

Mr & Mrs W Osman

# Avondale Lodge Care Home

## Inspection report

Hyth Road  
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Date of inspection visit:  
30 March 2017  
05 April 2017

Date of publication:  
10 May 2017

### 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

The inspection took place on 30 March 2017 and was unannounced. We returned on 5 April 2017 to complete the inspection.

The last inspection of this service was in October 2014 and no concerns were found.

The service provides personal care for up to 14 people. When we visited there were 13 people living at the home and there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was also the registered provider and had run the service for 14 years. People spoke very highly of her and she provided good leadership, leading by example.

The home is located on the main road through Marchwood and has parking. The lounge and dining area occupy one large space which opens onto an accessible garden. The accommodation is over two floors and there is a passenger lift and stairs to the first floor. Some rooms have full en-suites and some have a toilet and a washbasin.

This service has always provided safe and caring support which is responsive to people's needs. The service has consistently complied with statutory regulations. Everyone we spoke with gave positive feedback about the service. Common themes were that it was homely and welcoming and staff and the registered manager knew people really well and cared about their wellbeing. Evidence we gathered during our inspection supported the feedback given to us.

There was a relaxed and happy atmosphere in the home and staff interacted well with people. Staff were respectful and friendly and clearly had a good understanding of people's needs and preferences. They paid attention to small details to enhance people's comfort.

People were safely cared for as staff understood how to protect vulnerable adults and followed procedures to keep them safe. Risk to people's health and welfare was assessed, understood and acted upon. Staff safely supported people to take their prescribed medication and staff sought advice where necessary when they needed support about people's health care needs.

There were sufficient numbers of staff employed and they were suitably recruited, trained and supported to meet the needs of the people they cared for. Staff respected people's views and wishes and observed and followed The Mental Capacity Act 2005. This ensured they protected people's rights.

There were good quality assurance systems within the home to ensure they maintained high standards.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well led.

# Avondale Lodge Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 March 2017 and was unannounced. We returned on 5 April 2017 to complete the inspection. The inspection was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection. We also reviewed other information we held about the home, for example any events the provider had notified us of or any concerns raised about the service.

We talked with seven people using the service, five relatives, the registered manager, four members of care staff and observed interactions between staff and people using the service in common areas. We also reviewed three people's care records, three staff records and records relating to the management of the home.

# Is the service safe?

## Our findings

People were supported and protected from harm. People and their visitors said they always felt safely cared for at Avondale Lodge. A visitor said "No matter what time you come it's always the same." Another regular visitor said their relative was safe and said "I think we were very lucky to have found this place." A resident said "It's safe and friendly here".

Staff had completed training in safeguarding people and they were confident that any concerns would be investigated to ensure people were protected. The registered manager took allegations seriously and had acted upon any concerns to ensure people were protected from abuse.

Risk to people's health and wellbeing was assessed and measures were taken to minimise identified risks, for example people who were at risk of losing weight were monitored closely and they were encouraged to eat. Staff understood the importance of recording incidents and taking action to support people's welfare. Any incidents or accidents people experienced were recorded and monitored, showing the circumstances and background. Records showed incidents mainly related to people falling with no apparent injury. Where there was a possibility a person may have come to some harm as a result of a fall they were closely monitored and where necessary a GP had been called. Actions were taken to minimise the risk of further incidents which could cause harm.

Arrangements were in place to protect people if there was an emergency. The registered manager had developed individual emergency evacuation plans for people and these were kept in a readily accessible place. These emergency plans included important information about people, including a photograph and an outline of their communication and mobility needs. These had been updated to remain relevant and accurate. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety. In addition, the home had a business continuity plan for emergency procedures like fire, flood or utility failure.

People's medicines were managed safely. Medicines were safely stored. Staff had been trained in the safe management of medicines and their competencies were regularly checked. There was a monitored dosage system in place which staff said was very clear and easy to work with. There were good systems in place for ordering, administering and disposing of medicines. Audits of medicines were carried out each week to ensure medicines were being administered as prescribed.

Staffing levels were suitable for ensuring people were safe and well cared for. There were two waking night staff which gave staff sufficient time to check and support people as often as they needed to during the night to ensure they were safe and comfortable.

