

Mr & Mrs W Osman

# Avondale Lodge Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Avondale Lodge Care Home is a residential care home providing personal care to 11 people at the time of the inspection. The service is registered to support up to 14 older people who may be living with dementia or have other mental health needs. It accommodates people in one adapted building on two floors. There was a recently refurbished shared sitting and dining area, and an enclosed garden with a summer house.

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

People received care and support that was safe. People were protected from avoidable harm, abuse and other risks to their health and welfare. There were enough staff deployed to support people safely and promptly. People had their prescribed medicines in line with their preferences.

People received care and support that was effective and based on detailed assessments and care plans which reflected their physical, mental and social needs. 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.

There were caring relationships between people and their support workers. Staff had got to know people, their interests and their families. Staff respected and promoted people's privacy, dignity and independence, and encouraged people to be as independent as possible.

People's care and support met their needs and reflected their preferences. The provider was aware of and followed best practice guidance. Care planning took into account people's communication needs. People could take part in activities inside and outside the home which reflected their interests and prevented social isolation.

The service was well led. There was focus on meeting people's individual needs and preferences. There were effective management and quality processes appropriate to the size of the service.

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

### Rating at last inspection

The last rating for this service was good (report published 10 May 2017).

### 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.

# Avondale Lodge 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. 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

One inspector carried out this inspection

#### Service and service type

Avondale Lodge Care Home is a "care home". People in care homes receive accommodation and personal care as a 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 us. 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 did not ask the provider 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 reviewed information we had about the service, including the previous inspection report and notifications we received about certain events at the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and five visitors about people's experience of the care provided. We spoke with the registered manager and two members of staff.

We reviewed a range of records. This included three people's care records and medicines records. We looked at four staff files in relation to recruitment and staff training. Other records relating to the management of the service were reviewed.

After the inspection

We reviewed information sent to us by the registered manager in the days following the inspection.

# 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 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

- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care. Staff had training in safeguarding, were aware of safeguarding issues and knew how to respond to them. People and visitors told us staff made sure people were supported safely.
- The provider had suitable processes to follow if concerns were ever raised about people's safety. These included working with other agencies such as the local authority, and notifying us as required by regulations when certain events occurred.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and managed risks to keep people safe. People had individual risk assessments in place. Risks were rated "high", "medium" or "low" by the registered manager, and there was appropriate guidance for staff to reduce the risk. Identified risk management actions were also reflected in the person's care plan.
- The provider took appropriate steps to make sure the premises were safe for people. There were regular checks on fire safety equipment. Arrangements were in place to make sure cleaning products which could be dangerous to people were locked away. There were individual evacuation plans for people in the event of a fire or other emergency.

Staffing and recruitment

- There were enough staff to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner, and were able to spend time with people during the day. People told us staff could respond promptly if they needed support.
- The provider had a suitable recruitment process. This included the necessary checks that staff were suitable to work in the care sector. The registered manager kept records of these as required by regulation.

Using medicines safely

- The provider had processes in place to make sure people received their medicines safely and as prescribed. Medicines records were accurate, complete and up to date. The provider had suitable arrangements in place to store medicines securely and according to the manufacturers' guidance.
- People received their medicines from staff who had appropriate training. Staff explained to people which medicines they were about to take, made sure they had swallowed them all, and praised them afterwards.

Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic and people were protected from infections. The provider employed a cleaner six days a week, and people told us there

was a high standard of cleanliness in the home.

- Arrangements were in place to maintain high standards of food hygiene. Staff took suitable precautions, such as using disposable gloves and aprons. The service had received a "very good" food hygiene rating in November 2018.

Learning lessons when things go wrong

- The provider had processes and procedures to learn from accidents and incidents. Staff kept records of accidents, incidents and near misses. If people were at risk of falls, staff kept a falls diary. This allowed the provider to follow up and identify trends and patterns, and make appropriate changes in people's support.

# 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 good. At this inspection this key question 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

- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans were person-centred and identified people's individual needs and preferences. The provider reviewed care plans regularly to make sure care continued to be in line with people's changing needs.
- People's assessments and care plans took into account all people's needs. Care planning was based on relevant standards and guidance, such as recently published guidance on oral health. The registered manager used a network of organisations and online resources to keep their knowledge of changing standards and guidance current.

Staff support: induction, training, skills and experience

- People had their needs met by staff with the right skills and knowledge. There was a wide-ranging training programme for staff which included training in specific topics, such as pressure area care, and awareness of anxiety and depression. Training delivery was computer-based with fire safety and first aid delivered by an external supplier.
- The provider supported staff to obtain the necessary skills and keep them current. All staff had at least a level two qualification. Staff turnover was low which meant they had built up relevant experience and got to know people well.

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

- Staff involved people in choices about what and how they ate. A staff member said, "If I end up cooking five different meals, then so be it." Staff supported people to have lunch at the dining table, in chairs in the shared lounge, and in their own rooms as they chose. Staff made sure side tables were in the correct position so that people could reach their meals comfortably.
- People had a balanced, healthy diet. People told us they enjoyed mealtimes and the standard of food was good. One person just said, "Delicious!" Staff kept records of what people ate and drank, and tracked their weight monthly, to identify any problems with people's nutrition.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services and homes to make sure people had consistent care when moving between services. The provider had participated in a pilot to improve people's experience when they were admitted to, and discharged from, hospital. The registered manager worked with the community mental health team to develop effective care plans for people.

Supporting people to live healthier lives, access healthcare services and support

- People's care and support took into account their day to day health and wellbeing needs. Staff supported people to take part in exercise, singing and other activities to promote wellbeing.
- People had access to healthcare services. Staff supported people to access services such as GPs, community nurses, opticians and dentists. Where appropriate staff contacted NHS urgent and emergency services.

