Parmenter Care LLP

Aveley Lodge

Inspection report

Aveley
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Aveley Lodge is a residential care service, which provides care and accommodation for up to 25 older people.

There was a registered manager at the service at the time of our inspection. 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.

We found that some people were having their liberty deprived because they did not have the capacity to agree to some of the equipment being used. We recommended to the registered manager that applications were made for these people. The acting manager confirmed to us that this had been completed within 48 hours of us carrying out the inspection.

Governance process in place had failed to spot that applications to deprive people of their liberty had not been submitted to the local authority. We recommend that the registered manager considers ways in which the governance process can be developed to include all areas of the service.

We found some people's medicines had not always been given in the correct way. The service had identified this using their audit process and recognised that this was an area that required improvement, but had not taken action to reduce the risks of this happening again in the future.

Staff supported people to keep safe and knew how to manage risk effectively, and there were sufficient numbers of care staff with the correct skills and knowledge to meet people's needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People had sufficient amounts to eat and drink to ensure their dietary nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from healthcare professionals.

The service supported people in a person centred way with activities, and people were encouraged to follow their interests and hobbies and to engage in meaningful activities. They were supported to keep in contact with their family and friends. People's care plans were individual and contained information about people's needs, likes, and dislikes.

People received support that was personalised and tailored to their needs. They were aware of how to complain and there were a number of opportunities available for people to give feedback about the service.

Staff were motivated in their role and felt valued their focus was on the people that used the service. The acting manager was visible and actively involved in supporting people and staff. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

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 always safe.

Medicines were not always administered to people in the correct way.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Requires Improvement

The service was not always effective

When people were being deprived of their liberty, DoLs applications had not always been made to the Local Authority.

People were supported to have a balanced diet and to make choices about the food and drink on offer.

Staff were well trained and had regular supervision with the registered manager.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had confidence that their care would always be personal, and caring.

Staff were attentive to people's needs.

Is the service responsive?

Good

The service was responsive.

People received care and support specific to their needs and

were supported to participate in activities that were important to them.

People and their family members repeatedly told us that they felt staff understood their individual needs and preferences, and provided care accordingly.

People's needs were assessed before they moved in and care plans were written in a person centred and individual way.

Is the service well-led?

Requires Improvement

The service was not always well led.

A range of audits were in place, but they did not always identify all of the areas of the service that needed to improve.

The registered manager supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

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 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.

This inspection took place on the 19 of September 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR.) This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection records, and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection, we did not meet the registered manager. The Director explained they were currently managing the service whilst the registered manager was on two weeks paternity leave. We inspected the way the service was managed in the absence of the registered manager. We saw the acting manager was supported in the day to day running of the service by a senior member of staff. During our inspection, we observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service.

We looked at the care plans of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us to understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the director of the service who was acting as the registered manager, ten people, and six members of staff, five relatives, and one district nurse.

Requires Improvement

Is the service safe?

Our findings

Not everyone at the service told us they felt safe and we received mixed feedback from two people. One person said, "Sometimes they hurt you when they pull you up, I have seen them pull other people up, and I have said hey." Everyone else told us they thought the service was good and that they felt safe living at Aveley Lodge. Typical comments included, "They do everything possible to make you happy here, and they look after you. You feel safe." After the person told us that they had been pulled, we observed people being moved and found that staff used the correct techniques to move people.

Despite people telling us they felt safe, we checked information and looked at the way the service managed people's medicine's and found that this area required improvement.

Medicines were not always given to people in the correct way. For instance, the day before the inspection someone had not received their medicines when they should have done. This could have resulted in the person having an adverse reaction. After this incident the service took swift action, they called the persons GP and staff monitored them for adverse reactions. The service undertook regular medicine audits which showed that there had been a number of occasions where people had not received their medicines in the correct way. The audits had identified these errors but no action had been taken to reduce the risk of this happening again.

The medicines were kept securely and at the right temperatures so that they did not spoil. Medicine entering the service from the pharmacy were recorded when they had been received and when administered or refused. This gave a clear audit trail which helped staff to know what medicines were on the premises. We saw staff administer medicines safely, by checking each person's medicines with their individual records before administering them, to confirm the right people got the right medicines. Staff had received training to administer peoples' medicines safely and had regular competency assessments that included observations of their practice.

