

HC-One Limited

Avandale Lodge Nursing Home

Inspection report

420 Manchester Road
Lostock Gralam
Northwich
Cheshire
CW9 7QA

Tel: 0160648978

Website: www.hc-one.co.uk/homes/avandale-lodge

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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

About the service

Avandale Lodge is a residential care home providing personal care to 12 people at the time of the inspection. The service can support up to 48 people.

People's experience of using this service and what we found

After the last inspection, the provider removed the provision of nursing care and a significant number of people were moved to alternative accommodation. This decision was made, in part, due to difficulties the provider had experienced in recruiting and maintaining a consistent nursing team for the home which was impacting on the quality of the service being provided.

Recording of accidents and incidents and reporting of potential safeguarding concerns had improved. Systems were in place to ensure the safety and wellbeing of people. Care plans and risk assessments were regularly reviewed, people received their medicines safely and people could share their views on the service being provided at Avandale Lodge.

The provider had ensured that they had followed the principles of the Mental Capacity Act 2005 to assess people's ability to consent to decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were offered choices and involved in decision making relating their care.

People's care plans contained detailed person-centred information about them to ensure staff could meet their needs and preferences. Activities to occupy and interest people within the home had improved and the communication needs of people were known which ensured information could be presented to people in the most appropriate format.

Since our last inspection, a new registered manager was appointed to work in the home. Staff and relatives spoke positively of the new registered manager. We also received positive feedback from the local authority about improvements that had been made in recent months.

Some improvements had been made to ensure the environment was appropriate for people living with dementia and further refurbishment plans were in place.

Staff were motivated to deliver a high standard of care. They were well trained and told us they felt more positive and supported in their role.

People had access to healthcare and the registered manager worked closely with other agencies to ensure successful outcomes were achieved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 02 January 2019) and there were multiple breaches of regulation including safeguarding people from the risk of abuse, ensuring people consented to care, providing person centred care and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avandale Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Avandale 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, quality director, senior care worker, care workers, administrative and maintenance staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had not ensured that appropriate action to safeguard people from abuse had always been taken. This was a breach of regulation 13 (Safeguarding service users from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The recording of incidents and accidents within the home had improved. The registered manager was now maintaining detailed records of investigations completed following incidents, accidents and safeguarding concerns.
- Referrals had been made appropriately to the local safeguarding team and also to the CQC in respect of any safeguarding concerns or incidents.
- Incidents and accidents were reviewed regularly by the registered manager and senior care staff. This enabled them to identify causes and trends, and identify how future incidents could be prevented.
- Staff had completed safeguarding training and were aware of how to raise concerns.
- A whistleblowing policy was in place and staff were aware of the procedures to follow.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures were in place to reduce identified risk. This information was clearly recorded within people's care files. We found a discrepancy in one care plan which was immediately rectified by the senior carer.
- We observed safe practices when staff supported people with moving and handling needs and appropriate equipment was in place.
- Regular checks were made on the building, utilities and equipment.

Staffing and recruitment

- Staff were safely recruited, and all necessary checks were completed before staff started work at Avandale Lodge.
- Due to less people living at Avandale Lodge since our last inspection, staffing levels had reduced. Some staff felt additional numbers would enable them to spend more quality time with people. We discussed this with the registered manager who showed us recruitment was ongoing. They told us there were no more plans to admit new people into the home until new staff came into post.

- During our inspection, we observed staff were visible, and available to support people in communal areas at all times. People's needs were met and people were never rushed when being supported.

Using medicines safely

- Medicines were stored securely, and the medication room was clean and well maintained.
- Medicines were only administered by staff who had been trained and assessed as competent.
- Records of administration were well maintained, in line with best practice and completed comprehensively.

Preventing and controlling infection

- Avandale Lodge had systems in place to reduce the risk of infection and the home was visibly clean and tidy. Relatives also commented positively about the cleanliness of the home and people's bedrooms.
- Staff had access to personal protective equipment such as gloves and aprons and received training in infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the registered provider had not operated within the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where a person was unable to consent to their care, all areas of support were appropriately assessed under the MCA, and decisions were clearly recorded when care was delivered in the person's best interests.
- Where appropriate, DoLS applications had been made and any conditions were clearly recorded in care plans.
- During the inspection we observed staff asking people for consent before they delivered care. We also discussed MCA with staff who confirmed they received training and could describe what this meant in practice.

Adapting service, design, decoration to meet people's needs

At our last inspection we recommended the provider refer to good practice guidelines in relation to the

environment for those people living with dementia. The provider had made improvements.

- People had the equipment they needed to be supported effectively and the home had considered appropriate signage to assist people living with dementia find their way to communal spaces and their own bedrooms.
- People were able to decorate their own bedrooms and we observed people had their favourite pieces of furniture such as armchairs in their rooms.
- The registered manager told us of plans for further refurbishment and renovation of Avandale Lodge with a focus on improving the environment further for people living with dementia. This included replacement of furniture and providing improved communal living and leisure areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to living at Avandale Lodge. Care plans were developed based on these assessments and information provided by other health and social care professionals.

