Mr & Mrs W Osman

Avondale Lodge Care Home

Inspection report

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Date of inspection visit: 23 October 2014
Date of publication: 22/01/2015

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

Overall summary

The inspection took place on 23 October 2014 and was unannounced.

The last inspection of this service was in November 2013 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 home is located on the main road through Marchwood, with parking. The lounge and dining area occupy one large space which opens onto an accessible

Summary of findings

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.

The home provided personalised care and the environment was homely and cheerful. People living at the home, their visitors and visiting health and social care professionals were all complimentary about the quality of care and the support provided by the registered manager and staff. There was a strong focus on understanding people's life history and goals for living at the home.

People told us they felt safe and liked living at the home, and staff were kind and compassionate, treating people with respect and dignity. People's safety was promoted through individualised risk assessments and the home had made provision for emergency situations.

Staff recruitment processes were robust and there were sufficient staff, with the right skills to care for people. Staff understood their roles and responsibilities in relation to providing care, and demonstrated a strong commitment to care for people in the way they wished. They were responsive to people's specific needs and tailored care for each individual. Staff worked well as a team and were supported to develop their skills and acquire further qualifications.

People's health needs were looked after, and medical advice and treatment was sought promptly. The home involved health and social care professionals when necessary, following their advice and guidance. This included making decisions on behalf of people when they lacked the mental capacity to make decisions for themselves about important matters.

The home aimed to enable people to maintain their independence and socialise freely as much as possible. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes and people were cared for without restrictions on their movement.

Governance systems were in place with regular audits of the service and from organisations such as the fire authority. The home implemented any recommendations or requirements to promote continuing improvements.

Summary of findings

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. There were sufficient staff who were recruited safely and showed the right skills for working in care. The home operated safe systems to protect people from avoidable harm and abuse, and staff were trained to recognise and report signs of potential abuse.

Procedures were in place in cases of emergency, including fire, and risks were monitored effectively.

People told us they felt safe and liked living at the home. Their independence was promoted and risks associated with their care were identified and managed.

Medicines were managed safely and staff took appropriate action if people refused their medication.

Is the service effective?

Good

The service was effective. Staff understood people's care needs and followed best practice guidance in developing their care plans.

People were asked their views about their care and gave their consent for care. They were cared for by a staff team who were trained and supported to provide the care they needed.

When people were not able to understand aspects of their care, decisions about their care were made in their best interest and in liaison with professionals, following the Mental Capacity Act 2005.

People were assisted to maintain their health and any changes were discussed with healthcare professionals.

Is the service caring?

Good

The service was caring. People received care and support from kind and compassionate staff. People's rooms were personalised with their belongings and people were encouraged to treat Avondale Lodge as their home.

Staff respected people's privacy and dignity and people were able to maintain their lives in a way they preferred. Their independence was supported and visitors were welcomed. There was a cheerful atmosphere at the home in which people enjoyed companionship and made friends.

Is the service responsive?

Good

The service was responsive. Personalised care was provided based on clear assessment of people's needs and care plans. Staff were familiar with people's specific needs and preferences.

People told us they were listened to and if they had any requests or complaints they were taken seriously. The home had set up a feedback box for people to submit their views on the service, and we saw these were consistently positive. Formal complaints had been handled promptly and effectively.

Is the service well-led?

Good

The service was well led. The registered manager had a hands-on approach to management and instilled an ethos of individualised care for people.

Summary of findings

Governance arrangements were in place. The registered manager understood their responsibility to notify the Care Quality Commission of important events, in line with regulations. The registered manager used audits and reviews to promote continuous improvement and innovation.

There was a clear management structure within the home and staff understood their roles and responsibilities in relation to keeping people safe and happy.

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 23 October 2014 and was unannounced. The inspection team included an inspector 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 expert by experience's area of expertise was in elderly care.

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 also spoke with health and social care professionals who visit the home regularly.

