Avery Lodge Ltd

# Avery Lodge

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|
| 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? | Good |

## Overall summary

Avery Lodge provides accommodation for up to 67 people who need personal care. The service provides care for older people. Some of the people live with dementia and need additional support to be involved in making decisions about the care they receive. The main accommodation is purpose built and divided into three self-contained floors or units. On the ground floor five people live in Balmoral and on the second floor 31 people live in Kensington. The top floor is called Sandringham and is reserved for 31 people who live with dementia. There is a passenger lift to assist people to move between the floors. Although people generally choose to stay on the floor where their bedroom is located, they can and do move between floors. For example, people on Sandringham often attend social functions held in one of the lounges on Balmoral.

There were 65 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 19 January 2015. There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection the registered provider had asked the local authority to review all of the people living on Sandringham. This had been done to determine if they were being deprived of their liberty and so needed to have their rights protected.

We last inspected Avery Lodge in October 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

People were not consistently helped to stay safe. Some of the arrangements to protect people from the risk of infection were not robust. However, staff knew how to recognise and report any concerns so that people were kept safe from harm and abuse. Staff helped people to avoid having accidents. People's medicines were safely managed. There were enough staff on duty. Background checks had been completed before new staff were appointed.

Staff had been supported to assist people in the right way including people who lived with dementia and who could become distressed. People had been helped to eat and drink enough to stay well. Staff had ensured that people had received all of the healthcare assistance they needed. People's rights were protected because the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who lived with dementia and who had special communication needs. People and their relatives had been consulted about the care they wanted to be provided. Staff knew the people they were supporting and the choices they had made about their care. People were supported to celebrate diversity by fulfilling their spiritual needs and embracing their cultural identities. People were offered the opportunity to pursue their interests and hobbies. There was a good system for handling and resolving complaints.

People had been consulted about the development of the service. The registered provider and registered manager had completed quality checks to make sure that people reliably received the care they needed in a safe setting. The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The service had developed links with the local community. People had benefited from staff being involved in a national initiative to develop good standards in caring for people who live with dementia.

# Summary of findings

## 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.

Some of the arrangements to protect people from the risk of infection were not robust.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety such as avoiding accidents.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

**Is the service effective?**

**Good**

The service was effective.

Staff had been supported to provide the right care including reassuring people when they became distressed.

People were helped to eat and drink enough to stay well.

People had received all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

**Is the service caring?**

**Good**

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

**Is the service responsive?**

**Good**

The service was responsive.

People had been consulted about their needs and wishes.

Staff had provided people with all the care they needed including people who lived with dementia and who had special communication needs.

People had been supported to celebrate diversity by fulfilling their spiritual needs and embracing their cultural identities.

# Summary of findings

People were supported to make choices about their lives including pursuing their hobbies and interests.

There was a good system to receive and handle complaints or concerns.

**Is the service well-led?**

Good

The service was well-led.

The provider had regularly completed quality checks to help ensure that people reliably received appropriate and safe care.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was a registered manager and staff were well supported.

People had benefited from the service being involved in a national initiative to promote good care for people who live with dementia.

# Avery Lodge

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We visited the service on 19 January 2015. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with 16 people who lived in the service, five relatives, five care workers, the activities manager, the chef, the head housekeeper, the deputy manager and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for four people. We also looked at records that related to how the service was managed including staffing, training and health and safety.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. In addition, we contacted local commissioners of the service and a representative of a local primary healthcare team who supported some people who lived in the service to obtain their views about it.

Requires Improvement

# Is the service safe?

## Our findings

Although most parts of the accommodation were well presented, some areas had not been well cleaned. One section of the main hallway on Sandringham did not have a fresh atmosphere. One of the bedrooms on the unit had a very stale odour as did the attached private bathroom. In the mid-afternoon period the dining room on Sandringham was not well presented. There were items of discarded food on the tables and on the floor. In addition, there was a tabard on the floor that someone had dropped after using it at lunchtime. We were told that people were offered the opportunity to be supported to change items of clothing that had become stained. However, we noted that two people were wearing stained clothes and we did not see staff assisting them to change. These shortfalls reduced the registered provider's ability to keep people safe by protecting them from the risk of infection.

People said that they felt safe living in the service. A person said, "I like the staff and I feel safe around them." We saw that on Sandringham people were relaxed and confident in the company of staff. For example, we observed people approaching staff, smiling and holding hands with them.

