

Parmenter Care LLP

Aveley Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 19 and 20 July 2018 and was unannounced.

At our last inspection on 19 September 2016 we found improvements were needed to ensure the providers governance arrangements identified shortfalls and reflected the action taken to address these. This included, ensuring applications to deprive people of their liberty were made to the local authority for authorisation and ensuring people received their medicines as prescribed by their GP.

At this inspection we found the required improvements had been made, however we found the systems for monitoring risks to people needed improving. For example, where unexplained bruising or skin tears had occurred, no incident report was completed, just a body map. The charts did not show what action had been taken to investigate what had happened, or if the appropriate authorities were informed if after investigation they remained 'unexplained'. However, the deputy manager could tell us, in detail about each incident and what follow up action had been taken to ensure people's health, safety and welfare. The registered manager took immediate action during the inspection to revise the form, which incorporated a body map and process for reporting incidents.

Aveley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is a 25 bedded residential home providing care and support to older people, some of whom may be living with dementia. The premises was well maintained, bright, welcoming and clean. On the day of our inspection there were 24 people living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us Aveley Lodge was a safe and secure place to live. People had been informed of what they needed to do to keep safe, including fire safety and how to raise concerns. Staff knew the process to follow and whom to inform both within the organisation and to outside agencies if they witnessed or had an allegation of abuse reported to them.

People were provided with the support they needed to promote their independence and freedom, yet minimise the risks. People received their medicines when they needed them.

There was enough staff available to meet people's needs. Staffing numbers had been calculated based on the needs of the people using the service. Thorough recruitment and selection processes were in place which ensured staff recruited had the right skills and experience. The provider was committed to providing a

continuous cycle of training that ensured staff had the right skills and knowledge to meet people's needs. A buddy system was used to ensure new staff were supported. Staff spoke consistently about the service being a good place to work. They felt supported, received regular supervision and had access to plenty of training opportunities.

People were supported to eat and drink and maintain a balanced diet. Staff were aware of people's dietary needs and the support they needed to eat their meal. Mealtimes were a positive, sociable experience for people with a good ratio of staff present to ensure they received the support they needed to eat their meal.

The provider had worked hard to create positive and lasting links with community health services. People were supported to maintain their health. Their records confirmed they had access to a range of healthcare services including the GP, optician, specialist nurses and dietician.

People were supported to express their views and make decisions about their care. People's ability to make decisions was assessed in line with the requirements of the Mental Capacity Act (MCA) 2005. Where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations were in place to lawfully deprive people of their liberty for their own safety.

The management team and staff were fully committed to ensuring people received the best possible care. Staff understood people's human right to be treated with respect and dignity and to be able to express their views. Technology and a 'pen pal' scheme helped people to stay in contact with family and friends.

Aveley Lodge provides good care and a wide range opportunities for people to engage in activities that enhance their well being. The arrangements for social activities were designed to meet people's individual needs. Activities were arranged to make 'People happy, mobile and to give purpose to their lives. The management team and staff were guided by people's wishes and aspirations when it came to arranging activities.

Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so. People had been provided with the opportunity to discuss their experiences of bereavement and express their own wishes for their end of life care.

The service was managed by a dedicated management team and staff that were approachable and easy to talk to. The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. Staff were aware of the provider's five key principles of care, dignity, respect, independence, information and choice and how these linked to the core vision and values of the service.

People and their relatives were encouraged to share their views and provide feedback about the service. The feedback obtained from surveys completed in 2017 and 2018 was overwhelmingly positive.

Aveley Lodge is an important part of the local community. The provider, people using the service, their relatives and staff have raised monies for other charities, including the local church. The provider had several schemes, including a staff bonus in place to drive improvement and reward staff that use their initiative. The service and staff had also won many care awards, including most recently the National Family Business Award 2018.

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.

Systems were in place to identify potential abuse and reduce risks to people using the service.

Staff demonstrated a good awareness of safeguarding procedures and how to recognise and report signs of neglect or abuse. People and their relatives told us this was a very good service and that it was a safe place to live.

There were enough staff to meet people's needs. Systems for recruiting new staff were carried out safely to ensure potential employees were suitable to work at the service.

People received their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff received a range of training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

People were provided with enough to eat to maintain a balanced diet.

People were supported to maintain good health and had access to appropriate services which ensured people received ongoing healthcare support.

Aveley Lodge was well maintained, bright and welcoming. The accommodation had been arranged to promote people's wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and had developed good relationships with people who used the service. People and their relatives were complimentary about the care provided.

People were supported to express their views and make decisions about their care. People were provided with the care support and equipment they needed to stay independent.

People's privacy, dignity and rights were respected and upheld.

People were supported to maintain important relationships.

Is the service responsive?

Good ●

The service was responsive.

People's care plans had been developed from the initial assessment and covered all aspects of their care and how they preferred their needs met.

Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing. Staff were creative in finding ways to support people to live as full a life as possible.