We talked with 10 people using the service, two relatives and a visitor. We interviewed the registered manager, four members of care staff and observed interactions between staff and people using the service. We also reviewed four people's care records, four staff-files and records relating to the management of the home. In addition, we spoke with a health care professional who visited on the day of the inspection.

Good

Is the service safe?

Our findings

There was a strong culture of supporting people and protecting them from harm. People clearly stated they felt safe living at this home. For example, they told us, "I'm safe here, but I wasn't at [my own] home," "It's safe and comfortable here" and "[My relative] is safe and happy here." Everyone said there were enough staff at the home. They also told us their medicines were well managed.

Staff could describe signs of abuse and understood their responsibility to raise concerns if they suspected or witnessed abuse. Staff had completed training in safeguarding people and were confident that any concerns would be investigated to ensure people they protected. The registered manager was familiar with safeguarding procedures and had worked with the local authority's safeguarding team to investigate an allegation of abuse, which had been concluded. The registered manager took allegations seriously to ensure people were protected from abuse.

People were encouraged to maintain or develop their independence. They were supported to take every day risks and make their own choices about how to spend their time. For example, the external doors were not locked so people could come and go as they pleased. Arrangements were in place however so staff were alerted if people chose to leave the premises, so risks were minimised. People's preferences to attend events in the community, without the company of staff, were respected and arrangements were made to minimise any risks to their safety. If people expressed an interest in going out with staff, for example to local shops, their wishes were accommodated. There was a culture of encouraging people to take everyday risks, as they would in their own homes, and of supporting people's independence.

If people behaved in a way that could put themselves or others at risk, this was managed safely through verbal encouragement and discussion. Risks to people's health and welfare were assessed prior to admission to ensure people could be cared for safely. Management plans were in place for identified risks, such as those relating to weight loss, mobility, specific illnesses or behaviours. Any incidents or accidents people experienced were recorded and monitored, showing the circumstances and background. Actions were then taken to minimise the risk of further incidents which could cause harm. Staff understood the importance of recording incidents and taking action to support people's welfare.

The registered manager acted to protect people when the service could no longer support their needs safely. A social care professional told us staff were good at recognising when the needs of residents were greater than they could manage, and they requested reassessments appropriately.

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 stored in a locked trolley or cupboard and maintained within the safe storage temperature range. The senior care worker administered each person's medicines in line with their prescriptions. When one person refused their medicines, the senior staff member discussed this with the person involved and took appropriate action. They respected the person's views, contacted the GP and prepared the dispensed medication for disposal. Staff were trained in medicines administration and there was a regular cycle for ordering, receiving and returning unused medicines. The registered manager or assistant manager carried out audits of medicines each week, and we saw that controlled drugs were managed safely. These are medicines controlled under the Misuse of Drugs Act 1971.

Staffing levels were suitable for ensuring people were safe and well cared for. We observed that people's needs were met promptly and staff provided care in a patient, compassionate and cheerful manner. The staffing levels were adapted when necessary to meet people's specific needs. The regular staffing levels had been increased for a period before our inspection, to enable staff to support one person with end of life care. Staff said they worked well as a

Good

Is the service safe?

team and there were enough staff to meet people's needs safely. They covered for each other for holidays or sickness and organised shifts effectively so there was no need for agency staff.

Staff recruitment was robust, to minimise the risks of staff posing a risk to people. 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.

Good

Is the service effective?

Our findings

People had a high level of confidence in the staff. One person, with diabetes, said the staff helped them manage their health well by ensuring their blood sugar levels were measured regularly.

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. People were treated with dignity and staff understood people's preferences. Staff described different strategies they used to encourage people with personal care or to accept assistance. This included asking another member of staff to provide care instead.

The registered manager supported people effectively and in line with legislation when they lacked capacity to make decisions. People living at the home did not have complex health or social care needs. Most people had capacity to make decisions about their lives. One person had been assessed as lacking capacity to make a decision about a medical operation they required to maintain their health. A best interest decision had been made, regarding a specific medical intervention, with a team of appropriate professionals and an advocate. 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 professional.

