

Parmenter Care LLP

Aveley Lodge

Inspection report

Abberton Road, Fingringhoe
Colchester, Essex
Tel: 01206 72930
Website: www.aveleylodge.co.uk

Date of inspection visit: 13 October 2014
Date of publication: 22/12/2014

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?

Outstanding 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on 13 October 2014. It was unannounced.

Aveley Lodge is a residential care home which provides accommodation and personal care support and is registered for up to 20 older people.

There was a registered manager at the service at the time of our inspection. 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.

People living in the service told us it was a good place to live that they felt safe and that they were provided with the support they needed. Staff working in the service told us it was a good place to work and that they received the training and time they needed to provide a good standard of care. The management team were open and approachable.

Risks to people from foreseeable hazards had been assessed and actions taken to minimise any risk identified.

Staff received training to meet the needs of people who used the service. Staff received support from the

Summary of findings

management team to develop their skills and use their knowledge to enhance the lives of people using the service. We observed staff providing care in a respectful and supportive manner.

Regular activities were organised which included exercise classes, cookery and board games. People were also encouraged to access activities and interests in the wider community. The local church and school choir visited regularly.

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?

The service was safe.

People we spoke with and their relatives told us that they felt safe.

Staff had received training in how to recognise abuse and report any concerns. Each person had an individual care plan which identified and assessed risks to that person.

There was enough qualified, skilled and experienced staff to meet people's needs. When people needed support or assistance from staff there was always a member of staff available to give this support.

Good



Is the service effective?

The service was effective.

All staff working in the service had received training to ensure they had the skills and knowledge required to provide effective care.

People received support to meet their nutritional needs.

Good



Is the service caring?

The service was caring.

People were supported by staff in a caring and dignified manner.

The service held regular resident meetings and actively gathered the views of people who did not wish to attend meetings.

Good



Is the service responsive?

The service was responsive.

People received care which was regularly reviewed to ensure it met their changing needs.

The service listened to people and responded to feedback from people about their experience of the care they received.

Outstanding



Is the service well-led?

The service was well led.

People living and working in the service told us that it was led by a management team who were open and approachable.

The quality of the service was effectively monitored by the management team to ensure on-going improvements.

Good



Aveley Lodge

Detailed findings

Background to this inspection

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.

The inspection took place on 13 October 2014 and was unannounced.

The inspection team consisted of one 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 services for older people.

Before the inspection, 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 improvement they plan to make. We also checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 23 October 2013.

We reviewed the care records of five people who used the service, three staff files and records relating to the management of the service, including risk assessments and maintenance contracts. We spoke with nine people and three relatives of people living at the service. We also spoke with the cook and four care staff.

We observed how staff supported people throughout the day. As part of our observations 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.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at the service. One person told us, “Yes I feel safe, the doors are locked and we have buzzers and they leave my bathroom light on all night for me.”

Staff we spoke with told us they had received training in managing behaviour that challenged others. Staff described to us an incident where a person with complex needs as a result of their living with dementia presented with behaviour that challenged another person. They were able to describe what action they had taken to safely calm the situation and their subsequent actions to safeguard the person, record the incident and minimise the risk of repeat occurrences. This was confirmed in the records we reviewed.

We saw from staff training records that all staff, including domestics and kitchen staff, received training in safeguarding adults from abuse. When we spoke with staff they demonstrated a clear understanding of what constituted abuse and how they would report the abuse. One member of staff told us, “When we have our training once a year they go through all the whistleblowing policy, if I saw anything I would report it to the management but I have never seen anything.”

Risks to people from foreseeable hazards had been assessed and actions taken to minimise any risks identified. Care plans contained risk assessments and management plans for identified risks such as falling, developing pressure sores and the use of equipment such as hoists and stand aids. We saw that these risk assessments had been regularly reviewed and updated when a person’s needs changed.

The service had contracts in place to ensure equipment such as hoists were regularly maintained and serviced. These included an emergency call out facility to call engineer in case of breakdown. There was an emergency generator at the service in case of power cuts. The service had planned for emergencies or untoward events.

We asked the provider how staffing levels were determined. They told us that as it was a small service and as the management team worked closely with the care team they were able to regularly assess whether there are sufficient staff available to meet people’s needs. They told us that the hours worked by the cook had recently been increased so that care staff had more time to talk with people. Staff told us that there were enough staff to meet people’s needs. We observed on the day of our visit there to be sufficient numbers of suitably skilled staff. One person living in the service told us, “The night staff are on the ball and I only have to press the button and they are there in 30 seconds.”