People were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse, and received the appropriate training. It was evident from our discussions; staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. The acting manager was aware of their responsibilities and knew how keep people safe. Staff were aware of the company's whistleblowing policy and was confident that they would be able to talk to the registered manager if they needed to.

Risks to people were assessed and managed well. The service used assessment tools to identify people who may be at risk these included, Waterlow scoring system to assess the risk of pressure sores, a falls risk assessment tool was used and the Malnutrition Screen Tool (MUST). We also saw completed assessments for oral health, continent assessments. These were updated regularly. Care records showed that each person had been assessed for risks before they moved into the service and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified, there

were measures in place to reduce them where possible. All risk assessments had been reviewed on a regular basis and any changes noted.

Processes were in place to manage risks related to the operation of the service. Health and Safety checks were carried out that covered all areas of the management of the property, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the service. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

With the exception of one person, we received positive comments telling us that there were enough staff available to help them when they needed assistance. We saw that staff were not rushed and assisted people without the need to hurry them. They took time to talk to them and explained what they were doing, and gave one to one or two to one support when required. For example, when moving a person using a hoist from a wheelchair back into bed, two staff supported this person talking to them and reassuring them throughout the process.

Every staff member we spoke with told us there was enough staff on every shift. Typical comments were, "There is always enough staff on shift." and, "We work together to get the job done. We are all here for the residents." Throughout the inspection, we observed call bells being responded to in a timely way. Staff told us, "We all work as a team and help out when necessary." The service also employed housekeeping staff and a chef, this helped the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

An up to date fire risk assessment was in place and fire safety checks were carried out regularly. We noted that Personal Emergency Evacuation Plans (PEEPs) were in place in every record that we looked at.

Accidents and incidents had been recorded and copies were kept in each person's care records and in a master accident, forms file. Each report recorded the details of the person who had the accident, where and when it occurred, and what caused the accident. When the accidents did happen, the provider used this as a learning point.

The service had robust infection control systems in place, we observed throughout our visit staff maintaining high levels of cleanliness and infection control. On the day of our inspection throughout the service there were no offensive odours, everywhere looked clean and smelled fresh. Staff were trained and updated in food hygiene and infection control. Cleaning materials were organised and safely stored. Cleaning rotas and audits were available and updated. Communal areas were clean and inviting, the kitchen in which the food was prepared was organised and clean. Staff had access to protective clothing for example gloves and aprons and there were facilities to dispose of these safely.

Staff recruitment files demonstrated that the provider operated a safe and effective system. We saw that appropriate checks had been undertaken before staff started work at the service. Disclosure and Barring Service (DBS) checks, a formal interview, the provision of previous employer references, were carried out on people prior to them starting their employment. This meant the registered provider carried out the relevant checks when they employed staff so that people received care and support from people who were safe to do so. The eligibility of people to work in the United Kingdom was also checked as part of the recruitment process.

Requires Improvement

Is the service effective?

Our findings

People repeatedly told us that staff understood their needs and preferences extremely well, and they received effective care and support. Despite people telling us the service was effective, we inspected if people were being unlawfully deprived of their liberty and found that this area that required improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had not made appropriate DoLS referrals when this was required. We spoke with the acting manager about this and noted that these referrals were made shortly after the inspection. Where people lacked capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care. People told us they could choose when to get up in the morning and when to go to bed in the evening, where they ate their meals and whether or not the participated in social activities.

A comprehensive induction was given to new employees. Records showed that the staff's induction was in line with 'care certificate' are best practice standards designed to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support, this is gained over several weeks.

Staff told us they received a good level of training which helped them to be confident in their role. We checked records, and found staff had the appropriate training with individual development plans in place. One of the staff members explained, "I have done loads of training, since working here, and it's always on going."

Staff told us they were supported with regular supervision, which included guidance on their development needs and an annual appraisal. Records we looked at confirmed this. Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service.

