

Mrs M Jackson

Avonbloom Retirement Home

Inspection report

351 Squires Gate Lane
Blackpool
Lancashire
FY4 3RG

Tel: 01253401455

Date of inspection visit:
09 January 2018

Date of publication:
02 February 2018

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 visit took place on 09 January 2018 and was unannounced.

Avonbloom retirement home is a care home for up to fifteen older people situated in the south of Blackpool close to Blackpool airport. There are 14 single bedrooms and one double bedroom. The building has two floors with stair and lift access to the first floor. There are two communal lounges and a dining area. Car parking is available at the front of the home on a small forecourt. There are secure accessible gardens at the rear for the use of residents. At the time of the inspection visit there were 11 people who lived at the home.

The registered provider is an individual who has been assessed by CQC as fit to manage the day-to-day running of the service. 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 registered provider had owned and managed Avonbloom for many years.

At the last inspection, the service was rated overall as Good. The safe domain required improvement in relation to infection control. At this inspection we found infection control had improved and good infection control practices were in place. All domains were good and the service remained overall good on this inspection.

People we spoke with told us they felt safe at Avonbloom. There were procedures in place to minimise the risk of unsafe care or abuse. Staff knew the actions they needed to take and had received training on safeguarding vulnerable people.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been reviewed and monitored and were relevant to the care provided.

People told us there were enough staff on duty and they didn't have to wait long for assistance. There was a stable staff team who had all worked at Avonbloom for a number of years.

Staff were appropriately trained and supported. They had skills, knowledge and experience required to support people with their care needs.

Medicines were managed safely. People received their medicines as prescribed and when needed and staff were trained and competent to administer them.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required. The design of the building and facilities provided were appropriate for the care and support provided.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Staff involved people in planning their care and sought their consent to provide this.

Staff supported people and met their nutrition and hydration needs. People told us they had frequent drinks and snacks and enjoyed their meals. One person told us, "We get plenty here and you can always ask for more if you want it. Another person said, "The food is good we get choices."

Staff were knowledgeable about the needs of the people they supported and treated them with respect. People told us staff treated them as individuals and respected their diverse needs.

We saw staff interacted frequently with people and engaged them in activities. People told us staff often sat with them just to chat which they said they thoroughly enjoyed. A relative said, "The staff are wonderful. It's like a home from home."

People knew how to raise a concern or to make a complaint and told us they were encouraged to raise any concerns. People told us they were happy with care and support they received and had no complaints.

People who lived at the home and relatives told us the home was well led. The registered provider monitored the home, sought people's views and were receptive to feedback.

Further information is in the detailed findings below

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 improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Avonbloom Retirement Home

Detailed findings

Background to this inspection

2008 as part of our regulatory functions. This inspection checked 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.

Avonbloom Retirement Home 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.

Avonbloom accommodates up to 15 people in one building. Accommodation is on two floors with a passenger lift for access between the floors.

Before the inspection visit we contacted the commissioning department at Blackpool Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the home.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team comprised of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience had background knowledge of caring for older people.

When we inspected there were 11 people living at Avonbloom. We spoke with a range of people about the home. They included six people who lived at the home, two relatives, a visiting healthcare professional the

registered provider and three staff members.

We reviewed a variety of records, including care records, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

At the last inspection we saw that not all areas of the home were clean or had good infection control practices. On this inspection we looked around the home and found it was clean, tidy and maintained. People told us they were pleased with the cleanliness of the home. One person told us, "It is always spick and span. The staff do a good job." A relative told us, "It is always clean and pleasant smelling." There was good infection control practice and staff had received training in this. The registered provider made regular checks to ensure cleaning schedules were completed. We saw staff used of personal protective clothing such as disposable gloves and aprons.

People we spoke with told us they felt safe living at the home. One person said, "I know I am safe here. The girls are lovely and caring." Another person told us, "We are well looked after. We know if anything went wrong the staff would make sure we were alright."

The registered provider had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. We spoke with staff who were aware of their responsibilities to ensure people were protected from abuse.

