

Avenue Care (Fareham) Limited

The Avenue 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

The Avenue Care Home is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. One person was in hospital at the time of the inspection. The service can support up to 24 people.

The Avenue Care Home accommodates people in one adapted building over two floors.

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

Staff were not always recruited safely; employment history was only recorded for the previous 10 years.

Some people's care and support plans did not always contain all the detail required to support them in the best way. The provider was aware of this and was in the process of reviewing and updating all care plans.

Some medicines were not always recorded as being given. The registered manager took immediate steps to rectify this.

People told us there were enough staff to meet their needs and documents demonstrated this. There was good planning and provision of meaningful activities for people.

Staff had good access to supervision, training and team meetings and told us they worked together as a team.

There was a redecoration programme in place and ongoing improvements were being made to the environment.

People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences. People were happy living at The Avenue Care Home and told us they felt safe. They were positive about the food and were supported to access health care professionals to maintain their health and wellbeing.

The provider had effective governance systems in place to identify concerns in the service and drive improvement.

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.

The provider was responsive to our feedback and took immediate action to make improvements in the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Avenue 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

This inspection was carried out by one inspector.

Service and service type

The Avenue Care 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care

provided. We spoke with eight members of staff including the registered manager, a senior staff member, care workers, the chef, the laundry operative and an activities coordinator. 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 three people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We requested updated recruitment information, and this was received.

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.

Staffing and recruitment

- Staff were not always recruited safely, most of the appropriate checks were carried out to protect people from the employment of unsuitable staff. However, staff employment histories were only collated for the previous 10 years, and not all staff had written the month of their employment; this meant that the registered manager may not be aware of some gaps and whether this impacted on the staff member's suitability. We discussed this with the registered manager who took immediate steps to start to resolve it.
- Following the inspection, the registered manager told us they have updated all staff employment histories and have updated their recruitment documentation to check people's full employment history when they apply for a job.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs during a two-week induction.
- People told us there were enough staff; for example, one told us, "They spend plenty time with me, if someone wants to talk to them for a while, they are there." We reviewed the rota and made observations during the inspection. There were enough staff to support people safely and to ensure people's needs could be met. This included staff support for activities and outings. Staffing levels were calculated according to people's needs.
- Regular agency staff were used when permanent staff were not available. This meant people had access to a consistent staff team.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People's records were checked to monitor the information was up to date. Some care plans and risk assessments did not always contain the detail required to make them robust. For example, one person's mobility care plan stated, 'Staff to make sure I have the correct footwear on.' However, did not say what the correct footwear was.
- We talked to a senior member of staff about this care plan, they told us they had just taken on the role of reviewing and auditing the care plans and will be looking at them all to add more detail to guide staff. Staff demonstrated that they knew people and their needs well. We found no evidence that people's safety had been impacted.
- The provider had quality assurance procedures in place to check the safety of the service. A range of audits were undertaken such as, fire safety, infection control and care plans. These enabled the registered manager and provider to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and were reviewed to

ensure they were completed.

- Staff told us they worked well as a team and the registered manager told us they had developed a really good, strong staff team. Staff took part in daily handover meetings and communicated well with each other to ensure good outcomes for people.