There was a nice atmosphere in the dining room and that people were given choice about what they wanted to eat and where they wanted to sit. The dining tables were laid with tablecloths and serviettes, and condiments were on offer

We checked how the service provided care to people who may be diabetic or need extra support to eat or drink and found that people were supported effectively. People told us the food was always served to them hot, and the meals were appetising, with a good choice available. One person told us, "The food is very good, if they bring you something and you don't like it they will always get you something else."

We observed staff working together to serve lunch in a relaxed and friendly manner. Despite it being a busy time of the day, the staff did not seem stressed, or rushed. They gave people time to make decisions on their food, and where they ate it. We saw staff taking the time to make friendly and natural conversation with everyone during lunch, offering help where needed and often encouraging people. People were provided with choices of food and drink. Each person had access to water or juice throughout the day as well as being offered hot drinks.

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support from the Speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. Staff had received detailed guidance within support plans and associated risk assessments in supporting people identified to be at risk.

People and their relatives told us that health professionals were quickly involved if someone needed this. One person said, "If I wanted to see a doctor I would tell a carer and they would call them." We checked records, and found they showed their involvement was clearly recorded and contained advice and guidance. We saw evidence of staff working with various agencies to make sure people accessed other services in cases of emergency, or when people's needs had changed. This was clearly recorded and included the advice and guidance given. The service had contact and support from a variety of sources, some of which included district nurses, the chiropodist, dietitian, and physiotherapist. A visiting District Nurse told us, "This is a nice service, and the staff are helpful and carry out my instructions correctly."

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "The staff are wonderful, if they see you are a bit down they come and talk to you." Another person told us, "Its lovely living here."

Relatives told us that staff were pleasant and friendly. Typical comments were, "Nothing is too much trouble for staff," and, "Staff are always very chatty, I've seen a good rapport between people and staff."

We observed staff being caring and treating people and their relatives with respect. People sat and shared jokes together. Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed, and calm. Staff demonstrated affection, warmth, and compassion for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question.

Staff knew people well including their preferences for care and their personal histories. People were supported to spend their time as they wished. Staff knew people's preferences for carrying out everyday activities, for example, when they liked to go to bed, and when they liked to get up.

We looked at seven people's care plans and saw that they contained some comprehensive information about people's likes and their personal history this gave staff the tools to open up a discussion with people. Staff understood people's care needs and the things that were important to them in their lives, for example members of their family, key events, and their individual preferences. People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing.

People's independence were encouraged by staff, for instance, when they moved around the service using walking aids staff offered verbal support and positive encouragement. Staff treated people respectfully and maintained people's privacy and dignity when they were giving care. One person said, "They always ask before they do anything for me, if I want them to." We observed staff knocking on people door and waiting for a reply before entering and when talking to people about their personal needs such as using the toilet. This was done in a discreet way.

Care plans described how people wanted to be supported during the end stages of their life and their wishes were recorded. Where people had made a decision about resuscitation a completed 'Do Not Attempt Resuscitation' (DNAR) directive was in place. The DNAR clearly stated who had been involved in making the decision, on what basis the decision had been made and they were signed by a medical professional. Where possible people had been involved in their care plan and when this had not been possible a family member had been consulted about the care their relative needed.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities that were important to them. We were repeatedly told without exception that staff understood their individual needs and preferences, and provided care in a responsive and personal way.

The environment of the service was well laid out with sufficient communal space to meet the needs of people living at the service. There were different lounges one of which was a 'quiet lounge' where people could entertain visitors.

Whenever we spoke with staff, or observed interactions between staff and people, it was clear that they understood those in their care extremely well. Staff could tell us about the persons' previous lives, their careers and families, and how people preferred to be cared for. We observed lots of responsive interaction between staff and people.

Pre-admission assessments were completed for people who were considering moving into Aveley lodge. Where possible, people and their relatives were invited to visit the service, have a look at the facilities on offer, and meet the staff. The assessment document used by the service ensured a holistic view of the persons care and support needs. The document covered the person's cognitive and physical abilities, their physical health and wellbeing, their prescribed medicines and dietary requirements.

