

Avondale Care Home Limited

Avondale Rest Home

Inspection report

38 Avondale Drive
Leigh On Sea
Essex
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Tel: 01702711934

Date of inspection visit:
09 September 2019
26 September 2019

Date of publication:
14 November 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 Rest Home is a residential care home providing personal care for up to 19 people aged 65 and over. At the time of the inspection there were 16 people accommodated.

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

People and their relatives were positive about the service and the care provided. The atmosphere within the home was friendly and welcoming; staff were warm and considerate towards the people they cared for.

Staff knew how to keep people safe and protect them from avoidable harm. There were enough staff available to meet people's needs; relatives and staff told us this had significantly improved since the recruitment of new staff and a cook. People received their medicines as prescribed and systems were in place for the safe management of medicines. The registered manager investigated incidents, accidents and complaints, and took actions where needed to improve practice and prevent reoccurrence.

Staff supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff looked after people's healthcare needs in a pro-active way. People were provided with choices of food and drink that met their individual needs.

People were supported by staff who were responsive to their needs and had a good knowledge about each person.

The service was well led, the registered manager provided clear leadership. People and staff felt well supported. Systems were in place to monitor the quality and safety of the service. The provider had an improvement plan in place which they were progressing to address and improve the quality and safety of the environment.

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

Rating at last inspection

The last rating for this service was good (published 3 August 2018).

Why we inspected

This inspection was prompted by information received in relation to insufficient staffing numbers, poor care and not having a cook. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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 Rest 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

The inspection was carried out by one inspector.

Service and service type

Avondale Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 all of this information to plan our inspection.

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.

During the inspection-

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider (who is also the registered manager), deputy manager, senior care worker, care worker and the administrations manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Prior to this inspection we received information of concern about the service not having enough staff to care and support people safely, and care staff were doing the cooking.
- A relative confirmed there had been a staff shortage and there was no dedicated cook. However, they felt this had not impacted on the care delivered and the staff had done their best to cover shifts. The registered manager and staff told us there had been a period when some staff had left however new staff had recently been recruited, including a cook and the situation had improved.
- At the time of our visits staff were suitably deployed and there were enough staff available to meet people's needs and spend time with them.
- The registered manager told us they were keeping staffing numbers under review and will increase when necessary. There was an effective ongoing programme of recruitment. The registered manager said they only employed new staff who were right for the job.
- The provider had robust recruitment systems in place. Pre-employment checks were undertaken before new staff began work to ensure they were suitable and safe to carry out the role. Gaps in employment and any discrepancies found from checks were explored further.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from risk of abuse.
- Staff had received training on this subject and understood their responsibilities to act on and report any concerns. However, not all staff could tell us the process for reporting concerns to the local authority.
- The registered manager liaised with the local authority about safeguarding issues, and where concerns had been raised managed them well.
- Interactions between people and staff were relaxed and comfortable; people looked safe within their environment.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Assessments identified risks related to mobility, falls, moving and handling, nutrition and skin condition. Management plans provided guidance for staff on how to support individuals in a safe way and reduce any risk identified.
- People found at risk of skin breakdown were provided with the right equipment to prevent this.
- The provider was working to improve fire safety within the home for example they were having new fire doors installed throughout. They had in place a current working emergency escape plan to inform staff, and others of assisted means of escape and evacuation strategies. Staff received fire safety training that included use of fire extinguishers and use of evacuation equipment.

Using medicines safely

- People received their medicines as prescribed. There were systems in place for the safe management of medicines.
- Staff received training in the administration and management of medicines and their competence to do so was regularly assessed to ensure their practice was safe.
- Staff administered medicines to people in a safe, calm and person-centred manner giving clear explanation to the person about what they were for.

Preventing and controlling infection

- Not all areas of the service were free from offensive odours. The provider was in the process of replacing floor covering to rectify this issue.
- The home had a new laundry facility designed to minimise risk of recontamination and prevent risk of cross infection.
- Avondale achieved a 5* food hygiene rating by the Food Standards Agency, which is the highest rating.
- Personal protective equipment (PPE) such as gloves, aprons, paper towels and liquid soap were available to staff throughout the home to prevent and control infection.

Learning lessons when things go wrong

- When something goes wrong, lessons were learned and communicated to staff.
- The provider had a system for reporting and recording incidents, accidents, falls and complaints. Each was reviewed, and suitable action taken. An overview of the information was monitored for any emerging trends or patterns which needed to be addressed to reduce likelihood of reoccurrence, and to learn lessons.

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 has remained good. 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 registered manager carried out pre-admission assessments for people prior to moving into the service to ensure compatibility with others and all their needs could be met.
- People's care and support was regularly reviewed to ensure it still met people's needs effectively.
- People were at various stages of their dementia ranging from early onset to more advanced stages; the provider was working closely with other professional bodies to develop the home in this area to ensure care and support was right, met people's needs and reflected best practice.

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

- The home was an older type building and not initially designed to promote independence and safety for people living with dementia. The provider and deputy manager had started to make subtle changes to promote an enabling and stimulating environment for people living with dementia. For example, proper signage to help with recognition and promote independence.
- The provider had installed an automatic lighting system in ensuite toilet facilities as a measure to prevent falls at night.

