impact the music had on the person during feedback with the registered manager. They told us, "It was

important that people had the opportunity to take part in activities that helps to maintain or improve their health and mental wellbeing. We encourage people take an active role in choosing activities that are meaningful to them. In the case of this gentleman we knew he loved music and continued to respond to music in a very positive way".

None of the people we spoke with had any complaints about the care they received at the service. People were aware of how to make a complaint and we saw that copies of the services complaints procedures were given to people and their families on first joining the service. People told us, "No complaints, I can't fault them" and "I know how to complain, [but] overall they are high on my list". We noted the service had received two complaints.

The service received many compliments of thanks from people's friends and relatives. One relative commented, "[Staff names] are so patient with everyone. I haven't come across anything like this". Another relative told us after her husband died she had a 'big hole' in her life. However, she was invited to partake in some voluntary work at the service which was greatly appreciated.

We saw comments from a married couple living at the service. 'We think of Avondale as our home and the staff as all members of our extended family.'

The service offered a counselling service for both people who lived at the service and staff who worked there. Comments from a member of staff who used the service were, '[name of counsellor] has helped me through difficult situations in my life. She will always make time for myself and is a great asset to the home giving good advice. There have been times when I have felt lonely and shut off, she has helped me get in touch with [name of organisation]. Because of the help offered here at Avondale I am now feeling myself again.' We saw evidence of session's staff and people had with the counsellor these ranged from one session up to 19 sessions with both staff and people living at the service.

Is the service well-led?

Our findings

The service was previously rated as outstanding in the key question well-led. The service continues to be outstanding in this key question.

People, families and professionals told us the leadership was excellent. One relative told us, "Extraordinarily well-led. I am sure other homes would not have listened as much as they do here. My husband is now happy". Another relative said, "The manager is very helpful". One family told us, "Mum's been here for several years; she loves it here. When she ran out of money we had to fight the council for her to stay here. The manager helped us. When she turned 105 a big party was arranged by the manager. They even arranged for [a well-known celebrity] to come to the party and present mum with flowers. Even the postman sang happy birthday to her. We invited all our family and friends".

Another family who had both parents living at the service told us, "I can't fault the place. From the moment I came into the service it has been amazing. I have been to lots of care homes for my work but nothing like this. We stayed here 24/7 for five days during end of life care for my dad. They were brilliant and continue to be. What impresses me is that the residents, staff and manager are all cheerful and happy. The lead nurse assessed mum and dad at home. It feels like one big family here. It is well-managed all is positive".

Feedback from relatives, people and staff was sought by the service. Feedback forms were on each unit and on reception. The manager knew staff on an individual basis and reported the importance of creating an atmosphere where staff felt valued. Staff we spoke with told us they loved their job and felt valued and an important part of the way the service was run. One member of staff told us, "I love this home passionately". Another member of staff said, "The home itself is 'A1'. We all help each other out. We are all the same. We are equal". We saw evidence of this during our inspection. For example, we saw the registered manager offered refreshments to visitors and assisted wherever possible. The registered manager was visible throughout the service. We saw examples of this throughout our inspection. Staff told us they could approach the registered manager at any time and their door was always open. One member of the nursing team requested to speak to us, they told us this was their first nursing job in the UK and had been made to feel particularly welcome by the registered manager and their staff. The nurse told us how she had been supported with improving their ability in English language and the different approach to care compared to where they came from. They went on to say this was their preferred place of work.

Health and social care professionals told us they felt the management was very transparent and consistently strived to improve. For example, the service identified areas for development and opportunity as a care home. They acknowledged improvements in screening and care for people with diabetes was required. The service therefore implemented a screening tool in conjunction with other professionals. This followed with an audit of diabetes care from an outside agency. The results were excellent and comments from the professional who conducted the audit included that the service offered outstanding care in relation to people with diabetes. The registered manager showed commitment and enthusiasm to ensure the best possible outcomes for both people and staff. There was a clear management structure covering all departments. Daily 'heads of departments' meetings ensured information from the meetings was shared

with every member of staff through communication books. Both the manager and the deputy walked the floors daily to ensure staff were supported in delivering outstanding care to the people they supported. The manager told us, "I have high expectations of my staff and will support them in achieving this." Staff told us they were treated fairly and were given opportunities to develop their career. This was evident in the staff that were completing their assistant practitioner courses and other higher level programmes.

Comments we saw from a relative in relation to the registered manager was, 'The Avondale care home manager is amazing, someone who knows exactly how to deliver great facilities and an overall care team to allow for an amazing care environment. It was no surprise to me when he was awarded the 2014 National Care Home Manager award. Aply supported by the deputy manager, both of whom have been at Avondale since it first opened. This level of leadership continuity-knowing the residents and their families and knowing how to deliver a caring environment and setting very high expectations of their team is seen very rarely and is a big part of why Avondale is just so good the individual care staff are clearly well trained and deliver outstanding care 24/7.

The culture was excellent and both the registered manager and the deputy manager had attended the 'My Home Life' programme. The My Home Life programme is a UK wide initiative that promotes quality of life and delivers positive change in care homes. The programme enabled staff to listen to people, gain insights into individual needs and offer greater choice and control. Staff told us that being part of the programme enabled relationship-centred care to flourish, and challenged negative stereotypes.

The management had systems in place to monitor the quality of the service. Monthly audits were carried out. The audits were identified through an audit calendar and action plans put in place to address any shortfalls. Monthly quality assurance systems were in place and feedback was given to all staff to identify trends and any action required in relation to the findings. Every six months the provider carried out an internal audit of the service. We saw audits completed including a health and safety audit which was then checked by an external health and safety company to ensure that it had been carried out correctly.

Feedback was an area of great importance to ensure the service continually improved. Feedback forms were sent to head office and collated. We saw previous feedback from people's questionnaires which included areas such as food, care, condition of the service and activities provided. The feedback we saw was rated as 'excellent' and 'very good'. People and their families were involved in the running of the service through regular meetings. We looked at copies of meetings held and saw people and their families were involved and encouraged to raise any concerns. Any issues identified were actioned and discussed at the next meeting.

The service worked closely with other agencies such as Healthwatch who had given the service a 'five star' report and had been asked to present at one of the Healthwatch conferences. The service won the National Activities Providers Association (NAPA) in 2012 for providing outstanding activities for people. The registered manager told us social activities were just as important and have equal standing with every other aspect the service provides. The registered manager and deputy had recently completed the leadership programme in 'My Home Life'

The service had good links with the local community, for example, promoting students from the local colleges to be actively involved with the service.