Healthcare Homes (LSC) Limited

Avon 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

Avon Lodge Care Home is registered with the Care Quality Commission (CQC) to provide accommodation, nursing and personal care for up to 62 people including people living with dementia. The home was arranged as three separate units. These were called; Orchard, Treetops and Meadows. At the time of our inspection 59 people were using the service

This inspection was unannounced and took place on 23 and 24 November 2016.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People received a service that was safe. Staff understood their role and responsibilities in keeping people safe from harm and knew how to raise any concerns. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Medicines were well managed and people received their medicines as prescribed. Infection control measures were in place.

Staff received regular training and the support needed to meet people's needs. People were supported to make choices and decisions. People had enough to eat and drink. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People were supported to maintain relationships with family and friends. The service people received was based around their individual needs and preferences. People were encouraged to make their views known, with staff listening and making changes where required.

The service was well-led. The registered manager and senior staff were respected and demonstrated good leadership and management. They had an open, honest and transparent management style. The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon. The vision and values of the service were effectively communicated to people, relatives and staff. The provider and management team had a plan for further developing and improving the service people received.

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.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

There were enough suitably qualified and experienced staff.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

The service was complaint with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff who received regular and effective supervision and training.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

Is the service caring?

Good

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff recognised and promoted the role of family and friends in people's lives.

Is the service responsive?

Good

The service was responsive to people's needs.

People received person centred care and support.

They were offered a range of individual activities both at the service and in the local community.

People, relatives and staff were encouraged to make their views known and the service responded by making changes.

Is the service well-led?

Good

The service was well-led.

The registered manager and senior staff demonstrated good leadership and management. They had an open, honest and transparent management style.

The vision and values of the service were effectively communicated, understood by staff and put into practice.

The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

Avon 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 was planned to check 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 23 and 24 November 2016 and was unannounced. The inspection team consisted of three people, one adult social care inspector, a specialist advisor with professional knowledge of services for older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider of this service changed and was registered with CQC on 19 May 2015

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted six health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection. We have included their views in the main body of our report.

Some people were able to talk with us about the service they received. We spoke with 13 people using the service. Not every person was able to express their views verbally. Therefore we carried out a Short Observational Framework for Inspection session (SOFI 2). SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We also spoke with relatives of eight people using the service.

We spoke with 13 staff, including the registered manager, deputy manager, two registered nurses, six care staff, an activities organiser, the chef and the provider's regional director.

We looked at the care records of 10 people living at the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People said they felt safe. Comments included; "The staff here are very nice and I feel very safe", "I am treated well here and the staff are kind" and, "I feel safe here, the staff treat me very well". We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed and contented in their company. Relatives and friends told us they felt their loved ones were safe. They said, "I'm happy (Relative's name) is safe and well cared for" and, "I know she is safe". Health and social care professionals said they felt people were safe.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff received training on keeping people safe. Staff knew about 'whistle blowing' to alert management to any poor practice.

Six safeguarding concerns regarding the service had been raised in the 12 months prior to our visit. The provider and manager had taken appropriate action and worked positively with health and social care professionals, on each of these occasions, to ensure people were kept safe. We discussed with the registered manager the numbers of concerns raised as we felt the number was low considering how many people were using the service. Following this they spoke with us and said they had contacted the local authority safeguarding team to discuss their reporting of incidents such as falls. This showed they understood and, took their responsibility to keep people safe seriously.

There were risk assessments in place. Each person's risk assessment and support plan was regularly reviewed and updated when required. Risk assessments contained clear guidance and detailed the training and skills required by staff to safely support the person. Staff were knowledgeable of these. They knew where they were kept if they needed to refer to them. Feedback from health and social care professionals on assessing and managing risks to people was positive.

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The registered manager regularly reviewed these to identify any themes or trends.

People were supported by sufficient numbers of staff to meet their needs. The registered manager used a dependency tool to calculate how many staff were needed to keep people safe and meet their needs. Staff rotas showed the identified numbers of staff were provided each shift. At the time of our inspection staffing levels were one qualified and a minimum of four care staff on each unit during the day, with two care staff on each at night. People and relatives said they felt there was enough staff to provide care safely. The provider and registered manager told us the dependency tool would continue to be reviewed when people's needs changed and, new people moved to the home, to ensure staffing levels were altered when required.