Staff support: induction, training, skills and experience

- Staff training was managed and monitored effectively. Staff received training in core subjects relevant to their role and specific to people's needs by e learning or face to face delivery, with competency assessments.
- The provider was constantly reviewing and sourcing training relevant to the specific needs of individuals, such as Huntingdon's Chorea, dysphagia (swallowing difficulties) and catheter care, to help staff support people safely and more effectively.
- Staff had received training and had a basic understanding in dementia care. However, they all expressed they would like to develop their skills and understanding in this area. The registered manager is looking into this.
- Staff said they felt well supported. They received supervision and appraisals to discuss their practice and identify any areas for development.

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

- People had access to food and drink throughout the day and the overall dining experience for people was positive.
- Where people were at risk of poor nutrition staff consulted appropriate healthcare professionals for support and advice.

- Our observation of mealtime showed staff were patient and supportive whilst encouraging, prompting and assisting people to eat. They were aware of people's dietary needs and any support they required to maintain a healthy weight.

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

- Staff worked closely with healthcare professionals such as GP, community and mental health teams to ensure they met people's healthcare needs consistently and 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 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.

- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

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 has remained 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

- The atmosphere within the service was welcoming, relaxed and calm. Relatives spoke positively about the registered manager and staff and said they were very helpful and supportive. One relative told us Avondale was the only home their family member had settled.
- Staff had developed positive and caring relationships with the people they supported. We saw people were at ease with staff and they smiled and laughed with them.
- We saw staff had a good rapport and interacted well with people; they showed warmth, understanding and kindness. They had a good knowledge about everyone's needs, strengths, anxieties and how they communicated.

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

- Staff knew people well and understood their preferred routines, likes, dislikes and what mattered to them. They supported them to express their views and choices.
- Relatives told us they were always welcomed into the home and where appropriate, involved in the planning and review of their family members care.

Respecting and promoting people's privacy, dignity and independence

- Our observations of interactions between staff and people showed they consistently respected and promoted people's dignity, privacy, independence and diversity at all times. One person told us, "They encourage me to do what I can for myself and help me with what I can't do."
- Staff spoke about people in a respectful and courteous manner.
- People's bedrooms reflected the person; they were individual, personalised and contained their own belongings. In all our observations of people around the home, they appeared clean and well groomed.

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 remains good. 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

- All staff had a good knowledge of people's needs and were able to explain how they responded to their needs. For example, one staff member told us about a person who was resistant to receiving personal care and at times their behaviour was quite challenging for staff; they found the person was suffering from pain. They now listen to what their behaviour is telling them and with regular pain relief they were more accepting of receiving personal care.

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 needs were assessed systematically as part of the service's needs assessment and care planning process. Care plans informed staff of people's preferred method of communication but lacked detail on how they could support people effectively when they no longer communicated verbally.
- We discussed with the registered manager the development and implementation of different communication formats such as pictorial menus to promote visual choice of meals for people.

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.

- Activity provision was not always at a level, which met the individual and specific needs of some people using the service. Whilst some people thoroughly enjoyed a game of bingo, others were unable to take part due to cognitive and/or sensory loss.
- Plans of care were vague in relation to the varying stage of dementia people were at, their strengths and abilities and the type and level of support they needed to maintain independence and social inclusion. They did not show how the service responded to individuals differing needs in terms of interests, social activity and stimulation.
- Following our inspection, the registered manager informed us some staff have begun a training course in meaningful activities for people with dementia. Additionally, they have introduced a rummage box and a hat and bag stand which has stimulated interest for people.

Improving care quality in response to complaints or concerns

- The provider's complaint procedure was visible and accessible to people who used the service, and others.

- Arrangements were in place to record, investigate and respond to any complaints raised with the service. Relatives told us they felt comfortable to raise any concerns with the registered manager and know they would be dealt with. Where complaints were received they had been responded to and acted on appropriately.

End of life care and support

- At the time of our inspection, no one was nearing the end of his or her life. We saw that several people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place, which set out their wishes or a decision made on their behalf by a medical doctor in discussion with relevant family members that in the event of a cardiac arrest they were not to be resuscitated.
- Care records showed the service had explored where they were able people's preferences and choices in relation to end of life care.
- We saw compliment cards received from relatives following the death of their family members thanking staff for their kindness and support at that time.

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 has remained 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

- Prior to our inspection we received information alleging the registered manager was rarely at the service.
- The registered provider held the registered manager position in this and another care home. They spent time each day at each home and a deputy manager and an administrative manager supported them. The registered manager worked alongside staff, seeing their practice, attitudes and behaviours.
- The registered manager and deputy manager carried out a range of audits to check and assess the quality and safety of the service. However, governance systems needed further development to inform an on-going plan for improvement and enhance the quality of the service, particularly in dementia care.

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

- It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- The registered manager had created an inclusive culture that put people at the heart of the service. They said, "I apply the mum test always, if it is not good enough for my mum it is not good enough for other people." The registered manager was visible within the service; knew each person well and spoke with them, and staff, continually throughout the day, they provided a good role model.

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; Continuous learning and improving care

- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Following concerns raised the service had worked closely with and acted on advice and information given by the local authority to improve service delivery.

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

- The registered manager and deputy manager had started to involve people and staff in the development of the service; gather suggestions and ideas to improve the service and people's lives, through various methods. Staff told us they were given the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- The registered manager had worked to improve links and strengthen relationships with the local community. The service was proactively involved with two local secondary schools who take part in joint activities with people as part of their Duke of Edinburgh awards or work experience.