Using medicines safely

- People and their relatives told us that they received their medicines as prescribed. One person told us, "There are always staff who can give out medication, I'm lucky."
- Staff told us, they received medicines training and had their competency checked to ensure their practice was safe and most documents confirmed this. However, we did find several gaps in the medication administration records (MAR) for the month of September 2019 which had not been picked up. This was because the keyworkers monthly audit had not been completed in September and the second page of the keyworkers audit sheet was not consistently recorded. We made further checks and were able to establish that the medication had been administered but not signed for. The registered manager expressed concern that this had not been identified and told us they would investigate this immediately and manage the medication recording errors. The registered manager increased her monthly checks to weekly to address this matter further.
- During the inspection, we observed staff supporting people with their medicines in a safe and unhurried manner. They wore a tabard to highlight they should not be disturbed during the medication round. We observed good practice and staff demonstrated they had good knowledge of people needs.
- Procedures were in place to ensure medicines were ordered, stored and disposed of safely.
- Where people had been prescribed 'as required' (PRN) medicines, a clear PRN protocol was in place which outlined key information, such as why the medicine was needed and the dosage, to ensure this was administered appropriately.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives consistently told us they felt safe. One person told us, "I feel safe, staff are nice," and a relative told us, "It is very secure, [my relative] is more than happy here."
- The provider had safe, effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. The registered manager told us about their responsibility to liaise with the local authority if safeguarding concerns were raised and documents demonstrated that this occurred.
- Staff demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by senior management. Staff had confidence that their concerns would be listened and responded to. One staff member told us, "I would come and see [registered manager], I would speak to the person myself. The registered manager would investigate. They would report it to CQC and social services."
- Staff told us, and records confirmed, they had regular safeguarding training.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date robust infection control policy in place.
- The service was clean and tidy. The registered manager had effective systems for prevention and control of infection in place.
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff and people to use throughout the home. People confirmed staff used PPE.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.
- Incidents, accidents and near misses were clearly recorded, acted upon and analysed. The registered manager told us, "We think about how we could have prevented incidents, look at risk assessments on a more regular basis and review care plans at least monthly." They told us they had a register and an audit tool which was used to highlight increased levels of incidents.
- The registered manager told us they investigated incidents and decided if it needed to be reported to adult services and CQC. It was also talked about in staff protected supervisions. Documents confirmed this.

Is the service effective?

Our findings

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

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

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

At the last inspection the provider failed to ensure the premises was properly maintained and suitable for its purpose. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection enough, improvement had been made and there was no longer a breach of Regulation 15.

At the last inspection we recommended the service improves the environment, based on current best practice, in relation to the specialist needs of people living with dementia.

At this inspection we found some improvement had been made and a plan was in place to continue these improvements.

- The provider had reduced the risk of falls by ensuring ramps were put in place at exit and entry levels of doors leading to the garden. A ramp had also been placed internally where the floor level changed following the last inspection.
- Although the service needed redecoration in some places, it was warm and welcoming. The provider had a redecoration plan in progress.
- The home was homely, and people were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them.
- The registered manager had researched, 'design for dementia' guidelines and there was a dementia awareness board with information available in the home. Design for dementia guidelines are based on findings from a study which assessed the research evidence around what works well for visually impaired people with dementia in terms of the design of their homes and the things in them. Some carpets with busy patterns had been replaced with plain flooring as part of the redecoration programme and some bedrooms had been decorated considering best practice guidance.
- Positive efforts had been made to make the home more dementia friendly. This included access to different coloured crockery, red toilet seats in bathrooms and the use of photographs on some people's doors. The provider made use of assistive technology to support people living with dementia and had noticed some positive effects for people. The registered manager told us they would continue look at guidance and best practice and would consider additions to ensure the environment continued to improve for people who lived with dementia.

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

- People's needs were assessed before they moved into the home. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives.
- Care was planned and delivered in line with people's individual assessments, which were reviewed monthly or when needs changed.
- Staff completed ongoing assessments of people's needs using recognised tools for areas such as skin integrity and nutrition.

Staff support: induction, training, skills and experience

- Staff received at least four, one to one supervision meetings a year in line with their policy. Staff told us they felt supported by the management team and felt able to gain support from them at any time.
- Team meetings for staff covered a variety of topics including, people and their needs, training, activities, current legislation and LGBTQ+ (LGBTQ+ stands for lesbian, gay, bisexual, transgender and queer (or questioning) and others). There was also an opportunity for staff to provide feedback about any aspect of the service.
- Staff received a variety of training including, falls prevention, fire safety, MCA, challenging behaviour and safeguarding. This was monitored to ensure people remained in date with their training.