The registered manager clearly understood their responsibilities to ensure suitable staff were employed in the home. Appropriate pre-employment checks had been carried out to ensure staff were safe to provide care for vulnerable people. These included a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

The provider had a staff disciplinary procedure in place. This showed the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

Staff followed the policies and procedures for the safe handling, storage and administration of medicines. Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. People received their medicines as prescribed. Some people were prescribed 'as required' medicines, including medicines to be administered in emergencies. These were medicines to help people manage their behaviours and medicines to keep people safe at times of medical emergencies. Staff had received training to do this and, how and when the medicine was to be administered was clearly written into people's care plan. The provider and registered manager told us they would continue to seek and act on the advice of the community pharmacists.

Staff had access to equipment they needed to prevent and control infection. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were kept in locked cupboards to ensure the safety of people. The communal areas and each people's rooms were clean, well maintained and odour free.

The health and safety of people, staff and visitors was well managed. An emergency call bell system was in place to keep people and staff safe. During our inspection call bells were responded to quickly by staff. People and relatives told us call bells were usually answered promptly. Visitors to the service were required to sign in and show identification before entering the home.

Each person had a personal evacuation plan in place to guide staff on how to keep people safe in the event of a fire. Emergency information required if people were admitted to hospital was well organised and accessible. The provider had a continuity plan in place that identified how people would be cared for in the event of any emergencies such as power disruption.

Good

Is the service effective?

Our findings

People we spoke with said their needs were met. One person said, "The staff take care of me and help me to get dressed, and I always know who is going to help me". Relatives also said they felt the service met people's needs. A health and social care professional visiting a person told us they felt trained staff had a good understanding of people's needs and that referrals to the GP were timely and appropriate.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Staff said the training they had received equipped them to meet people's needs. Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for the work was assessed.

Staff received regular individual supervision. These we one to one meetings a staff member had with their manager. Staff members told us they received regular supervision. Staff records showed these were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful. Annual appraisals of staff performance were carried out and staff told us these contributed to their career development as well as helping them to improve their performance.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had received training on MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

The provider had submitted applications for DoLS authorisations for a number of people. This was because the person lacked capacity to make a particular decision and, their liberty was being restricted. These applications had been submitted to the appropriate authorities in a timely manner. A system was in place to

monitor the progress of these applications, which included dates any had been authorised and when they would lapse. This meant the provider was able to manage this process to ensure people would not be deprived of their liberty without the correct authorisation being sought. Clear records were kept of consultation and reviews with the relevant person's representative (RPR) as required where authorisations had been received.

People chose what they wanted to eat. Menus were planned with the involvement of people. These were varied and included a range of choices throughout the week. People told us they enjoyed the food. Comments included; "I enjoy the roast dinner and I have no complaints about the food there is a good selection to choose from" and, "The food is good and I enjoy it and I really like the chocolate profiterole". The home had achieved the highest rating with the Food Standard Agency.

Some people ate in communal dining areas others in their rooms. People in the communal areas seemed to enjoy the lunch time experience. People eating in their rooms received their lunch in a timely manner, whilst the food was still warm. The food was well presented and looked appetising. Staff provided assistance when people needed it and communicated effectively to ensure everyone received their food and the assistance required. However, staff did not always seem to have sufficient time to spend with people. Staff we spoke with said they would like more time to talk with people and feel confident they could ensure they received as much help as needed. The registered manager said they would review the staffing required at lunch times.

People's food and fluid intake were monitored. Records were in place and staff recorded how much people ate and drink. However, these were not always totalled for the day. This made it difficult for staff to clearly see if they had eaten and drunk sufficient quantities. We brought this to the attention of the registered manager and staff on finding this on day one of our inspection. On day two we found this had improved. The registered manager assured us this had been brought to the attention of staff and amounts totalled to ensure people received sufficient food and fluids. At the time of our inspection new weighing scales had been ordered. This had arisen as a result of staff noting the scales were not weighing correctly. Accurate weighing scales were important to ensure people's weight was monitored and any changes identified and acted upon. After our inspection we received confirmation new weighing scales had been received and were being used by the staff .

The service worked closely with other professionals to ensure people's needs were met. We noted that as a result of this staff had identified one person's needs were not being met. The person's main area of need was their mental health, this had been identified, and independent advocacy for the person sought and support with finding a better placement was being provided. Care records showed a wide range of relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments.

We found the provider had worked to provide an environment suitable for people living with dementia. Some signage had been put in place as a result of research on what assists people with dementia to find their way around and feel more 'at ease'. People's rooms were personalised with photographs and other mementos. Communal areas including corridors were well decorated, bright and colourful. Some quiet lounges, a cinema room and a hairdressing salon were available and well used by people.

Good

Is the service caring?