Systems were in place to listen and respond to people's concerns.

Is the service well-led?

Good ●

The service was well led.

The registered manager had developed a strong and visible person centred culture in the service. Staff were fully supportive of the aims and vision of the service.

Communication between staff and the management team was good. Staff felt supported and valued.

The management team were very passionate about the service they provided, led by example and inspired confidence in the staff team.

The management team and staff continually strived to improve the service and their own practice. The number of national awards won for best practice confirmed this.

Aveley 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.

This inspection took place on 19 and 20 July 2018 and was unannounced. The inspection was carried out by two inspectors. A third member of staff, new to CQC was present to observe the inspection process.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection.

We reviewed previous inspection reports and the details of any safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with five people who were able to express their views, but not everyone chose to or were able to communicate effectively or articulately with us. We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four relatives of people living at the service and a person that volunteered to help with activities. We also spoke with one team leader, a senior carer, two care staff and the activities organiser. We spent time discussing the management and leadership of the service with the registered manager, finance manager and public relations manager. We reviewed two people's care plans in detail and a third that was being redesigned. We looked at three staff files and reviewed records relating to the management of medicines, complaints, staff training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

Our previous inspection in September 2016 identified people did not always receive their medicines when they should have done. Additionally, the providers systems for auditing medicines had failed to identify a number of occasions where people had not received their medicines, and that no action had been taken to reduce the risk of this happening again. At this inspection we found the required improvements had been made.

Although, the provider had systems in place to identify potential abuse and reduce risks to people using the service, we found recording of incident and accidents needed to improve. The appropriate forms were being completed, but they did not always reflect what immediate action had been taken, for example, following a fall to ensure the safety of the person, or to prevent similar incidents reoccurring. Where unexplained bruising or skin tears had occurred, no incident report was completed, just a body map. There was no information on the body maps to show these injuries had been investigated, or reported to the local authority safeguarding team, or if after investigation they remained 'unexplained'. These issues were discussed with the registered manager and deputy manager. The deputy manager was able to tell us, in detail about each incident and what follow up action had been taken to ensure people's health, safety and welfare. The registered manager took immediate action during the inspection to revise the form, which incorporated a body map and process for reporting incidents. They also told us, the revised forms would be reviewed for a minimum of two weeks after the initial report being made and that incidents would also be discussed at Monday Morning Meetings attended by the senior management team.

People told us they received their medicines when they needed them. One person told us, "I take one tablet in the morning and have cream for my head. I am very lucky here, I always get my daily tablet." Another person told us, "Yes, I take medication in the morning, don't know what they are but they work." Random sampling of people's medicines, including controlled drugs against their related Medication Administration Records (MAR) charts confirmed people were receiving their prescribed medicines. A new transdermal patch monitoring sheet had been implemented to monitor rotation of pain patches. The controlled drug record book had been signed by two staff and the stock of people's medicines matched what was recorded. Where people had been prescribed 'as necessary' medicines, such as analgesia for pain relief, specific plans were in place, including the details of the medicines and how to administer it. Pain management charts were used to manage and monitor people's pain. Where one person was on a prescribed supplement since their recent discharge from hospital, we saw systems were in place to ensure they were accounted for and given as prescribed.

People and their relatives told us they felt Aveley Lodge was a safe and secure place to live. One person told us, "Safe, no problem, security is good, and there are always staff on duty." Another person said, "I have been here now several months I like the attention we get and yes I do feel safe. It is all very pleasant and the attention from staff is first class." People told us they had been informed of what they needed to do to keep safe. This was confirmed in the minutes of 'service user' meetings, which showed health and safety topics were discussed each month. Topics included, fire safety, how to keep safe and the complaints process. The provider's safeguarding adults and whistle blowing procedures provided staff with good guidance about

their responsibilities to ensure that people were protected from abuse. Staff confirmed they had received safeguarding adults training and were aware of procedures and whom to inform both within the organisation and to outside agencies if they witnessed or had an allegation of abuse reported to them.

Technology was used to promote safety and security in the premises. For example, close circuit cameras (CCTV) had been installed in communal areas and corridors which enabled the registered manager to review any incidents or accidents, such as unwitnessed falls, to reduce the likelihood of the events happening again. Other forms of technology, such as sensor mats were used to alert staff if a person got out of bed to reduce the risk of injury from falling. Additionally, a wrist band with a sensor alarm had been purchased to alert staff if people had a fall or needed assistance whilst using the summer house at the end of the garden.

Systems were in place for anticipating and managing risks to people using the service. The registered manager told us risk was considered on a person by person basis, as it was not possible nor correct to treat all people the same. They stated, each person had their own individual needs and requirements and these were reflected in their care plans. Individual risks to people, such as falls, incontinence, dehydration or developing pressure wounds had been assessed and management plans were in place to minimise the risk of harm. These provided guidance to staff to help people stay safe, including regular monitoring, repositioning and application of creams.