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

- People's dietary needs were met. People were provided with a nutritious and balanced diet and a choice of meals and drinks. Additionally, a range of snacks and drinks were available for people throughout the day.
- People were positive about the food on offer. One person told us, "The food is good." Another person told us, "The food is good, we get two choices and if you don't want either of those they will always make something else that you would like."
- We observed the lunchtime experience and found people enjoyed their meals and were supported in a positive and appropriate way. People were offered a choice of where they wanted to eat.
- The catering manager was aware of people's dietary guidelines which were described on charts kept on the wall in the kitchen. These charts included any professional guidance, people's likes and dislikes as well as any medical requirements. For example, one person had a nut allergy, and this was recorded in red.
- The catering manager visited every person each day to ask if they liked their dinner and what could be improved. They also visited every person each morning to ask what they would like to eat. They had food picture cards to show people who required them.

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

- People were supported to access services to maintain and improve their health.
- Any changes in people's health were recognised promptly and support was sought by external healthcare workers when necessary. A relative told us, "Staff are aware and sort out things like urinary tract infections straight away."
- The registered manager told us they worked with other agencies such as, "Dieticians, GP's, district nurses, social workers, physiotherapists, podiatrists, oral hygienists and consultant psychiatrists." Documents confirmed this.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records, and capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other people's input, including family's involvement.
- DoLS authorisations were in place or had been applied for when people required them. No one had any conditions associated with their DoLS authorisations.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA.

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 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 told us they were always treated with kindness and were positive about the staff's caring attitude. One person told us, "I can't fault it, they are all lovely here," and a relative told us, "The staff are all very kind and considerate, they treat you with respect. They have been a godsend."
- We observed staff interactions with people which showed they were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes, dislikes and preferences.
- The registered manager and staff told us that they aimed to ensure people's equality, diversity and human rights needs were supported and respected. They did not always ask questions about all protected characteristics during the assessment stage; however, they ensured they looked at specific needs of individuals during care planning. They had undertaken a project around LGBTQ+ which everyone had been involved in. This had been a positive project and had received overwhelmingly positive responses from the people living there. The registered manager told us, "We have a Catholic church come in to do ceremonies, a vicar comes in for harvest festival and Easter festival as well as Christmas. One gentleman goes to the Catholic church, he now goes independently." The activities coordinators were looking at linking in with different religious groups to widen the opportunities for people to attend different places of worship.

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

- People and their relatives told us they were involved in decisions about their care. One person told us, "They listen to my choices and will go and get things for me if I have forgotten." A relative told us, "She makes choices, she is asked every day." Records demonstrated, and the registered manager confirmed that people and their relatives were initially involved in the implementation of their care plans and ongoing reviews. The registered manager told us, "People that can't verbally interact with their care plans are still involved and we observe their body language."
- People told us they had choice and control over their care and daily lives. We observed people being given choices throughout the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors before entering people's rooms. One person told us, "There is only me in my room, the staff are very careful [with privacy and dignity] it is good."
- Some people requested female only care staff, and this was respected. One person told us, "I did say I prefer females, there is a male here now, he dresses my legs which is ok, I don't have a bath [supported by] him."

- Staff had a good understanding and were enthusiastic in supporting people to maintain their dignity and independence. One person told us, "I am so pleased to be able to regain independence, I am now using the lift on my own."

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

- People's likes, dislikes and preferences were documented in their care plans which contained personalised information.
- Care plans were written in a personalised way which encouraged staff to involve the person and support them as they wished.
- Care plans were reviewed monthly, or when people's needs changed and were up to date. Documents demonstrated that people had been involved in this process.
- Staff could talk confidently about what person-centred care meant. One staff member told us, "It is all around that person, it's not the same for everyone, tailored to the individual. We complete it with the resident and/or their family."
- Staff told us they had enough time to provide person-centred care. People told us that staff spent time with them and supported them.

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.

- The registered manager and staff had good knowledge about the AIS and we saw information was provided in an accessible way for people. For example, easy read booklets and policies were in place for safeguarding and complaints. Pictures of food were used to support people living with dementia. Some information was available in large print and photographs were used in the service. A staff member told us, "We have picture cards, written words and sometimes we use large print."