During the day we observed that people's needs were met promptly and staff provided care in a patient way which did not rush people. Staff said they worked well as a team and there were enough staff to meet people's needs safely.

Staff recruitment processes were robust. People applying for a job completed application forms, medical questionnaires and criminal records checks. They were interviewed and references were sought from previous employers before they started work. This helped to ensure only suitable staff were employed.

## Is the service effective?

### Our findings

People and their relatives had a high level of confidence in the staff and described them as dedicated and caring and they were confident staff had the skills to provide effective care.

There was a low turnover of staff which helped to ensure people were provided with support and care by a staff team who knew and understood their needs. Staff received regular support as part of their professional development. The staff group were trained to meet people's care needs and they demonstrated a commitment to provide effective care. New staff undertook a programme of induction training, based on the Care Certificate. These are nationally recognised standards devised and monitored by Skills for Care. Established staff maintained a regular programme of training in key health and safety areas such as infection control, food hygiene and first aid awareness. These courses were mainly on line but staff knowledge and competencies in these areas was also checked as part of their supervisions. For example, staff were observed washing their hands to ensure they were doing this in line with safe handwashing techniques.

Staff sought people's consent before they provided care. If people refused assistance, for example with their personal care, their views were listened to and respected. Most people living at the home did not have complex health or social care needs and most people had capacity to make decisions about their lives. The registered manager had a good knowledge about the Mental Capacity Act 2005 and supported people effectively and in line with legislation when they lacked capacity to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the Mental Capacity Act 2005 and are designed to protect the interests of vulnerable people living in care to ensure they receive the care they need in the least restrictive way. The registered manager understood when an application should be made, and was preparing an application for one person with the support of health and social care professionals.

The registered manager sought professional advice and had followed advice given from other organisations, such as from health and social care professionals to ensure people had the support they needed. As a result people had pressure relieving equipment such as air mattresses when they were at risk of their skin becoming sore.

Staff contacted health care professionals when people were unwell and followed advice given. People said staff had called GPs at their request and when a person had wanted this had contacted family members to inform them of outcomes of the visit. Staff had followed guidance about how to keep people well for example they had followed health care professionals advice about how to protect a person's skin from breaking down.

People's nutritional needs were met. A resident said "They know what I like to eat." Another person who was vegetarian said staff always asked them what they wanted and provided a vegetarian alternative to the main meal. A relative said regarding their mother "She is a bit of a finicky eater and they persevere with

her" People's individual nutritional needs and preferences were known by staff and noted in detail in their support plans. People said the food was very good and said they had sufficient to eat and drink throughout the day. We observed staff provided appropriate assistance and presented peoples meals so they could eat them in line with their assessed nutritional needs.



## Is the service caring?

### Our findings

People living at the home told us they were happy. They said staff spoke kindly and were gentle and considerate. One person said for example staff were "Very generous – nothing is too much trouble" Another said "They are all very patient with you. They are a good lot". A visitor described the staff as "Always happy and helpful." Others described the service as "A lovely place" and "Home from home" A relative said in a recent survey "I'm 85 years old. If I need your care your home is top of the list".

There was a calm and cheerful environment at the home and all visitors were made welcome. We witnessed a lot of laughter.

Staff were kind and caring, and were aware of people's needs. They also knew what people liked and what they didn't and they respected this. Care and social interactions were unrushed and personalised, because staff knew how people liked to be treated.

Levels of independence varied amongst people living at the home, and staff offered support appropriately. One person who was very independent said how much they valued the fact staff encouraged and enabled them to maintain this.

Staff were very thoughtful in considering what mattered to people. For example one person's cat meant everything to them. Although this was not the norm, the manager had cared for the person's cat in their home whilst the person was receiving respite care at Avondale Lodge. When the person came for a further period of respite to Avondale Lodge their cat came with them. Staff promoted this person's independence by having an agreement with the person that they would tend to the cat's needs themselves.

Staff explained what they were doing when they supported people. When people became distressed staff were quick to respond and to provide unobtrusive support. People's choices were respected. For example, people had their meals at dining tables or in over chair tables in the lounge or in their room. They were also given choices about whether they wished to spend time in communal areas or whether they wanted to remain in their rooms. Their choices were respected.