We found risks for people were reduced because the registered provider had completed risk assessments. We saw they provided instructions for staff members when delivering their support. Staff were knowledgeable about these which helped to keep people safe while enabling them to be as independent as possible. They were monitored and reviewed regularly.

We looked at how accidents and incidents were being managed at the home. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

We talked with people who lived at Avonbloom. People told us there were enough staff on duty and where people needed support staff provided assistance quickly. We looked at staff rotas and saw staffing levels were sufficient to meet the needs of people safely. The registered provider worked in and managed the home on a daily basis. They reviewed rotas daily and made sure additional staffing was in place if a person needed extra assistance.

We looked at staff recruitment. The registered provider told us no staff had been recruited in the last two years. However they had a recruitment procedure and would make all the necessary checks to reduce the risk of employing unsuitable staff, when they needed to recruit.

People said staff supported them with their medicines safely. We looked at a sample of medicines and administration records and found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed staff giving out medicines. They checked and gave each person their medicines, waited until they had taken this, then signed the medicine record. This indicated medicines were being administered correctly. One person told us, "I get my

medication on time. No problems." A relative told us, "[Family member] sometimes refuses their medicines but the staff are very patient and they manage this very well." Records showed staff received medicines training and were observed to ensure they administered medicines safely. Staff spoken with confirmed this.

We saw maintenance and repairs were carried out promptly. Equipment was serviced regularly. There was a rolling programme of refurbishment. There was a fire safety risk assessment and frequent checks of equipment. There were also fire drills and staff training so they knew what to do in case of a fire. These measures helped to make sure people were cared for in a safe and well-maintained environment.

Is the service effective?

Our findings

We joined people for lunch and asked them if they enjoyed the meals. People told us the meals were always of a high standard and they rarely left anything. One person said, "The food is wonderful I can't be critical of it." Another person told us, "The food is good it is always different. They [the staff] come and ask you what you want." Nobody was rushed at lunch time and were supported as needed. There was fresh fruit available in the dining room for people to take as they wanted. Where people needed help they were offered and supported to eat this.

Staff made sure people had sufficient nutrition and hydration. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences. Staff were aware of people's dietary needs. These included people who had their diabetes controlled through their diet and people who needed fortified food to help increase their calorie intake. We saw snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People's food and fluid intake were monitored and their weight regularly recorded. We saw one person whose appetite had deteriorated and had lost a little weight. Staff had contacted the GP who had prescribed food supplements. They also fortified their food. This had benefited the person. Crockery that contrasted with tablecloths and chunky cutlery assisted people living with dementia to be as independent as possible at mealtimes.

Staff talked with people about the food they preferred. The registered provider had placed an ornamental tree in the hall where people were supported to attach notes of their favourite foods. These were then incorporated into the menu and reviewed so people's diverse needs were met.

The Food Standards Agency had awarded Avonbloom their top rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

The registered provider carried out assessments of potential residents before anyone was admitted into the home to check they could meet their needs. The home did not accept emergency placements as they wanted to be sure they were fully aware of the care needs of any new admissions. People's initial assessments had been used to begin their care plan and had been updated as staff got to know the person. People admitted to Avonbloom and if appropriate, their family had been involved in the assessment and care plan.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to various aspects of care and treatment was recorded on people's care records. Some people the home supported were living with dementia. We saw people's mental capacity had been considered and was reflected in their care records.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked around the building found it was appropriate for the care and support provided. People had personalised their rooms with their own choice of belongings. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.

There was a lift which serviced the building and all rooms could be easily accessed. We saw measures to increase the wellbeing of people living with dementia. These included written and picture signage to inform people of direction to rooms and the rooms use. There was also contrasting décor around the home to assist people when moving around. A safe and secure garden enabled people to access outdoor space when they wanted.

People's healthcare needs were carefully monitored and discussed with the person and if appropriate their relatives. Care records seen confirmed visits to and from GP's and other health care professionals had been recorded. Staff worked with other services to meet people's health needs. They made sure other professions had relevant information and documentation about people's needs so they could provide the best care.