The registered manager showed us a board setting out a detailed plan of the premises, to be handed to the fire service in the event of a fire. The fire service had commended this board as it had the layout of the premises, including which doors opened, the location of exits / extinguishers, fire hydrant across the road, break glasses, water cut-off valve, electricity isolation unit and gas cut-off valves. Regular unannounced fire drills took place, to monitor how staff acted in an emergency. The registered manager told us they hide signs saying 'fire' which staff have to try and locate which made them "think and look". Also, contained within the fire safety folder was a list of services and their contact details, for use in the event of an emergency. Additionally, a 24hr on-call rota system was in place, so that staff had access to the senior management team, should an incident occur. This ensured staff felt supported and in turn protected those living at Aveley Lodge. Each person had a Personal Emergency Evacuation Plan (PEEP) in place providing guidance to staff on how to support them to evacuate the building safely in the event of an emergency. These were colour coded, red, amber and green to reflect the level of assistance required, for example, people with a green rating were able to move independently, whilst a person rated red would need assistance of two staff and equipment.

People told us staff understood the support they needed to promote their independence and freedom, yet minimise the risks. One person commented, "I can walk independently with my walking frame, but I am not that good on my legs, I have to be careful. They pointed out the call bell within reach which they told us they can use if they want to get hold of staff, and stated, "If I want help I can get it." One relative told us, "I can't fault them (staff) at all, my [Person] will not press the call bell for help, and got out of bed on their own which resulted in them having a fall and a fractured femur. They now have a sensor mat on the mattress to alert staff if they are getting up."

Records showed external companies serviced equipment annually to ensure it was safe to use. For example, hoisting equipment was regularly tested and Portable Appliance Testing (PAT) had been carried out to ensure that electrical equipment was in safe working order. An approved company serviced all the fire safety alarms and equipment in the service.

During the inspection we saw there was enough staff available to meet people's needs. Staff were visible in communal areas or nearby and if people needed assistance staff responded promptly. One person told us,

"It's well covered by staff." A volunteer told us, "From my experience, there is enough staff." The staffing rota showed four staff worked the early shift, three on the late shift and three on a waking night. A senior was included in these numbers. Additional staff consisted of a cook, maintenance person, Human Resources (HR) and an administrator. The registered manager told us staffing numbers had been calculated based on the needs of the people using the service. When considering a new admission to the service, the registered manager told us they looked at the dependency level of the person, and the impact this would have on the existing people. If the service already had a high number of people assessed as high dependency they would not take another person with high needs. They showed us a newly implemented 'care needs assessment tool' to be used on a month by month basis to determine if people's needs had changed. If significant changes were identified then this tool would reflect where additional staff were needed. As this was newly implemented we were unable to see the impact of how this assessment worked, however staff told us staffing levels were sufficient to meet the needs of the people using the service.

The PIR stated the providers HR department made sure that all shifts had the correct mix of skills to meet the needs of the people using the service. Newer and less experienced members of staff were allocated with long standing and experienced staff so that knowledge and skills could be shared. This was confirmed in conversation with staff during the inspection. The registered manager told us they do not use agency, unless it is a last resort, they would rather pay staff over time at time and half. They told us they listened to and trusted their staff when they tell me we need more staff, and commented, "Tired staff are not productive staff."

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support the people who used the service. People living at Aveley Lodge were encouraged to take part in the interview process so that they could have a say on who worked in the service. Checks on the recruitment files for three members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references had been obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People and their relatives told us, Aveley Lodge was always clean and tidy. One person told us, "Staff clean my room, they [cleaning staff] always come in and have a chat, that's good. I would recommend this service to anyone." Other comments included, "It's nice here, very clean," and "The home is spotlessly clean."

Infection prevention and control policies and copies of expected best practice guidance were available to staff. These included specific instructions for staff for each room being cleaned and the relevant cleaning products required to complete the task. We also saw signs around the premises reminding staff to wash their hands and observed staff following these appropriately. Staff confirmed they had received infection control training and we observed staff using personal protective equipment at all times when this was needed. Colour coded equipment, such as mops, were being used appropriately to ensure the risk of cross infection was minimised. The registered manager told us, carpets throughout the premises were dry cleaned on a regular basis, reducing the risk of people slipping on wet carpets. They gave the housekeeping team a budget and they worked with contractors scheduling which carpets required cleaning. People had been provided with their own personal slings where they needed assistance to mobilise to avoid the spread of infection.

Is the service effective?

Our findings

Staff received a range of training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service.