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

- The decoration and design of the home met the needs of people living there. The atmosphere was home-like, with comfortable furnishings, and shared sitting and dining areas. The shared areas had been redecorated since our last inspection to take account of current guidance for people living with dementia. Colour schemes were simple and calming, with contrasting colours to mark people's bedroom doors and appropriate signs which used words and pictures. There was an enclosed garden with a summer house which was also new since our last inspection.
- People had choice and control over their environment. They had been involved in choosing the new colour schemes and decorations. People had personal items and photos in their bedrooms.

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 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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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.

- The registered manager and staff understood the legal requirements and good practice guidance if people lacked capacity. Mental capacity assessments were in line with the MCA and its code of practice. The provider complied with the Deprivation of Liberty Safeguards if people were at risk of being deprived of their liberty.

# 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 good. At this inspection this key question 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

- Staff treated people with kindness and respect. We saw positive interactions between people and staff. People were happy and relaxed around staff. When a person had gone to sleep in their chair, staff woke them up in a gentle, kind way in time for lunch.
- The registered manager and staff knew people well. There were detailed life histories of people in their care files, together with photographs of significant events in their lives. Staff knowledge about people meant they could reassure people if they asked questions about family visits or when they would be going home.

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

- Staff encouraged people to take part in decisions about their care while supporting them with their day to day care. The registered manager was available at the home to people, their family and visitors on a daily basis. Visitors told us the registered manager was approachable and listened to them.
- People had a yearly review of their care and support. This included the person and their family where the person agreed to this. This was a chance to look back on what had gone well in the previous year, and to agree any changes for the coming year.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect without discrimination. One person told us care workers were respectful, behaved appropriately in her room, and were careful with the belongings she had brought with her. The provider had let her try different activities and routines as she was settling in to the home, and had let her get used to things in her own time.
- People's independence was promoted. Care plans were clear about where people could be self-sufficient and where they might need help. People had their own routines. Staff prepared individual breakfasts for people according to when they preferred to get up.
- The provider took appropriate steps to protect people's personal information. Paper files were kept in a small office which was kept locked when not in use.

# 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 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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual and thorough with detailed information about people's needs, likes, and dislikes across a number of different areas of care. People were very happy with the care they received. One person said, "They have my wishes and preferences at heart."
- Care planning reflected people's changing needs. There were dedicated care plans to reflect medical conditions and changes in people's circumstances. One person had a care plan for when they were recovering from a chest infection. Another person had an elective operation in hospital, and there was a care plan in place to guide staff in helping the person's wounds heal quickly.
- The registered manager and staff were aware they needed to respect any protected characteristics under the Equality Act 2010. Staff considered people's cultural, spiritual and religious needs, and their care and support plans reflected this.

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.

- People's communication care plans included any needs arising from a disability or sensory impairment and steps staff should take to meet them. One person's care plan had guidance for staff to keep eye contact, use short questions, speak clearly and slowly, and use appropriate touch when attracting the person's attention.

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

- The service supported people to take part in a variety of activities both inside the home and in the community. These included a boat trip, a party in the local village hall, picking pumpkins at a nearby farm and going to the pantomime. Inside the home, there was singing, baking, arts and crafts, summer barbecue, a weekly church service, and visiting animals.
- The provider supported people to avoid social isolation. People had frequent visits from and trips out with family who lived nearby. There were a number of links with local community groups, including scouts and a nursery school.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. People were aware of the process. People and their families were confident any complaint would be dealt with by the registered manager. There had been no recent complaints, and this was supported by people who told us they had "no complaints".

#### End of life care and support

- Where people chose to spend their final days at the home, the provider was ready to make sure people at the end of their life had a comfortable, dignified and pain-free death. There was information about people's advance decisions in their care plan. During end of life care, staff worked with community nurses and GPs to make sure the necessary medicines would be available if required.
- The provider took into account the needs of the person's family during their last days. Arrangements were made for family members to stay at the home if they wanted to. The provider took into account preferred music and if there were any religious preferences to take into account.

# 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 good. At this inspection this key question remained the same. 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

- The service had a positive culture which promoted good care, and maintained people's independence, privacy and dignity. The registered manager promoted positive values through day to day contact with staff and "leading by example". Staff responded to this approach and shared the values of the service.
- There were examples of good outcomes for people. One person could no longer keep themselves safe living on their own, and had moved to Avondale Lodge Care Home to be closer to their family. Other people had been supported to make the transition from living in their own home in as caring a way as possible.

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 registered manager was aware of their responsibilities under the duty of candour. They had an open, transparent approach to communication with people and their families.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had effective governance and quality systems in place, which were appropriate for the size of the service. There were annual staff appraisals and the registered manager carried out quality assessments regularly.
- The registered manager was informed about regulatory requirements. The ratings from the previous inspection had been displayed in line with regulations. The registered manager notified us if certain events occurred which providers have to tell us about.

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

- The registered manager engaged directly with people, their families, and staff. A personal approach allowed them to take into account any equality characteristics. People and their families told us they saw the registered manager frequently and found them approachable and open. Staff told us they had one to one time with the registered manager which meant they felt involved in the service.

Continuous learning and improving care

- The provider had systems in place to improve the service. These included reflexion and learning after accidents, incidents or near misses. The registered manager had a clear vision for future improvements in

the service and a track record of making improvements.

#### Working in partnership with others

- The provider worked in partnership with other agencies to meet people's healthcare needs. These included regular contact with people's GPs and community nursing services. People had their seasonal flu vaccination. The registered manager worked with agencies such as the community mental health team and occupational therapy to deliver effective care. There was a positive relationship with the local authority.