Staff worked well together and had a good understanding of people's needs. We saw staff were trained and knew how to support people. Records seen and staff spoken with confirmed they received regular training. Staff told us they were encouraged to complete any training relevant to their role. This assisted them to provide care that met people's needs.

We checked staff received supervision and appraisals. We spoke with staff who told us they were able to talk with the registered provider at any time not just during supervision and felt well supported. Records seen showed supervisions and appraisals were provided.

Is the service caring?

Our findings

People told us they were very happy at Avonbloom and were well cared for by the staff team. One person told us, "The staff are brilliant, we all sort of work together. There is a great camaraderie." Another person said, "My family don't visit so much but I have 'a family' around me in the home. It is like a little community. I really enjoy it in here."

We observed how staff supported people. The staff team had worked at Avonbloom for a long time. They were familiar with people's individual needs and were person centred in their approach. People were given enough time and support to be as independent as they could be. One person told us, "The staff always ask if you are alright. I am never rushed." Another person said, "I never have to wait long for help."

Staff had a good understanding of protecting and respecting people's human rights. They knew and responded to people's diverse needs and treated people with respect and care. They had all had received training which included guidance in equality and diversity. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Staff talked with us about the importance of supporting people's differences. People's beliefs, likes and wishes were recorded in their care records and staff were knowledgeable about these. They respected people's family and personal relationships. A relative told us, "I am totally happy with the care. The staff are very friendly. I can visit whenever. I can take [family member] out. I am always welcomed in." Another person told us when they were looking at care homes for their family member, the staff at Avonbloom were open and transparent. They told us, "I knocked on the door and was invited in straight away and shown round. I thought I would have had to make an appointment but I was welcomed in straight away." They added that this had not been the case at some other homes.

Staff assisted people to meet with families and friends and encouraged and supported them to keep in touch. The registered provider assisted people to use technology. They told us about efforts to skype relatives who were far away or on special occasions and how they emailed families with news. They also wrote a monthly Newsletter for residents which they could also send to families. One person said, "My friends and relatives don't visit often as they live [away] but we keep in touch on the telephone. The staff help with this and are wonderful."

We discussed the provision of advocacy services with the registered manager. We were informed there was information available although there were no people accessing advocacy services at the time of the inspection.

We saw staff and people who lived at Avonbloom had a friendly and trusting relationship. We observed them laughing and joking with each other. One person told us, "The staff are 'great nothing is too much trouble.'" We saw staff spent a lot of time interacting with people and shared affectionate and caring relationships with them. They were aware of people's individual needs around privacy and dignity. We saw staff were

considerate and respectful when talking with people. People looked cared for. They dressed appropriately to their personality and individual choice and were well groomed. We saw staff were careful about ensuring people's information remained confidential. They made sure people's records were safely stored in an office and staff knew not to talk about people's personal information in public areas. We saw staff respected people's privacy by knocking on doors and waiting for a response before entering.

Is the service responsive?

Our findings

People we spoke with told us they felt staff were responsive to their needs. People said staff responded promptly if they wanted assistance. One person told us, "You only have to ask and they [staff] are here to help." Several people chose to get involved with small tasks in the home. One person said, "We are a family here and we all help each other." Another person said, "I like to keep busy and I help out." We saw staff supported the person to 'help' with chores in the dining room. We also heard one person ask a member of staff, "Are we going out today? What have we got on?" This person accompanied the member of staff on most errands they did and proudly told us they were needed to help. Clearly people benefited from being involved in meaningful daily living activities.

People told us and care records verified that there were frequent activities in house and staff spent a lot of time sitting and chatting with people. They said they also went out on outings and shopping trips if they wished. One person said, "We play some games and some days we sing." Another person said "There are quizzes. I don't always join in but I could." People said staff listened to ideas and suggestions and took action on these. For example people particularly enjoyed one of the entertainers who visited and wanted them to visit more frequently. The registered provider increased this entertainer's visits to weekly which people were pleased about.

We saw people engaging in activities with staff. During the morning of the inspection visit we observed people taking part in discussions about current affairs as well as one to one chats. People showed us an activity box they used when they couldn't decide on an activity. The box had ideas for activities for people to get involved in. The registered provider said a relative of one person organised in house activities daily. The person told us they enjoyed visiting the home and were always made welcome. People told us a neighbour visited with their small dog a couple of times each week which they loved.