Our findings

People were relaxed and comfortable in the company of staff. One person said, "Staff look after me wonderful, they make sure I have enough books to read as I enjoy reading". Another person said, "The staff are kind and nice, I'm well looked after". Relatives we spoke with all said they felt their family member was treated in a caring way. One relative told us they liked the fact they could bring the family dog in to visit and that this was a source of comfort for the person. Another relative told us how they appreciated the registered manager visiting their family member in hospital to complete a pre-admission assessment. They said they felt this was an example of the service being very caring.

Throughout our inspection we saw people were treated in a caring, kind and compassionate manner by staff. Staff adapted their approach to people where required. For example, one person who liked to have lots of hugs told us, "I get enough kisses to last me a lifetime here". This person's care plan documented their liking and need for attention and physical comfort. We saw staff laughing and joking with people and saw their liking for this had been identified in their care plan. People who required a quieter approach from staff received this with staff providing care and monitoring their well-being in more subtle ways.

People were supported to maintain relationships with family and friends. Staff said they felt it important to help people keep in touch with their families. People showed us their rooms and were keen to show us photographs of family members and talk about contact they had with them. Care records contained contact details and arrangements. Relatives said staff supported people to maintain contact with family. They also commented that they were able to visit at any time and always made to feel welcome.

Staff promoted people's independence. People's care plans documented the assistance they required but also reinforced the things they could do for themselves. Plans included detail on morning and evening care routines and clearly identified the things people could do themselves.

People were treated with dignity and respect. Staff knocked on people's doors and either waited to be invited in, or if the person was not able to answer, paused for a few moments before entering. We saw people's bedroom doors and doors to bathrooms and toilets were closed when people were receiving care.

Staff had received training on equality and diversity. People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met.

Some people had a DNACPR in place. This is a statement that the person is not to be given cardio pulmonary resuscitation in the event of it being required to sustain life. The forms had been appropriately completed with the involvement of the person where possible and those closest to them. The statements had been signed by their GP. People's care plans clearly recorded this decision. Staff knew where this information was and told us they would ensure people's wishes were respected by other health and social care professionals.

People's wishes were respected about their end of life care. Care files showed people were asked about their end of life care. Relatives provided further information including their contact details and when and if they would like to be contacted. Staff told us they would liaise with the district nursing team and GP to ensure all equipment and medicines were in place to ensure people were pain free when receiving this care.

During our inspection family members looking for a home for their loved arrived for an unannounced visit. The registered manager asked if they would be willing to talk in front of us. The registered manager explained what the service could offer and spoke with the family in a kind, sensitive and caring manner. The family explained they were visiting Avon Lodge Care Home because they had heard good reports of the home.

Staff we spoke with told us they would be happy to recommend the service to a friend or family member of theirs. Several relatives told us they had chosen Avon Lodge Care Home for their family member as a result of personal recommendations from other families.

Good

Is the service responsive?

Our findings

During our inspection we saw staff responded to people's needs and provided care and support in a person centred manner. The registered manager said one aim was to provide an even more person centred service. Staff we spoke with spoke passionately about ensuring the service was able to identify and meet people's individual needs. They were able to tell us about people's hobbies and interests, their previous lifestyles and their likes and dislikes.

An aspect of the person centred nature of the service was the care taken by all staff to speak to, and about people, in ways that promoted their value and worth. For example, staff were careful not to say people were 'wandering', a term often heard in care services for people living with dementia, they instead said 'walking'. The phrase 'feeding' was not used, staff instead said, 'assisting a person to eat'. Staff told us this was something the registered manager and other senior staff role modelled and coached them on when required. We spoke with the registered manager about this. They said, "The language and words used carry an underlining message about people's value and it's important to promote this at all times". This culture of valuing people was evident in the person centred attitudes of staff and their ways of caring for and supporting people.

Care plans provided a good picture of people as individuals, identified their needs and gave clear guidance on how their needs and wishes were to be met. People and, where relevant, their relatives had been involved in devising these plans. Other health and social care professionals had been consulted and their advice built into people's plans.

In people's bedrooms one page summary sheets of where placed on bedroom doors. These gave an overview of things important to the person. For example, family and friends and sports teams and places they had connections with. They also included a brief summary of needs which were written in a discreet and respectful way. These sheets gave care staff an 'at a glance' reference to assist in talking with the person and providing their care and support.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

An activities plan was displayed on the door to the lounge on each unit. This detailed the activities taking place that week. Activities were varied and included time for one to one activities and group activities such as, arts and craft activities, films being shown in the cinema room and visits from entertainers. Ideas for new activities were identified at 'residents meetings' with the activities people had enjoyed also included. The activities staff kept a record of who had participated in activities and whether they had enjoyed them.