The PIR stated that from April 2018 onwards, the company had introduced basic maths and an English test as part of the application and recruitment process to ensure all members of staff were able to meet the high standards set by the company. The registered manager told us, "We have well trained staff, and we are committed to providing a continuous cycle of training that ensures staff have the skills to carry out their roles and to build on their knowledge. All training is provided in person, no eLearning is permitted within the company due to the poor training outcomes and knowledge retention." Staff confirmed the training they received gave them the knowledge and skills to meet people's needs. One member of staff told us, "I have no previous experience of working in care, but the training I have received has given me the confidence to care for the people using the service." Staff files and training certificates showed staff had completed a range of training, including but not limited to falls prevention, nutrition and hydration and health and safety. Staff also told us they had received additional training to meet the specific needs of people, such as such as dementia, Parkinson's, stroke and mental health awareness. One member of staff described the training provided using virtual glasses, so that they could experience how people with poor eyesight see and how this affected their mobility.

When new staff joined the service, they received an induction. This included time spent shadowing more experienced staff so that they could learn about people's needs and how best to support them. The registered manager told us they had introduced a buddy system for new staff to ensure they felt supported on a regular basis. They commented, "Staff that receive the right support are more likely to succeed and provide better care and outcomes to those using the service." This was confirmed in discussion with staff. One new member of staff described their induction experience, commenting, "I have just completed a training week as part of my induction. It covered everything I needed to know, including all the basics about moving and handling, equipment and how to use it and what to do if someone has a fall." They confirmed they had also completed the Care Certificate. The Care Certificate was developed jointly by the Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers.

Staff told us they felt supported and regularly met with their supervisor to discuss how they were getting on in their role and discuss their learning needs. One member of staff told us, "In my first week here I met with my line manager, just to ensure I was getting on okay, if I had any concerns and they provided feedback from other staff and people using the service. This was positive and made me feel good. My line manager is very efficient and dedicated and I felt absolutely supported by them."

People told us they were supported to eat and drink and maintain a balanced diet. One person told us, "Both cooks are excellent, I can choose from main items on the menu, but if there is nothing I like they will come up with an alternative, for me." Another person told us, "Food is excellent, nice variety, including fresh fruit." Other comments included, "Lunch was very nice, very tasty," "Food is nice," and "The food is very, very

good," and "I never feel hungry."

We observed people eating their midday meal. This was a positive, sociable experience for people with a good ratio of staff present to ensure they received the support they needed to eat their meal. People were engaged in conversation with each other and when staff walked past they acknowledged them and engaged in friendly banter. Staff were attentive to people's needs, for example, we observed one person trying to pick up a large potato with a fork, straightaway a member of staff offered to cut it up, and said to them, "To help you manage it". They also prompted people to be as independent as possible, but helped where this was needed. For example, we saw a member of staff cut up a person's food, and put it on the fork, so that the person could direct the food towards their own mouth.

People had been asked for their feedback about the quality of the food provided. The most recent service user satisfaction survey, reflected that out of 21 responses, eight people found the food to be of outstanding quality, and thirteen people had answered good. Comments included, "The meals are first class," and "The food is lovely and I eat it all."

Staff were aware of people's dietary needs and the support they needed to eat their meal. Where people had been identified at risk of choking referrals had been made to the Speech and Language Therapist (SALT). Staff understood where people required modified diets, such as soft or textured diets and thickened drinks to keep them safe from the risk of choking. Although there was a set menu, other options were available and we saw staff describing alternatives to help people make a choice about what they wanted to eat. One member of staff told us, "The cooks are aware of and cater for people's specific dietary needs, and we know we need to push fluids to ensure people have sufficient to drink. People confirmed they had access to drinks when they wanted them. One person told us, "I like tea, not too much sugar or milk and they [staff] do it how I like it," and a relative told us, "It is normal practice that visitors are offered a drink."

The registered manager told us, they had worked hard to create positive and lasting links with community health services. People's records confirmed they had access to a range of healthcare services including the GP, optician, specialist nurses and dietician. Everyone living in the service had a named GP, and all those aged over 75 had a six-month review to check their health and wellbeing. We spoke with a visiting GP who provided brief feedback about the service. They told us, staff called or emailed them in a timely manner when people were unwell, and described staff as being, "Very on it." They commented, "Aveley Lodge is the best care home I've ever been in, the staff generally care about the patients."

People told us they were supported to maintain their health. One person told us, "I couldn't wish for better attention from staff, if I am unwell the staff are very good, they notice I am not up to scratch, and are quick to put the wheels in motion. The doctor or nurse practitioner comes out, when I need them." This was supported in conversation with people's relatives. One relative told us, "The local surgery is very responsive, for example if there is an issue, they will see my [Person] and then they ring and talk to the relatives, everyone knows what's happening". We saw that advice from health professionals was clearly documented and followed by staff. For example, one person had been referred to the SALT team as staff were concerned that their swallowing had deteriorated. The SALT team had advised that the person did not have signs of dysphagia (swallowing difficulties), but was holding food in their mouth and forgetting to swallow. The SALT team had given instructions for staff regarding changing their diet, verbal prompting and the use of an empty spoon to encourage the swallowing reflex.

