

Stoneleigh Care Homes Limited

# Avondale Residential Care Home

## Inspection report

45 Norton Road  
Norton  
Stourbridge  
West Midlands  
DY8 2AH

Tel: 01384442731

Website: [www.stoneleighcarehomesltd.co.uk](http://www.stoneleighcarehomesltd.co.uk)

Date of inspection visit:  
24 October 2019

Date of publication:  
02 December 2019

## 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:

Avondale is a residential care home that provides care for older people, some of whom are living with dementia. Avondale is registered to accommodate 15 people. 13 people lived at the service when we visited.

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

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people. Staff were very knowledgeable about people's changing needs and people and their relatives confirmed that changing needs were addressed.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People told us the atmosphere at the home was relaxed and friendly. Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Where people lacked capacity, 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.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Audits were completed by management to check the quality and safety of the service.

Management worked well to lead the staff team in their roles and ensure people received a good service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was Good (published 26 April 2017).

Why we inspected: This was a planned comprehensive inspection based on the rating of good at the last inspection.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Avondale Residential Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Avondale Residential is a care home. People in care homes receive accommodation and or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People using the service are older adults, some with dementia or a sensory impairment. At the time of inspection, there were 13 people living at the home.

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. The registered manager was unavailable during the inspection period.

Notice of inspection:

The inspection was unannounced. We visited the location on the 24 October 2019.

What we did before the inspection:

We reviewed the records held on the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also reviewed notifications received from the provider about incidents or accidents which they are required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection:

We looked at three people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, staff supervision activity, staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance and overview information about the service.

We spoke with five people living at the service and two relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with two care staff, senior care staff member, kitchen staff member, director, deputy and assistant manager.

# Is the service safe?

## Our findings

Safe- this means that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "Safeguarding is very important and can be in different forms such as physical, financial and emotional. Another staff member told us, "If I saw any type of abuse I would record and report it to the managers. If the managers were not available, I would contact the local authority or the police".
- People and their relatives explained to us how the staff maintained their safety. One person told us, "I'm very safe here, they look after me" another person told us, "Yes the staff know how to care for me". One relative told us, "The staff are knowledgeable and know how to keep [Name]".

Assessing risk, safety monitoring and management

- The environment and equipment was well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire.
- Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risk of harm. For example, a resident who was at risk of choking had a detailed risk assessment which gave staff members instructions to follow such as ensuring the person was in an upright position when eating and recording all food items eaten. One staff member told us, "The risk assessments have all the information we need to keep people safe".
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. One staff member said, "If someone is distressed we will try and reassure them, sit with them, talk to them".

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "Whenever I visit there are always enough staff supporting people".
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Relatives told us people received care in a timely way. One relative told us "Staff do respond to [Name] in a timely manner."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference

checks from previous employers and Disclosure and Baring Service (DBS) checks.

#### Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medication records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
- Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.
- People's medicines were safely received, stored and administered. Management completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing, gloves and aprons, during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures. People were protected from cross infection. The service was clean and odour free. One relative said, "When I visit the home is clean and tidy".

#### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity.



## Is the service effective?

### Our findings

Effective- this means 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessments of people's needs were comprehensive and expected outcomes were identified. • We saw care staff did record peoples changing health conditions, and people and relatives we spoke to confirmed they were involved in the development of the service they received.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people. One relative said, "They know how to meet [Name's] needs, staff are very knowledgeable."

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments.
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing a nationally recognised qualification, The Care Certificate. This covered all the areas considered mandatory for care staff.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their future development. One staff member told us, "Supervision sessions are productive, I get time to discuss my development and any concerns".

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported by staff to maintain good nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented, and people told us they enjoyed it.
- People and their relatives' feedback about food was sought regularly by staff asking people and making observations during lunch and dinner times. In addition, people and their relatives completed feedback questionnaires. One relative told us, "[Name] enjoys the food here".
- Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the persons food and fluid intake and liaising with other professionals.

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 professionals according to their needs. These included their GP, district nurse, dietician and a speech and language therapist (SALT). People could access optician and dental visits.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Staff told us they were confident that changes to people's health and well-being were communicated effectively.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 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 were being met.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. DoLS applications had been undertaken and submitted for all service users.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

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

- The premises provided people with choices about where they spent their time.
- The service had considered the impact decorations such as pictures and floor coverings could have on people living with dementia.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
- Corridors were wide and free from clutter.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded.
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "The staff are lovely", "It's a happy home", "I have fun with the carers". A relative said, "Staff are good at connecting with people".

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

- Relatives confirmed staff involved them when people needed help and support with decision making. People and relatives told us they felt listened to.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids.
- The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response. A relative told us, "The managers are approachable and listen to any suggestions or issues".

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed; respecting when a person needed space.
- People's confidentiality was respected, and people's care records were kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with.

# 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One relative said, "[Name] is treated like an individual, they take into account [Name's] preferences".
- People were empowered to have as much control and independence as possible, including developing care and support plans. A relative told us, "We are involved in decisions, we are notified of any changes."
- Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

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

- People were supported to take part in activities within the home or access the community. People had the opportunity to participate in games, bingo and singing. An activities board displayed the planned activities for the week. People that were able to do so had the opportunity of accessing the community with the support of staff members.

Meeting people's communication needs

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). If required, care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management. We reviewed a recently completed relative survey, responses were positive.

- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open way.
- People said staff listened to them and resolved any day to day concerns. The provider had a complaints policy and procedure that was on display. We saw evidence that complaints received had been responded to and managed appropriately

#### End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care. If required, they would be able to put these arrangements in place.

# Is the service well-led?

## Our findings

Well-Led – this means 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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff expressed confidence in the management team. One relative told us, "The managers are very good, they always check to see if we are happy." A staff member told us, "The managers and all the staff want the standard of care here to be the best it can be."
- Staff were actively encouraged by management to raise any concerns in confidence. One staff member told us, "Yes I feel comfortable raising concerns". Another staff member said, "The managers are there for advice, reporting any issues or concerns."
- The manager was aware of the legal responsibility to notify us of incidents that occurred at the service. The ethos of the service was to be open, transparent and honest. The managers and deputy manager worked alongside staff and led by example.

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

- The managers understood their legal responsibility to be open and honest with people when things went wrong. The records of Duty of Candour activities were recorded as part of the complaints procedure.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The managers and staff understood their roles and responsibilities.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the managers and staff. There were clear lines of responsibility across the staff team.
- Staff felt respected, valued and supported and that they were fairly treated.
- The management team carried out audits to monitor the quality of the service.
- A training matrix monitored that staff were up to date with training and planned future training needs.
- Staff were required to read policies and procedures, we saw recorded evidence that this had occurred.
- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- Management had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- People, relatives and advocates feedback was sought through a survey. Responses showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.
- Management consulted with staff, at supervision meetings and staff meetings, to get their views and ideas on how the service could be improved. Staff were proud to work for the service, one staff member told us, "I think the best thing about the home is our passion for people".

#### Continuous learning and improving care.

- The provider and management used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.
- The provider and management had an ethos of continuous learning and provided regular learning opportunities for staff.

#### Working in partnership with others

- Management had a communication network to help the service work in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's.