The registered manager sought professional advice from other organisations, such as from health and social care professionals and the local hospice to plan people's care. She applied guidance provided by Hampshire County Council's adult social care training team. Healthcare professionals had involved people in discussions about resuscitation, and some people's care records included 'do not attempt cardiopulmonary resuscitation' forms.

Staff received regular support from their manager 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 Common Induction Standards. These are nationally recognised standards devised and monitored by Skills for Care. A new staff member outlined the training they had received since starting employment at the home, commenting they were supported to discuss their learning to help their understanding. Not all staff were up to date with the training identified by the registered manager as essential for their role. This had been identified and update training was planned for later in the year. Staff had been encouraged to extend their learning and five care staff had completed courses to support people with diabetes. Three staff had specific training in end of life care and the home had received guidance from the local hospice. Almost all staff had recognised qualifications in health and social care.

Healthcare professionals praised the skills of staff. One visiting community nurse said staff called for assistance promptly if they need advice, and another told us staff used their initiative and if they had concerns they called the GP. They said staff followed wound care instructions left by community nurses and if there were any issues staff called for professional guidance. One healthcare professional said staff accompanied them when they visited, sharing up to date information about their health changes.

Another healthcare professional said they noticed staff referred to their records to check what actions had been taken previously. A record in one person's notes showed detailed notes relating to a medication change, which provided useful context and analysis. From looking at the care plans we saw that interventions from health or social care professionals were noted which meant there was a clear audit trail of how people's healthcare was supported .

Staff assessed and monitored people's health effectively to promote good outcomes. They used recognised tools to assess people's risk of malnutrition and pressure area development and implemented appropriate support plans when high risks were identified. For example, one person was identified as losing weight and action was taken to encourage their nutritional intake. They were offered foods they particularly liked, such as bananas, and fortified meals with cream and butter. Another person with diabetes had

Good

Is the service effective?

their blood sugar levels monitored regularly, and were given assistance with their diet to ensure their health was maintained. Arrangements were in place for people to receive regular dental checks, eye tests and foot care.

People's individual nutritional needs and preferences were known by staff and noted in detail in their support plans. These included the foods people liked or disliked, how they wanted their drinks prepared and the type of assistance they needed with their meals. People were offered choices at mealtimes, and these choices were respected. If people preferred alternative meals these were catered for and records showed that people had varied diets. We observed lunch and the meal was well presented and appetising. People enjoyed their food, and the meal occasion was sociable, with staff providing assistance and encouragement when needed.

Good

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 visitor commented, "I wouldn't mind staying here myself. They do a cracking job. [The person they were visiting] is so loved." There was a calm, cheerful environment at the home and all visitors were made welcome.

Staff were cheerful and kind, and were aware of people's needs. 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. When one person was about to go through the wrong door, staff guided them to where they wanted to go carefully and tactfully so they were not distressed by their confusion.

Staff sat with people when they talked with them, or knelt at their level, showing respect and courtesy. They explained what they were doing and made suggestions and asked people for their views. For example, people were asked whether they would like to have their tea at the table or in the lounge chairs. Social interaction was encouraged and people told us they had made friends at the home. One person told us they liked to sit next to their particular friend and we observed several similar companionships had formed. A healthcare professional who visited the home regularly told us they found the home to be "Very welcoming" and they observed that staff related well to people, and they chatted together "Over cups 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. This included their expectations from living at the home. For example, one person's plan stated they wanted to regain independence after a fall and we saw staff encouraging and supporting them with their mobility. Another person had been isolated and neglecting their care prior to admission to the home. They chose to spend time in the lounge and enjoyed engaging with others and being part of a social group.

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. The lack of a separate lounge did not appear to be an issue. Healthcare professionals visited people in their rooms for private discussions or treatments.

Good

Is the service responsive?