People told us Aveley Lodge was a lovely place to live and described it as a lovely home. Comments included, "The facilities are good, I have a no concerns and even in the bad weather the home is always warm," and "I have a lovely room, it's a nice shape. My room has recently been decorated and I like the wall

paper." The registered manager told us the premises and facilities had been designed in a way that was accessible to people using the service and promoted their wellbeing. They were gradually redecorating the premises, and slowly converting bedrooms without ensuite facilities, to ensure all rooms had these facilities. Where staff had identified a need they had also converted a bathroom into a wet room with a shower. The communal areas and bedrooms were warm, nicely decorated and homely. The newly refurbished bedrooms had been decorated to a high standard, with matching curtains, furniture and bedlinen. The registered manager told us, accommodation was provided in standard, standard plus and superior rooms. Irrespective of this grading all rooms were clean, tidy and well decorated. Outside each person's room there was a photograph of the person, which was useful in helping people identify their rooms. The registered manager told us, "Although this will never be 'home', we try to make it as homely as possible, by including personalised touches to people's rooms before they move in." This was confirmed in discussion with people and their relatives. One relative told us, "My [Person] was previously in another care home, which although modern and clean was too big, unlike here. We [Family] are very happy that [Person] is here, as it is a smaller home and set in a relaxing setting surrounded by fields. It gives us piece of mind, knowing that they are happy here."

We saw people and their relatives making good use of the landscaped gardens in the lovely hot and sunny weather. In the middle of the premises was a courtyard garden. Considerable thought had been given to the layout to include high wooden bench planters, plant pots and tubs enabling wheelchair users and people with different sensory needs to navigate around and be able to touch and smell the plants and vegetables.

At our previous inspection in September 2016 we found the registered manager had not made appropriate DoLS referrals when this was required. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). At this inspection we saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. The registered manager provided a list showing 14 people had been assessed as needing authorisation to be deprived of their liberty. The list reflected the date these were applied for to the local authority, and if still awaiting approval.

People's ability to make decisions was assessed in line with the requirements of the Mental Capacity Act (MCA) 2005. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. For example, where a person had been assessed as needing support with eating, drinking, their personal care and taking their medicines appropriate MCA assessments had been completed. These agreed it was in the person's best interests to receive support from staff to take their medicines safely, ensure they were clean and had adequate food and fluids to stay healthy.

Staff had received training in MCA and demonstrated how they applied the principles of the legislation in their daily practice to support people to make decisions. Staff told us they always asked people for consent before providing care and support and described how they would help people who might find it difficult to give informed consent. For example, one member of staff told us, "Where people have dementia and find it difficult to communicate we have very good life histories that are completed with people's families, setting

out their likes, dislikes and preferences, and we use these to help understand what people want."

Is the service caring?

Our findings

We saw that staff and management were fully committed to ensuring people received the best possible care. People told us they were happy with the care and support they received and were positive about the staff. We saw people were clean, dressed in appropriate clothing, their nails were clean, hair was tidy and their glasses were clean. One person told us, "I like it here, it's very nice. I can sleep well here, there is no noise going on outside. My daughters often come and visit me here. The staff are very nice if I want anything they will get it for me". Other comments included, "This service is really good, it's a nice home, very good support and food is good," and "Very good here, marvellous."

People, their relatives and volunteers were complimentary about the attitude and capability of the staff. One person told us, "The staff are very nice, I can't grumble about the staff." Other comments included, "Staff are very helpful and look after me well" and "Staff care is first class." One relative told us, "Staff, yes, I have never had a problem asking for things and them not getting them, they help my [Person] to stay very independent, and they deal with situations well and with humility." A volunteer, helping with activities, told us, "This is a very good home, people are well looked after, meals look good, and the staff are very friendly and caring."

We saw positive interactions between staff, people they supported and visitors. Staff were smiling and using humour as they engaged with people. Interactions were natural, but respectful. For example, we saw people eating ice creams, and when staff came in they asked people if they had enjoyed their ice cream, they responded, "Yes, we did very nice." Staff were friendly, affectionate and showed concern for people's wellbeing. One member of staff told us, "I always ask people what they want to do, where they want to go, it's their home at the end of the day. I am here to provide them with the support they need to live out the rest of their lives."

People told us they received the care they needed from staff who knew and understood their needs. One person told us, "The staff are very kind, especially when they wake me up in the morning. I like being woken up in the morning and staff know my routine of getting up at that time." Another person told us, "Very, very good, tell you why it is, easy, not to regimented which is very nice. I am not told what to do, I am at an age, where I just want to do what I want to do, within reason."