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They were clear that they would not tolerate people being harmed and said they would immediately report any concerns to a senior person in the service. In addition, they also knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved. Relatives were reassured that their parents were safe in the service. One of them said, "I've never seen anything that has caused me any concern whatsoever. I think that the staff are lovely to the residents and I'm confident that my mother is safe here."

Staff had identified possible risks to each person's safety and had taken action to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken action to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefitting from using walking frames, raised toilet seats and bannister rails. Radiators were fitted with guards and hot water temperatures were controlled to reduce the risk of burns and scalds. Some people had requested to have rails fitted to the side of their bed. This had been done so that they could be comfortable and not have to worry about slipping out of bed. Each person had a personal emergency evacuation plan to ensure that staff knew how best to assist them should they need to quickly leave the building.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any concerning incidents and had taken appropriate action to make sure people who used the service were protected. We saw that when accidents or near misses had occurred they had been analysed. This had been done so that steps could be taken to help prevent them from happening again. For example, when a person had fallen the registered manager had established what additional steps should be taken to help prevent it happening again. Staff had then carefully observed the person for a set time to make sure they were being helped in the right way.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training and we noted that they correctly followed the registered provider's written guidance to make sure that people were given the right medicines at the right times. People were confident in the way staff managed their medicines. A person said, "I could do my tablets but I don't want to because the staff know what they're doing."

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had

Requires Improvement

# Is the service safe?

been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Each of the floors had a separate team of staff who were based there. This had been done to help staff become known to and familiar with the care needs of the people who lived there. In addition, each floor had its own senior staff who were responsible for organising the care provided and who were accountable to the registered manager.

The registered provider had established how many staff were needed to meet people's care needs. We noted that the greater needs of the people living on Sandringham had been reflected in higher staffing levels there. We saw that there were enough staff on duty at the time of our inspection on all of the floors because people received the care they needed. When people used the call bell to ask for assistance staff responded promptly. Records showed that the number of staff on duty during the week preceding our inspection on all of the floors matched the level of staff cover which the registered provider said was necessary. Staff said that there were enough staff on duty to meet people's care needs. People who lived in the service and their relatives said that the service was well staffed. A person said, "There always seem to be enough staff here. Whenever I need them they are there."

Good

# Is the service effective?

## Our findings

People said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had people's best interests at heart. A person said, "It doesn't matter which member of staff it is, they all seem to know how I like things done to help me."

Staff had periodically met with a senior member of staff to review their work and to plan for their professional development. We saw that care workers had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who lived with dementia or who needed extra help to eat and drink enough. The provider said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, staff were aware of how important it was to make sure that people had enough to drink. In addition, they knew what practical signs to look out for that might indicate someone was at risk of becoming dehydrated.

People were provided with enough to eat and drink. Some people received extra assistance to make sure that they were eating and drinking enough. For example, staff were keeping a detailed record of how much some people were eating and drinking to make sure that they had enough nutrition and hydration to support their good health. People had their body weight checked to identify any significant changes that might need to be referred to a healthcare professional. Records showed that healthcare professionals had been consulted about some people who had a low body weight. This had resulted in them being given food supplements that increased their calorie intake. At meal times, staff gave individual assistance to some people to eat their meals. We saw that when necessary food and drinks had been specially prepared so that they were easier to swallow without the risk of choking. We noted that the chef knew about the need to prepare meals so that people could follow special diets and records showed that this was being done in the right way.

People said that they received the support they required to see their doctor. Some people who lived in the service had more complex needs and required support from specialist health services. A person said, "The staff keep an eye on me and call for the doctor straight away if I'm under the weather. I sometimes think they're too cautious". Care records showed that some people had received support from a range of specialist services such as from dietitians, speech and language therapists and occupational therapists. We spoke with two healthcare professional who knew the service. They said that they were satisfied with how people who lived in the service were supported to maintain their health.

The manager and senior staff were knowledgeable about the Mental Capacity Act 2005 (MCA). This had enabled them to protect the rights of people who were not able to make or to communicate their own decisions. Care records showed that the principles of the MCA had been used when assessing people's ability to make particular decisions. For example, the manager had identified that some people who lived in the service needed extra help to make important decisions about their care due to living with dementia.

Where a person had someone to support them in relation to important decisions this was recorded in their care plan. Records we saw demonstrated that the person's ability to make decisions had been assessed and that people who knew them well had been consulted. This had been done so that decisions were made in the person's best interests. A relative said, "When we were thinking of Avery Lodge for my mother I discussed with the manager how I wanted to be involved in decisions about my mother's care."