Our findings

Staff responded promptly and appropriately to people's needs and there was a calm, family atmosphere in the home. We saw that staff listened to people and support was offered and provided in a way people liked. For example, one person told us she had mentioned to staff they were missing their garden, and on hearing this, they were asked if they would like to help in the garden. This was quickly set up and the person said they liked to garden now in good weather. People gave us other examples of the staff acting promptly to address any concerns, meet requests or act on suggestions for activities.

People's care plans described them clearly as a person, with a strong focus on their life history, interests and preferences. One person took particular pride in their appearance and their care plan described in detail how they liked to dress, as this was important to them. Care plans were informative, with 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, for example their mobility, communication, health and personal care. Staff had information to enable them to provide care in a way that was individual to each person.

People's care plans were updated to ensure they remained current and relevant when people's needs changed. For example, one person's mobility had decreased and there was a new plan describing how to support them with their mobility. Short term care plans were also in place when people were prescribed antibiotics.

People were supported to follow their interests and maintain their links in the community. For example, one person continued to attend their church service each week despite some health issues, and the registered manager had liaised with members of the church to ensure they were on hand to offer assistance if necessary. There were a wide range of activities on offer, often with visitors coming in to host them. A church visitor told us they ran a range of handicraft sessions, such as painting, pottery and collage. The home's photograph album illustrated events such as birthday parties and visits from entertainers. Staff and people using the service told us about various parties held at the home, with celebratory meals and decorations, for people's birthdays and other events. People were supported to access their preferred church services and the registered manager often took people shopping or into the town.

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. They responded to people's individual communication needs and offered support in line with their preferences and assessed needs. For example, we saw staff selecting particular items of crockery for one person, as they knew this is what they wanted. When one person showed anxiety, staff immediately offered the support they required, providing reassurance and reading with them from a favourite book. Staff told us they enjoyed their work and felt the home was 'like a family'.

The home had received nine compliments in the past year and two formal complaints that had been managed and responded to promptly and to the persons' satisfaction. The registered manager and staff confirmed that if people had any problems or queries, they aimed to address them directly, without them escalating. This was confirmed by the people we spoke with. Feedback forms, collected in the survey box, included a range of positive comments from residents and visitors, thanking staff for their care and attention.

Good

Is the service well-led?

Our findings

People told us they were happy at the home. The registered manager, assistant manager and care staff on duty demonstrated a thorough understanding of people who used the service, and could explain their particular interests and needs in detail. Everyone was comfortable and relaxed in each other's company and it was evident that the management team provided visible and accessible leadership.

There was positive feedback from health and social care professionals, visitors and people living at the home. Health and social care professionals said the registered manager met with them when they visited to discuss people's care. They commented on the 'hands-on' approach of management staff. Visitors and people using the service had given positive feedback on the service using feedback forms and the survey box.

There was a clear management structure within the home to promote staff development and to embed the home's purpose and ethos. The registered manager had recently appointed an assistant manager and there was a balance of care staff and senior care staff. Staff said they felt supported by their peers as well as the registered manager. Working arrangements were adapted to meet staff's personal circumstances, which staff appreciated. Shifts had been arranged to enable new staff to work with their allocated mentors. In addition, staff were supported to enrol on further training to enhance their skills.

The registered manager provided examples of how they had sought professional advice from other organisations, such as the fire service and the Local Authority when developing the home. She was also applying Hampshire County Council's adult social care's care planning guidance to review and update the care plan documentation.

The registered manager had established governance arrangements at the home. Action was taken in response to external audits. For example, an annual check of the water system identified a need to repair a shower hose. The registered manager had renovated and replaced the bathroom with a new wet room. Action had also been taken in response to findings reported in the call bell maintenance report and the food hygiene report. In addition, the staff undertook regular monthly audits of, for example, medication, care plans, infection control and people's nutrition. Accidents and incidents were recorded, and the Care Quality Commission had been notified of events in line with legal practice.

The home's quality assurance manual included a statement of the home's purpose. This 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.