Relatives spoken with confirmed they and their family member were involved in planning and making decisions about care. An initial assessment was made prior to a person moving into the service to establish if they fitted the criteria as set out in the providers statement of purpose, and if the service could meet their needs. From this comprehensive assessment a basic care plan created, which helped to ensure enough information was available so staff could provide the right care when people moved in. The registered manager told us people and their next of kin were involved in these discussions to ensure relevant information about their current care needs, their past, their preferences, and the people who important to them, was obtained. Following admission any changes in the persons needs were identified and the appropriate changes made to the care plans and risk assessments.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express

their views. We observed them putting this into practice during the inspection. Staff were observed gaining people's consent to enter their rooms and provide personal care. Staff knocked on people's doors whether or not they were open or closed, rather than just walking in. We also saw staff ask people individually if they would like a clothes protector at meal times. We observed that not all people were wearing them which showed they were given choice. Additionally, the service had a separate room where visiting health professionals, such as the GP, district nurses and chiropodist could provide basic treatment such as, changing dressings and foot care. The registered manager told us the reason behind this was to enable people to use this room, and keep their bedroom private.

One relative told us, "My [Person] is always wearing their own clothing which I feel is very important." They also told us, the staff ensured people's dignity was protected and gave an example where a person started undressing in the lounge, but as soon as it was mentioned to staff they responded and protected the persons dignity .

People and their relatives told us staff enabled them to have as much choice and control over their lives as possible. One person told us, "Staff encouraged me to maintain my independence, they like you to do what you can, they don't like you to be helpless." A relative told us, "My [Person] and I have always been keen gardeners. I help out here as a volunteer in the garden, so that my [Person] can carry on supervising the gardening and it makes my visits meaningful."

Is the service responsive?

Our findings

People told us, they were happy with the care they received and that staff went out of their way to support them. One person told us, "It's fairly expensive to live here, but you get attention to detail from staff, the staff are very good and they respond quickly if you need them."

People told us they had been involved in the planning and review of their care. They also had a four-week trial period which gave them and their relatives the opportunity to talk about how they would like their care and support delivered. A review of the care plan of a person recently moved to the service contained good level of information for staff to get to know the person. The registered manager told us, all staff had input into creating and updating people's care plans and it was considered a key way of getting to know people and created a truly reflective and person-centred care plan.

The registered manager told us they were in the process of redesigning the care plans to make them more concise and easier for staff to use. We reviewed people's current care records and found these contained all the relevant information staff needed to provide their care. Additionally, each person had an 'About Me' document completed reflecting their wants, likes, dislikes and abilities. This document enabled care staff to better understand people's specific needs and what they needed to do to provide person centred care and treatment. Furthermore, this document ensured people had their rights, wishes and needs upheld. The service had taken steps to ensure people's information and communication needs complied with accessible information standards. This set of standards sets out the specific, approach for providers of health and social care to identify, record, share and meet the communication needs of people with a disability, impairment or sensory loss.

Staff understood the support people needed and provided care and support in a way that met their needs. For example, a volunteer told us part of what they did was to support people who needed one to one support to complete speech therapy exercises to improve their communication. Another member of staff told us that they noted that one person responded well to a small dose of PRN (as needed) medicine when administered twice a day to manage their anxiety. They told us, "This helped the person to settle." They had contacted the persons family, GP and dementia team to discuss the medicine, as the person was not getting a quality of life. E-mails showed this had been agreed by the GP who reduced the dose and prescribed the medicine on a permanent basis. This was supported in conversation with the persons relative who told us, "My [Person] has vascular dementia and Alzheimer's. When they arrived here they were in quite a bad state. Staff have been really patient and with support from the GP they are now in a much better frame of mind. Occasionally, when we have been out they don't want to get out of the car when we return, however the staff here are absolutely excellent. They come out and talk to [Person] and encourage them back in."

The providers contact arrangements clearly state what is and what is not included in the fees. The contract states as they a small service they are unable to provide support to people to access activities or meals out in the community. However, the provider public relations manager and activities co-ordinator told us a lot of effort was put into bringing the community into the service. For example, information about activities was posted on notice boards and in newspapers in the local area to promote events within Aveley Lodge to the

wider community. Events such as coffee mornings and a monthly afternoon tea welcomes relatives, but also offered potential new service users and their families an opportunity to visit Aveley Lodge.

Regular volunteers were used to support the provision of activities. A volunteer told us, "Although, people rely on their relatives to access the community, they [Provider] does go out of their way to bring the community into the service." People and their relatives told us and we saw for ourselves that people had access to a wide range of personalised activities. One person told us, "We have entertainers coming in, we can go or stay in room, but I go out of interest". Other comments included, "The activities co-ordinator is very good, there is always lots to do," and "I spend my time reading mostly, or if weather is nice I like to spend time outside in the garden, watching the birds." One relative told us, "It is lovely to see all the photographs of the activities people are doing. There are always activities going on that provide stimulation." We observed a quiz taking place in the lounge. This was well attended and people were fully engaged. A response to one of the questions triggered a response in the form of an impromptu singalong of "We three Kings."