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 provided with a range of activities, both within the home and externally. Activities available to people included social events, arts and crafts, ukulele band and a local nursery school visited. One relative told us, "They have a PAT dog, you should see their expressions, they all seem to lighten up, a local dairy farm also brings in animals." The activity coordinator told us, "We have students come from the local college, we set them up in different areas to provide interaction, play dominoes and to do hand massages." We observed a 'knit and natter' group during the inspection which usually took place on a Tuesday; however, it had proved so popular it now also took place on other days at people's request.
- Exercises to music as well as activities using rubber bands and clothes pegs took place. The activities coordinator told us how this helped people improve their manual dexterity.

- Relatives and friends were actively welcomed at any time and were always made to feel welcome.

Improving care quality in response to complaints or concerns

- People consistently told us they did not have cause to complain. Relatives told us the management team were always accessible and they would raise any issues with them. They were confident it would be taken seriously and acted on. One relative told us, "I know how to complain, I have never had to."
- The complaints policy was accessible to people, their relatives and staff. The staff members we spoke with told us they would raise any complaints they received with a senior member of staff. They were aware of the provider's complaints policy and procedures and where to find them. Documents demonstrated that complaints were managed in line with the provider's policy and resolved quickly to the complainant's satisfaction.

End of life care and support

- No one was receiving end of life care at the time of our inspection; however, people were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives and their wishes were clearly recorded following nationally recognised guidance.
- We saw some people had completed 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms and plans for end of life care, which showed people's wishes had been discussed with them and their relatives and had been signed by a consultant.
- Care staff understood people's needs and were aware of good practice guidance around how to deliver safe and compassionate end of life care. They respected people's religious beliefs and preferences and had received end of life training. There were several 'thank you' cards from former residents' families thanking the registered manager and staff for their support at a difficult 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we recommended the provider reviewed their environmental auditing systems to ensure safety was robustly risk assessed and appropriate actions are taken.

At this inspection we found enough improvements had been made.

- Health and safety audits had been improved and an action plan was in place and reviewed.
- Quality assurance systems were in place to enable the registered provider to monitor and identify any shortfalls in the quality of the service people received. These included, health and safety, kitchen, medication, infection control, care plans, supervision and shadowing of staff.
- An action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

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

- People and their relatives told us they received personalised care and were happy with the service. One person told us, "I have full choices," and another person said, "[Registered manager] is a nice person." A relative told us, "[Registered manager] was brilliant for my relative, she was wonderful." The culture of the home was positive.
- Staff said they enjoyed working at The Avenue Care Home and felt supported by the registered manager. Comments included, "I can talk to management, I can approach with anything... I do feel very supported. I have regular supervision. I come in whenever something is on my mind. If I have any issues they get sorted," "[Registered manager] is a good manager, I've been to her a couple of times, she does go into detail which I like," and, "[Registered manager] is the best manager I have ever had. She has mentored me."

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 previous performance rating was displayed in the home in a prominent position and on the provider's website.
- The provider had policies in place that incorporated the duty of candour. They required staff to act in an

open and transparent way when accidents/incidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive. At the time of the inspection this feedback had not been shared with people. We spoke to the registered manager about this. They told us they were planning to create a board showing what people had said and what they had done in response to this.
- Families of people were invited into the service to take part in oral health training organised by the provider. This meant they were included in and understood the support being offered to their relatives.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported, the policies covered the subject of gender, religion and personal and sexual relationships.
- We observed that people and staff were treated fairly and individually respected. People and staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, this was confirmed by feedback sheets completed by visiting professionals.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments by reading briefing minutes, notice boards, training, newsletters and CQC website to ensure people received positive outcomes.
- The registered manager had worked hard to meet the regulation that they were not previously meeting. The registered manager told us, "We are going to continue with redecoration programme. I want to focus on mental health training and more specialised dementia training. I am always looking to improve."
- There was a clear action plan in place to address concerns found in audits and this evidenced continuous improvement.