On day one of our inspection a day trip to a local garden centre and Christmas lunch out took place. This

was well attended and people who went told us they enjoyed the day. On day two of our inspection five people participated in a Christmas card making group. People enjoyed the session and seemed pleased with what they had made. During the activity staff offered help and encouragement and spoke with people about their lives before moving to the home and their family members.

Some people said they enjoyed the activities. Comments included; "I like listening to the music and watching films and the trips out" and, "I like going out to different places and if I have shopping to do the staff arrange for me to go". Some people chose not to participate in activities. People said they felt there were enough activities for them.

People and relatives said they know how to raise any concerns or complaints they had. Comments included; "I would feel confident in raising any issues I have", "The manager listens so I don't need to formally complain" and, "If I had any concerns I'd bring them up with staff". We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. Complaints received had been managed effectively and action taken as a result. The registered manager had signed these off as being completed. This showed they were monitoring the action taken to address people's concerns. A record of compliments received was also kept. Staff told us feedback on compliments was provided to them at team meeting and, where relevant, individually.

Good

Is the service well-led?

Our findings

Throughout our inspection we saw a person centred culture and a commitment to providing high quality care and support. Staff provided us with information requested promptly and relevant staff were made available to answer any questions we had. Whilst doing this they were careful to ensure the care and support provided to people was not affected. The registered manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

People benefitted from receiving a service that was well organised and managed effectively. A clear management structure was in place. The registered manager was supported by a deputy, registered nurses and senior care staff. Job descriptions for each role were clear and staff understood their own and others roles and responsibilities. Leadership and management tasks and activities, including staff supervision, had been delegated appropriately.

The registered manager was highly respected by people, relatives, staff and other health and social care professionals. One relative said, "The manager and deputy are very visible, not just sat in their office". Comments from staff included; "(registered manager's name) gives us a lot of support", "The manager is very approachable and has very high standards" and, "Thanks to (registered Manager's name) we now have a person centred culture that isn't just dependent upon key staff".

A senior manager regularly visited the service. The registered manager said they were able to contact them whenever they needed to. The provider also had senior staff based at their head office to provide advice on the management of the service including, finance, personnel, quality assurance and user involvement.

The provider operated an on call system for staff to access advice and support if the manager was not present. This allowed staff access to a senior manager at all times for advice and support. Staff confirmed they were able to contact a senior person when needed.

Regular staff meetings were held for all staff. Staff said they appreciated and found these meetings helpful. A daily meeting of senior staff took place to provide updates on any changes to people's needs and other aspects of the service. These were attended by the registered and deputy manager, lead nurses, activities staff, the chef and the heads of domestic and maintenance services.

Meetings were held on a regular basis with people and relatives. Minutes of these showed senior staff consulted with people, provided relevant information, listened to their views and opinions and provided feedback on action taken as a result.

The registered manager, deputy and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. We use this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

The policies and procedures we looked at were regularly reviewed. Staff knew how to access these policies and procedures which provided them with up to date guidance. People and staff had confidence the registered manager would listen to their concerns and deal with them appropriately. People benefited from staff that understood and were confident about using the whistleblowing procedure.

Systems were in place to check on the standards within the service. This consisted of a schedule of audits carried out by senior staff. Audits completed included medicines management, health and safety, care records and a 'resident' activity audit. The head of maintenance oversaw a schedule of internal checks and external servicing of, hoisting equipment including individual slings used by people, specialist baths and beds and mattresses.

Each month, the registered manager completed an 'overall manager's audit. This measured the service against CQC's key lines of enquiry and asked if the service was safe, effective, caring, responsive and well-led. This drew upon the findings of other audits and, the views of people, relatives and staff. This scored the service in each area and provided a comparison with previous months. This meant the registered manager could identify overall trends and themes. Actions required as a result of audits were identified and acted upon to further improve the service.

Accidents, incidents and any complaints received or safeguarding concerns made were followed up to ensure appropriate action had been taken. The manager analysed these to identify any changes required as a result and any emerging trends.

At the end of day two of our inspection we provided feedback on what we had found up to that point. We gave feedback to the registered manager, deputy and the provider's regional director. In addition to our overall feedback we noted that Avon Lodge Care Home had been taken over by a new provider earlier in 2015. We fed back that from speaking with staff it was clear this had caused some worry for them. However, the registered manager and senior staff had worked with staff to accept this change. Some staff mentioned to us that their main concern was that the service would not continue to be person centred. The provider's regional director reassured us the aim of the service would be to continue and develop further the person centred ethos of the home.