There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate (IMCA). IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The manager was knowledgeable about the Deprivation of Liberty Safeguards. We noted that they had sought advice from the local authority to ensure they did not place unlawful restrictions on people who lived in the service.

Good

# Is the service caring?

## Our findings

People and their relatives were positive about the care provided in the service. We did not receive any critical comments about the quality of the care that people received. A person said, "The staff are really kind and genuinely caring." Relatives told us that they had observed staff to be courteous and respectful in their approach.

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when supporting people. We saw that staff took the time to speak with people as they supported them and this promoted people's wellbeing. For example, we saw a person being assisted to change the station on the television in their bedroom. The member of staff remembered the person's interests in news and she tried several stations until the correct one was found.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. For example, one person described how staff helped her to fold away her clothes in her chest of drawers so they did not become creased. She said that her appearance had always been important to her.

Families we spoke with told us that they were able to visit their relatives whenever they wanted to do so. A relative said, "I'm always made welcome whenever I call and I don't feel at all that I'm being a nuisance. The staff seem pleased to see visitors."

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff recognised the importance of not intruding into people's private space. Everyone had their own bedroom which they could lock shut when they were out. Each bedroom had a private bathroom. Bedrooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal lounges. Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

People received their mail unopened. Staff only assisted them to deal with correspondence if they had been asked to do so. People could choose to have a private telephone installed in their bedroom. Alternatively, they could use the service's cordless business telephone from the privacy of their bedroom.

Good

# Is the service responsive?

## Our findings

People told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made. A person said, "This is my home now and I have the freedom to do what I like when I like. Although I am quite able to look after myself, the staff are around if I need any assistance."

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person said, "I like to do as much as I can for myself and staff know this and only help me with what I want." Records and our observations confirmed that people were receiving all the practical assistance they needed.

Staff were provided people who lived with dementia with the support they needed. We saw that when a person on Sandringham became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was upset because they were not comfortable in their armchair. A member of staff fetched an additional cushion and helped them to change position. After this was done the person smiled and drank their cup of tea which until this point they had left untouched. Another example also occurred on Sandringham when a person frowned and indicated that they wanted to be helped to walk about by pointing upwards to a general space in the distance. A member of staff understood that they wanted to walk along the hallway. They then accompanied the person on their journey by the end of which the person was smiling and relaxed.

People said that they were provided with a choice of meals that reflected their preferences. We saw that people had a choice of dish at each meal time. In addition, records showed that the chef prepared alternative meals for people who asked for something different. We were present when people had lunch on Sandringham and noted the meal time to be a pleasant and relaxed occasion. Some people received individual assistance to eat their meal. People commented positively on how the chef regularly asked them how they liked their meals and asked them to suggest changes to the menu. A person said, "I have no complaints, the food's great."

Each person had a written care plan. We saw that people (and their relatives) had been invited to meet with senior staff to review the care they received to make sure that it continued to meet their needs and wishes. A number of the care plans had been written in a user-friendly way so that information was easy to understand. This had been done by referring to key events in the person's life history, by summarising information and by using pictures to make it easier to follow. These steps had been taken so that people who lived in the service could be more involved in deciding upon, agreeing to and reviewing the care they received. We were told that all of the remaining care plans would be written in this new way.

Families told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. A relative said, "I'm reassured by how the staff keep in touch with me in-between my visits. Also, when I telephone the service I'm always put through to a senior who knows what they're talking about. There's no sense of messages getting lost even though it's a big place."

We saw that staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. Staff knew this information and used this to engage people in conversation, talking about their families, their jobs or where they used to live. For example, we heard a member of staff talking with a person on Kensington about how best to follow a knitting pattern and the various stitches this involved undertaking. The person then reflected on how they had often had to make clothes for their children in the absence of modern day retailers.

We saw that staff respected people's individual routines and so people who wanted to use their bedrooms were left without too many interruptions. A person said, "The staff pretty much leave me to it which is what I want. I can call them if I need them." Another example of respecting each person's individuality was the way in which staff addressed people. They acknowledged that some people liked to be addressed using shortened versions of their first name while others preferred to be addressed more formally.

Good

# Is the service responsive?

Staff understood the importance of promoting equality and diversity in the service. They had been provided with written guidance and they had put this into action. For example, people had been supported to meet their spiritual needs. We saw that individual arrangements had been made so that people could attend church services for their chosen denomination. We noted that the chef understood and was able to meet people's needs if they choose to follow a particular cultural diet.