The arrangements for social activities were designed to meet people's individual needs. The activities co-ordinator told us their aim was to make 'People happy, mobile and to give purpose to their lives.' The management team and staff told us, they were guided by people's wishes and aspirations when it came to arranging activities. A 'Wish Tree' had been created in the main central courtyard. People using the service had been encouraged to write their wishes and pin these to the tree. The activities co-ordinator told us, every three months they have a look at it and try and make people's wishes come true. For example, one person's wish was to, 'Sit in the garden with my binoculars and watch the birds'. To facilitate this, binoculars had been placed in the summerhouse, which had a full window and overlooked the fields. The person told us, "I can sit there and see all the different types of birds attracted to the area." Another initiative was the introduction of a 'Pop Up Beach'. This was made up of a series of trays with pebbles, sand and water, which people could put their hands and or feet in, and combined with pictures of the seaside and ice creams this provided people with the experience of being at the beach. The staff team felt this was a great way of encouraging people more likely to remain indoors out into the garden. Furthermore, the design of the 'Pop Up Beach' meant it could be moved indoors and accessed by those on bedrest and or those who were terminally ill. People were observed enjoying the 'Pop up Beach'. The registered manager told us this had been so successful they were considering purchasing or renting a beach hut for people to access.

The activities co-ordinator had also initiated a 'Pen Pal' scheme with another care home outside of the area. This had involved a group of people writing to residents in another care home introducing themselves. We saw people from the other home had responded and included photographs. This created a forum for people using the service to develop new relationships. Additionally, the use of technology such as Wi-Fi, skype, and an internal post box helped people to stay in contact with family and friends.

People were supported to talk about their loved ones and things that mattered to them. The activities co-ordinator told us a conversation about the royal wedding at a 'Knit and Natter Group' had prompted a discussion about how people met their spouses. We saw a large board with lots of photographs of people and staff on their wedding days. Additionally, in the dining room a large map had been used to chart destinations where people had been on holiday. The public relations manager told us, "Everyone living here has had a full life" and the map has been designed to encourage conversation, and aid recall about loved ones."

The provider had subscribed to be a member of the National Activity Providers Association (NAPA) which promotes activities for older people. A recent activity suggested by NAPA was a themed day involving three common wealth countries. This was designed to get people active, moving around the home, eating a

variety of different foods and promote discussion about different cultures. People told us and photographs seen showed they and their relatives had really enjoyed the day. Various clubs were available to people, including gardening and poetry. The activities co-ordinator told us the introduction of poetry club had been a huge success. People with advancing dementia had joined in with amazing results, they had become more articulate and engaged. This had also prompted people to read more, and access the services growing library. A set of posters advertised forthcoming events, which included a Spanish day, 'Rat Pack' tribute artists, fancy dress, entering the annual Fingeringhoe village scarecrow competition and a harvest festival day.

The PIR stated the provider had introduced a concerns, complaints, comments and complements box in the main entrance to the service. People confirmed they were encouraged to give their views and raise concerns or complaints. One person told us, "Everything I have wanted they have supplied, if I don't like something only have to shout and they will change it." However, none of the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed no complaints had been received since the last inspection. They told us, any concerns or complaints would be taken seriously, explored and responded to in line with the company's policy.

Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so. For example, one relative told us, "Staff were very supportive and communicated well with the hospice team for advice to make my [Person's] death as peaceful and safe as possible. In the last few days staff were absolutely fantastic, I can't speak highly enough about the staff, they just made my [Person's] passing so nice and very peaceful."

The activities co-ordinator told us, they hosted a 'cognitive therapy group' with small groups of people, for 6-8 weeks at a time. This session was used to discuss different topics and encourage people to express their views. One of the topics discussed was bereavement. This had given people the opportunity to talk about the experiences, when they first met and how they had often cared for their partner before they passed away.

The registered manager told us, when a person's is nearing the end of their life and dies, the last act we can perform for them is to maintain their dignity. They told us they were in the process of implementing the Gold Standard Framework (GSF) which is a set of standards prompting best practice to achieve good quality care at the end of a person's life, joined up care with healthcare professionals and avoid hospital admissions. One of the key aims of the GSF is for people to discuss their choices, preferences and options before they die so that wishes are respected. People had been supported to complete an advance care plan which gave them the opportunity to express any wishes for their end of life care and funeral arrangements. These were in date and had been discussed with their family members, if appropriate. As part of their end of life planning where it had been agreed people had a Do Not Attempt Resuscitation (DNAR) orders in place. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).

Is the service well-led?

Our findings

Our previous inspection identified that the governance process had not always identified where the service needed to improve. We recommended that the registered further develop governance to assess all areas of the service. At this inspection we found the provider had employed an external consultant to carry out an annual audit of the service and its practices. The registered manager told us this had greatly improved the way the company reviewed and improved the performance and practices. They showed us the audit carried out by the consultant in May 2018. This looked at a wide range of areas across the service, including people's care plans, medicines management and the environment. An action plan identified where improvements were needed, including redesigning people's care plans which the provider was in the process of actioning.