Staff paid attention to small details to enhance people's quality of life and comfort, for example they checked whether a person's over chair table was at the correct height for them to easily eat their meal. When they altered it the person said "Bless you. That's makes all the difference". The manager said to another person I am worried you are not comfortable and helped them to make small adjustments to their position so that they were.

Visitors said they were made welcome. One said "You always get a good cup of tea." People were involved in planning their care and lifestyle. People's views and preferences for care had been sought and were respected. People's life history and their important relationships were documented in detail in their care plans.

The home was small and homely. People had their own rooms and most people had personalised their rooms with their own items and pictures. Some people preferred to spend time in their rooms and others liked the communal lounge, but each person's views were respected. There were no set visiting hours and visitors were happy to meet in the main lounge area or people's own rooms. Healthcare professionals visited people in their rooms for private discussions or treatments.

## Is the service responsive?

### Our findings

When people were considering moving to the home they were able to visit at any time to see what accommodation and support could be provided. One relative described how they had visited unannounced when they were looking around on behalf of their family member and said they were made very welcome.

Staff responded promptly and appropriately to people's needs and there was a calm, happy atmosphere in the home. A person said "I cannot complain about anything here. It is all very good."

Staff clearly knew people well including their specific interests, needs and preferences. They interacted with people sensitively, kindly and with good humour which promoted a safe and secure atmosphere. Staff told us they enjoyed their work and felt the home was 'like a family'.

Staff had a good understanding of what people's needs were and they cared for them accordingly. People's care plans described them clearly as a person, with a strong focus on their life history, interests and preferences. They were updated regularly to ensure they remained accurate. They were written to promote people's independence and provided information about people's everyday living such as what they liked to eat and how they liked to spend their time. The plans also included details about their hobbies, religion and social life, such as their friends and family. In addition, the care plans described people's care needs in relation to their mobility, communication, health and personal care.

The environment had been adapted to help to orient people to time and place and to find their way around the home. There were signs on toilet doors and there was a board which displayed the day and the weather. People's rooms had been personalised to reflect their interests and preferences.

People were supported to follow their interests and maintain their links in the community. There were daily activities within the home which included craft work, baking and pamper sessions. We observed people were gently encouraged to join in but their wishes were respected if they did not want to. One person for example was happy just to watch and staff respected their wishes. Staff made the activity session a happy time, breaking out into song which resulted in people joining in and singing songs of their own.

People's religious wishes were known and where possible activities provided reflected their preferences. There were also some opportunities to attend events in the local community for example a band concert at a local school.

There was a complaints procedure in place which was also on display in the hallway to ensure people were clear about how to make a complaint if they needed to do so. The complaints procedure said any complainant would receive feedback within seven days. We checked the complaints log. Any complaint made had been responded to in line with the home's complaints procedure

## Is the service well-led?

### Our findings

There was a positive culture within the home. The registered manager had a high profile and knew the needs and personalities of the people living there. People said of the registered manager "She spoils us all" and "She doesn't favour anyone – she treats everyone with the same attention". A visitor described how poorly their mother had been in hospital. They said when she had returned to Avondale Lodge she improved dramatically very quickly. They said "I'd give it 110 %. I got my mum back." They attributed this to the care and support provided by the registered manager and her staff team.

Morale in the staff team was good. Staff we spoke with said they loved coming to work and described a friendly and supportive staff team.

People's views about the quality of the service were gathered informally during visits, during care reviews and by means of an annual satisfaction survey. We received all positive comments during our inspection and satisfaction surveys and discussion with the staff team mirrored this.

The home's statement of purpose was: 'To provide consistent high standards of professional care in order that those we care for can live as normally as possible, where dignity, independence and individuality are respected and upheld'. This was demonstrated during our inspection, with a focus on developing an inclusive, happy home ensuring good outcomes for people.

There were good systems in place to monitor the quality and safety of the service. There were up to date certificates to confirm compliance relating to legionella, fire safety and utilities within the service. The registered manager also completed regular audits to ensure good standards were maintained. All audits we checked were up to date which provided evidence the service was well led and managed.