Staff support: induction, training, skills and experience

- Staff received the training they needed to do their job well and received an induction when they started working at Avandale Lodge. New members of staff had the opportunity to shadow experienced staff members when they first started working in the home. This helped them get to know people living in the home.
- Staff felt supported in their roles. They received regular supervisions and appraisals and told us they felt able to raise any issues they had with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within people's care files.
- People spoke positively about the food on offer and one person told us, "I have put weight on since I have lived here."
- We observed staff supporting people to eat and drink throughout the inspection. There were facilities for people and relatives to help themselves to drinks throughout the day. People were offered a choice, supported to eat and drink at their own pace and had appropriate equipment helping people remain as independent as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and support, and care records showed that referrals were made to other health professionals in a timely way when their specialist advice was required.
- Staff worked closely with a number of agencies to ensure people's needs were being met, including GP's, and community health teams. Any advice provided by these professionals was incorporated into people's care plans.
- Relatives told us they were kept informed if a person became ill.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed warm interactions and genuine affection between staff and people living in Avandale Lodge throughout the inspection and staff knew people well.
- All of the people we spoke with were positive about the care they received. Staff were described as, "Lovely" and "Nice" by people living at the home. One person told us, "I enjoy living [here] and I have no complaints." Another person told us, "I love it."
- Relatives also told us that staff were caring. One described staff as, "Wonderful and attentive, without being pushy."
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- We observed people being offered choice throughout our inspection and encouraged to make everyday decisions.
- Care plans were reviewed in full every six months and records showed relatives were involved in these reviews where the person was not able to be involved themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy being respected and we observed them being treated with dignity and respect. Staff knocked and sought permission before entering people's bedrooms and gave examples how they protected people's privacy when providing personal care.
- One person requested their bedroom was kept locked when they were not in the room. We observed this was respected and there was a sign on the door.
- People were supported to be as independent as possible. We observed staff promote people's independence during mealtimes and when mobilising around the home. We also saw examples of people wanting to and being encouraged to become involved in the cleaning of the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the registered provider had not provided care that reflected individual needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection activities had improved. Care staff were now more involved and a variety of activities were available for people to join in with. One staff told us, "We do more activities and carers now do these with people. We have a chart up with what we should be doing. It's nice because people can join in with them."
- We observed sing along sessions and art sessions taking place and people visibly enjoyed these activities. People also told us about other activities they enjoyed such as singers, and Namaste massage.
- Care plans had been developed and a record of activities offered to people was maintained. A scrap book had also been developed which showed meaningful activities were offered to people to commemorate religious events, Armistice day, birthdays and trips out to the local theatre.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of people were assessed and care plans contained detailed information about the best way to communicate with them.
- Staff were aware of people's communication needs and whether people needed spectacles and hearing aids to effectively communicate their needs.
- The registered manager told us information could also be provided in alternative formats upon request.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and person centred. People and their relatives were encouraged to share

personal histories in a document "Remembering Together". Staff told us they used this information to get to know new people ensuring they received consistent care that met their personal needs and preferences.

- One visitor told us of the positive impact living at Avandale lodge had made to one person, and told us the person was, "More focused and was visibly happy".

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible.
- People confirmed they knew how to raise a complaint and complaints received had been investigated and responded to appropriately.

End of life care and support

- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.
- Key wishes of people were recorded in care plans including whether they wished to be resuscitated in a medical emergency.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had not ensured the processes in place to assess, monitor and improve the quality and safety of the services were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The systems in place to mitigate risks to people in the delivery of their care had improved. An action plan was in place and this was regularly reviewed by the registered manager, the regional director and the provider's quality team.
- Daily walkrounds were now completed by senior care staff when the registered manager was not present. Records confirmed this and showed that these checks were maintained at weekends and throughout the night shift. This was good practice.
- In the absence of the registered manager, there was an on-call system available for staff to contact the registered manager for advice and support whenever this was needed.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service. Records maintained in respect of this had improved since the last inspection and been maintained.
- The most recent CQC rating was clearly displayed in the reception areas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us that the service was well led. One relative told us that Avandale Lodge had, "Definitely improved since the new manager has come."
- The registered manager knew all the people using the service well and was involved in supporting them. Staff described the registered manager as fair and approachable.
- Staff told us they felt supported and morale had improved since the last inspection. They felt the changes at Avandale Lodge had been positive and they were able to get to know people better.
- The registered manager ensured there were systems in place to ensure compliance with duty of candour.

The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with people and gather their feedback regarding the service. Attendance at residents and relatives meetings was low however feedback was also sought from an electronic feedback system in reception and through annual surveys. From these, 'You Said, We Did' boards were visible in the main reception describing improvements and changes the registered manager was making following feedback.
- Regular team meetings were in place. The minutes of these meetings showed that senior managers within the organisation had engaged with staff about recent changes to Avandale Lodge and that staff had the opportunity to share their views.
- The registered manager worked closely with external professionals to ensure consistently good outcomes were achieved for people.