Each person had a care plan that was personalised to meet their individual needs. We saw staff were familiar with and followed the guidance in care records. Care records were regularly reviewed and updated to meet people's changing needs. These had been discussed with individuals and their relatives where appropriate.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

Avonbloom had a complaints procedure which was made available to people who lived there and where appropriate their relatives. People told us they were encouraged to raise any concerns or complaints. They told us they knew how to make a complaint if they were unhappy with their care or had concerns. They said staff listened to them and responded quickly if they were not happy about something. One person said, "If I had a complaint I would tell [staff member]." We looked at the complaints policy which informed people how their concerns would be dealt with. There had been no recent complaints. The registered provider said they dealt with minor issues promptly so they did not become more serious. One person wrote on the

home's survey, 'I haven't any complaints to make. You hear horror stories about care homes but I am so happy here.'

We saw, from care records, staff had discussed people's preferences for end of life care where people were willing to do so. The registered provider said they would consider the best way to support each person on an individual basis as they headed to the end of life. This would include what the person's preferences were and whether they were able to meet their care needs at this time. At the time of our visit, no one living at the home was receiving palliative or end of life care.

Is the service well-led?

Our findings

People who lived at the home and relatives told us the home was well led. Staff told us they found the registered provider caring, approachable and well organised. One person told us, "[The registered provider] is lovely, runs this place well and makes sure everything is ship shape." Another person told us, "We are just like a family here with [the registered provider] as mum. She keeps everything sorted and looks after everyone." We saw people approached staff in a relaxed way and looked comfortable when they chatted to them.

The registered provider is an individual who has been assessed by CQC as fit to manage the day-to-day running of the service. 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. Staff told us they found her supportive and approachable.

There was a clear management structure in place with effective leadership and management. The registered provider and senior staff were 'hands on' and involved in care and activities on a daily basis. They demonstrated they understood their roles and responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations.

Systems were in place to effectively govern, assess and monitor the quality of the service and the staff. Regular checks and monitoring was carried out. These included auditing medicines administration, staffing and cleanliness. Records were reviewed to check they had been completed and updated as necessary. We saw senior staff had checked and monitored records to make sure they were informative and accurate.

Staff had regular informal 'chats' to seek people's views and discuss any possible changes they wanted. They spoke with relatives and the staff team and listened to their views. There were also residents meetings. One person told us there were no residents meetings. However other people said there were and records of the meetings confirmed this.

We saw senior staff compiled a newsletter each month for people who lived at Avonbloom and where requested their families. The newsletter gave people information about planned activities and any changes in the home. People said they liked this.

We saw surveys had been completed by people who lived at Avonbloom and their families. These were positive about the care and support provided at Avonbloom. Comments were praising of the registered provider and staff team. People said they felt safe and the home was well managed. Survey comments included 'It is beautiful here, excellent. I wouldn't want to be anywhere else.' and '[Registered provider] is a lovely warm person, so pleased I found this care home. You are one in a million.' And, 'Fantastic staff team so glad [name] is here.'

Supervisions and staff meetings as well as daily handover discussions were held to involve and consult staff. Staff told us they were able to contribute to the way the home ran through these. They were very positive

about the support they received from the registered provider. One member of staff told us, "[Registered provider] is fantastic. She does her best for us all, residents and staff. All the staff have worked here for a long time. It is a great place to work."

We asked the registered provider how they engaged with other services to ensure they were providing best practice. The registered provider worked with other small services to access joint training and sharing of information. They told us they sought advice and guidance from other agencies. This included social services, district nurses and other healthcare professionals. During the inspection we contacted two external health professionals to gain their views on the service provided. They were positive in their opinion of the care provided at Avonbloom.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

The registered provider explained they sought advice and information from external sources. This included contacting local commissioners and health professionals for advice and researching various best practice websites for positive changes in care. They learnt from incidents that had occurred and made changes to care plans in response to these.