We spoke with family member's they told us they were aware of their relatives care plan. Care plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. Plans were well-written and provided clear instructions for staff to follow. For example, each person's care record contained a social profile, information about the person's preferences, interests, spirituality, and previous lifestyle choices. Records contained details of people's individual daily needs such as mobility, personal hygiene, nutrition and health needs.

Relatives told us the service was responsive to their family member's needs. One relative explained, "When its someone's Birthday they make a cake, they are very good at activities, any occasion they do something for it, they made flags for the Olympics. At Christmas, they decorate the home and have a lovely tree.

Care staff took an active part in meeting people social wellbeing and this was viewed by staff as being just as important as meeting someone's physical and personal care needs. One staff member said, "Sometimes we spend time with people getting to know them and chatting about things they want to talk about."

Organised activities were offered to people, which provided a wide and varied activities programme. People told us about things they liked to do. People told us they baked cakes, did exercises, quizzes, and had musical nights. One person said, "We had a German day, a French day, and a barbecue day. Once they even dressed up as Morris dancers." Another said, "I'm knitting a blanket for the children who are at the hospice, I couldn't sit here and do nothing all day. In the afternoon, we do have quizzes, snakes and ladders, bingo. I

never get bored they keep us happy. It's a lovely service." Another person said, "The staff are very good at supporting me here."

With the exception of two, none of the people we spoke with could recall if they had a care plan or had been involved with a review of their care needs. We checked care records and found they were regularly reviewed and evaluated.

Complaints were dealt with effectively and in line with the company's procedure. We noted that service had received a number of compliments. The acting manager explained that a suggestion box had recently been put up in the entrance to encourage people to give the service feedback. People told us they knew how to make a complaint but did not have reason to do so. One person said, "If there was anything wrong I would go and see the manager."

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that the service was managed well and spoke positively about the registered manager. Despite people telling us the service was well led, we looked at governance processes and found that this area required improvement.

On the day of the inspection, we did not meet the registered manager. The Director explained they were currently managing the service whilst the registered manager was on paternity leave. . We saw the acting manager was supported in the day to day running of the service by a senior member of staff. They were both a visible presence in the service and were knowledgeable about each person and their family and spoke about them with great compassion.

The registered manager was described to us as being, "Exceptionally good, any problems he says shout." We observed the acting manager and a senior member of staff interacting with people in a positive way. Staff confirmed this and comments included, "All of the management are always there to support us if we need them."

Staff told us they felt valued and appreciated. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and daily handover logs. The provider operated a staff recognition awards scheme that involved staff being nominated by people who used the service. They explained that this was to help retain and motivate staff.

The registered manager carried out a range of audits to monitor quality within the service and had systems in place to review the quality of the service being offered. The way the registered manager audited the service did not always identify all of the areas of the service that needed to improve. For example, the governance process in place had failed to spot that applications to deprive people of their liberty had not always been submitted to the local authority. We recommend that the registered manager considers ways in which the governance process can be developed to include all areas of the service.

Some audits were in place, which continually monitored and looked at ways of improving the quality of the care that people received. These included health and safety checks, monitoring the management of medicines, support plans, and infection control monitoring. Regular medicine audits had been completed by the service. Some people's medicines had not always been given to them when they should have been. The service had identified this using their audit process and was looking at ways this could be improved.

None of the people we spoke with could recall if they had recently attended a meeting at the service, even though we saw minutes that showed meetings had taken place and were offered to people. The manager told us they held regular meetings for people and their relatives and they had an open door policy for people and their families.

We saw that the manager had sent out quality assurance questionnaires to people that lived in the service

their relatives and healthcare professionals in order for them to share their views. The feedback from the most recent survey and comments received were positive.

Actions were taken to learn from accidents and incidents. These were monitored to check if there were any emerging patterns that could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people. A visiting healthcare professional told us that they had a good relationship with the service and that communication between themselves and the service was very good.

Staff told us the manager led the service well and offered positive support. One staff member commented, "The management is really good they are so supportive, I know I can talk to them about anything." There was a stable staffing team and morale was good. We saw there was a positive culture in the service and it was clear people worked well together. Staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service.