People and their relatives told us they felt the service was well managed by a dedicated management team and staff that were approachable, easy to talk to and honest." One relative told us, "Before my [Person] moved here I came and spoke with the provider and discussed the previous CQC report. They admitted they had been found lacking in some areas and told me what they had done to improve. I felt they were very open." One person told us, "This is a very good home. The manager is very, very good, they are very observant, always circulating. If there is anything I don't like I would go to them. I have nothing to complain about." One relative told us, "The manager is always circulating, and I have a very good relationship with them. When you ring up to speak to someone, I am reassured as they [staff] know people and can always answer my questions. It is very reassuring when you talk to the staff team, as they are always up to speed. For example, when I rang this morning to make staff aware of my [Person's] hospital appointment, staff were already aware." Another person commented, "If there was something I didn't like I would speak up, if I could score the home, 1-10, I would score them a 10." Another relative told us, "The manager is always around, which gives me reassurance. I can speak with the management team at any time."

The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. The registered manager told us they held monthly staff meetings and had introduced Monday morning meetings with management team and the senior care team. They told us the Monday morning meetings helped them to identify and respond quickly to any incidents. Aveley Lodge revolves around five key principles of care, dignity, respect, independence, information and choice. The registered manager told us, "These principles are central to the service delivered at Aveley Lodge and by ensuring all people are offered informed choice, only then can we promote their independence and in turn deliver care which treats all with absolute dignity and respect." They told us, all staff, as part of their induction have to learn these key principles as they reflect the ethos and approach to the service we provide. Staff were aware of the provider's philosophy of care and how this linked to the core vision and values of the service. They told us, these were discussed regularly at supervision. They also showed us 'flash cards', which they carried in their pockets with the five key principles, to remind them.

Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Comments included, "I really enjoy working here, it's a beautiful home, the management and staff are really supportive, we have good working conditions and communication is good. The residents are nice and really happy, it feels like a

family, I do generally love it here," and "Aveley Lodge, is a really nice home, it's a really lovely place. I would definitely have a relative of mine live here."

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. Regular resident and relative meetings were held and people were encouraged to have a say on the day to day running of the home, including what they wanted to eat and how they wanted the home decorated. The registered manager also provided copies of the 'Annual Quality Assurance Surveys for 2017 and most recently in 2018 for people using the service, staff, visitors, and health professionals. They told us in future, surveys were to be continued throughout the year, rather than annually, so that people's views and opinions were acknowledged and acted on promptly.

Feedback in questionnaires was overwhelmingly positive, people's comments included, "I would like to say I am very happy here," and "Everything at Aveley Lodge is exact and I am very happy." The results of the surveys completed in 2017 and 2018 had been analysed and used to develop an action plan to address people's feedback. For example, three people had requested more activities. Action taken by the provider to resolve this was to increase activity staff working hours and create a better budget. The outcome of the survey also stated that activities staff also changed which led to a more complete and comprehensive approach to activities.

People were asked for their views and these were used to improve the service. The registered manager told us they were in the process of planning a redevelopment of the service, by adding an extension to create more accommodation, a day room and a garden room on the roof. They told us they had consulted with people and staff about the new plans, about what they would like before approaching the architect. They told us they had been given a "Big long list, including a suggestion of incorporating a nail bar from a member of staff who had trained to be a beauty therapist.

Aveley Lodge is a small family run business and has become an important part of the local community, through their wide-ranging activities and charitable works. The public relations manager told us about the charities people using the service and their relatives had helped to support over the years, including the local church. These included, but was not limited to Cancer Research UK, Children in Need and Red Nose day. The activities coordinator told us and photographs showed people had enjoyed recently taking part in a Cupcake Challenge in aid of the Alzheimer's society. The activities coordinator also told us they had signed up to the 'NHS 70/70/70' initiative. A local volunteer group had approached the service and invited people who were aged 70 and living in a care home to make a wish. This was to celebrate the NHS being 70. From the applicants, 70 people from homes in the area were chosen to have their wish fulfilled. The activities coordinator told us one of the people at Aveley Lodge had been selected. Their wish had been to have a 'make over' and a beauty therapist had been arranged to do this.

The registered provider had several schemes, including a staff bonus in place to drive improvement and reward staff that use their initiative. The management team nominated a member of staff each month for their outstanding contribution, where they had gone above and beyond. The service and staff had also won many awards, including most recently the National Family Business Award 2018. Aveley Lodge was the regional winners for the South East. Staff had been nominated by the provider to the East of England Care Awards, Great British Care Awards and the Caring UK Awards. Several staff were finalists or had won awards in a broad spectrum of areas, including outstanding carer of the year, dignity in care award and catering team of the year. Staff had also won a whole team award for 'putting people first.' One member of staff told us, "Winning an award was a lovely boost to my confidence. The family award is mine as well, we are one big family, we discuss things and come up with ideas to enhance the lives of the people living here. We put people first. The awards make you feel wanted, and it gives the team such a boost."