Staff had supported people in a number of ways to pursue their interests and hobbies. The activities manager had offered people the opportunity to take part in activities such as games, quizzes and craft work. We saw that on Sandringham people had been invited to take part in activities that were likely to engage their interests. For example, we observed people joining in with staff who were singing songs that were popular when they were younger.

Staff had assisted some people to access community resources. These included arranging for a person to attend a football match played by Grantham FC who he had supported for many years. Another person had been helped to attend a local golf club of which they were a lifelong member. Records showed that shortly before our inspection schoolchildren had visited the service to sing Christmas carols. In addition, we noted that professional singers regularly called to the service.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. A relative said, "I have seen the complaints procedure but I've never bothered to read it. If I need something sorted out I can just have a word with the staff."

The provider had a formal procedure for receiving and handling concerns. Each person (and their relatives) had received a copy of procedure when they moved into the service. Complaints could be made to the registered manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation. We noted that the registered provider had received three formal complaints since our last inspection. Records showed that these concerns had been investigated properly and resolved to the complainants' satisfaction so that lessons could be learnt for the future.

Good

# Is the service well-led?

## Our findings

The registered manager had regularly checked the quality of the service provided. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed. These checks included making sure that people's care plans were accurate and that medicines were well managed. In addition, the registered manager had completed checks to make sure that people were protected from the risk of fire and that equipment such as the passenger lift remained safe to use.

The maintenance manager had undertaken a number of checks. These included making sure that the valves used to limit hot water to a safe temperature were working correctly. Other checks involved making sure that wheelchairs remained safe to use. In addition, they had completed room-by-room checks of the accommodation looking for damage and potential trip hazards. However, this particular set of checks had not resulted in environmental issues on Sandringham being quickly resolved.

We saw that a senior manager from the registered provider had called regularly to the service to complete additional quality audits. Records showed that they had checked things such as how well accidents and near misses were being managed and the recruitment and selection procedure used for new staff. All of these quality audits had helped to ensure that people received the care they needed in a safe setting.

People who lived in the service told us that they were asked for their views about their home. A person said, "There are residents' meetings but I prefer to just have a word with staff if I need to say something." We saw that when people had suggested improvements at a recent residents' meeting their comments had been acted upon. For example, we noted that a wider selection of confectionary had been made available for people to have with their morning and afternoon drinks. There had also been regular relatives' meetings and records showed that family members had expressed a high level of satisfaction with the facilities and care provided in the service.

People said that they knew who the registered manager was and that they were helpful. A person who lived on Sandringham and who had complex communication needs pointed to the deputy manager and smiled when we asked who organised things for them. During our inspection visit we saw the registered manager talking with people who used the service and with staff. They had a good knowledge of the personal care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. On each of the three floors there was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift on each floor so that staff could review each person's care. In addition, there were periodic general staff meetings attended by staff from all of the floors. Records showed that these had been used by staff to discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "I'm sure that the service is well run. It must take a lot of organising but all I can say is that things run seamlessly."

The registered manager had prepared a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. The plan listed the contractors who could be called to complete emergency repairs. It also identified alternative resources that could be accessed if all or part of the accommodation was damaged and had to be temporarily removed from use. These measures resulted from good planning and leadership and helped to ensure people reliably had access to the facilities they needed.

There was open and inclusive approach to running the service. Staff said that they were well supported by the registered manager and senior staff. They were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A staff member

Good

# Is the service well-led?

said, “It’s absolutely clear that the residents’ safety comes first before anything else. We have always been told that we have to speak up straight away if we have any concerns about another member of staff whoever they are.”

The registered manager had provided leadership for the service to contribute to a national initiative to promote good care for people living with dementia. This had involved gathering and displaying information in the service about the experience of living with dementia in order to pass on to relatives and other visitors. This had been done to increase their understanding of the illness and to develop their ability to provide effective support to people who live with dementia . In addition, staff had been encouraged to become ‘dementia friends’ so that they could develop and express a commitment to promoting good practice.

In addition, the registered manager had provided leadership to develop links between the service and the local community. These arrangements included enabling school children to visit the service on a planned basis. We also noted that volunteers called as part of a befriending scheme. Staff said that they sometimes supported their children and grandchildren to visit the service and people told us how much they liked to see them.