Medication was stored securely in a locked room. Within the room was a separate lockable cupboard for controlled medication and a lockable fridge for the storage of medication which was required to be kept at a low temperature. Records were maintained of medicines received into the home and disposed of as well as medicines administered to people. This demonstrated that people had received their medicines as prescribed. The management carried out regular audits of medication administration records and we saw that appropriate action had been taken to address any discrepancies or errors by staff. Access to the medication room was restricted to senior staff which meant staff were not disturbed when dealing with medication.

Is the service effective?

Our findings

The service ensured that the care given to people effectively met their needs. A relative of someone who used the service told us, “[Relative] is well looked after by the carers, it’s good food and she is very happy. [Relative] has visitors three or four times a week. A friend recommended this home the quality of [relative] life has improved since they have been here.”

Staff new to the service were supported with an induction process which included shadowing experienced staff. All staff undertook yearly refresher training. One member of staff told us, “I have done health and hygiene, manual handling, whistleblowing policy and first aid, it’s all in my folder.” We saw that staff had been supported to obtain further professional qualifications at National Vocational Levels two, three, four and five as well as qualifications in management. People were supported by staff who were appropriately qualified.

Staff told us they had regular supervision sessions at which strengths and areas for improvement since the last supervision were discussed. We saw that supervision sessions were structured under four headings, interpersonal skills, team work, planning organising and leadership skills and quality of care. Staff were set goals at each supervision session and that these were reviewed at subsequent sessions. Opportunities for staff to develop their knowledge and skills were also discussed and recorded. This showed that the management team supported staff in their professional development.

The provider had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They told us that there were no current DoLS authorisations in place.

All staff, including domestics and office staff had received training in understanding their roles and responsibilities with regards to the MCA 2005. When we spoke with staff they demonstrated their understanding of what to do if someone lacked the capacity to make decisions about their everyday life and the action to take if there was a potential deprivation of a person’s liberty. One member of staff had recently attended a course on the Deprivation of

Liberty Safeguards. They told us they were not happy with the quality of the learning provided. They had discussed this with the registered manager and the provider and they were jointly exploring other courses.

People we spoke with were complimentary about the food. One person told us, “The food is very good, I only have to ask for something and they get it for me. For afternoon tea I have the same as I used to have at home, toast and ginger marmalade, they got it for me. I have the same breakfast as at home, crunchy nut cornflakes and sliced banana on top.” Another person told us, “Hot drinks come every two hours, there are always cold drinks, the food is excellent and tasty and varied. They are always trying out new recipes and ask for feedback and if you don’t like it they don’t serve it again. They bring you something else.”

We saw that the service had three areas where tables were laid for dining. People told us they liked eating in smaller areas rather than a large dining room as felt more like living at home. The menu for the week was clearly displayed. The provider told us that the menu was changed twice a year following consultation with people living in the service.

We observed the lunch time meal and saw that the atmosphere was relaxed. Staff responded promptly to people’s needs. We saw that the plates that meals were served on were smaller than

the average size of dinner plates. We asked the provider about this and they told us that they were desert plates as the smaller sized plate meant that where people ate smaller portions the meal appeared more appetising on the plate. People we spoke with confirmed that they were happy with the plate size which provided them with the size of meal they liked. We observed staff supporting and encouraging people to eat in a respectful and dignified manner.

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is a recognised method to assess people’s nutritional state. As part of this screening we saw that people were weighed monthly and appropriate action taken to support people who had been assessed as at risk of malnutrition. This included referring people to a dietician or speech and language therapist if they required support with swallowing difficulties.

Records showed that the service made prompt referrals to outside health care professionals such as the general

Is the service effective?

practitioner, dentist or dietician promptly should this be needed. A chiropodist visited the service every six weeks. Staff told us they worked closely with the district nurses. People were supported to maintain good health.

Is the service caring?

Our findings

People who lived at the service were supported by caring, compassionate staff. One person told us, “They know when to have a laugh and a joke and I don’t feel embarrassed when I have a shower, the new wet room is great”.

We spent time in each of the service’s three lounges and observed staff interacting with people in a caring and supportive manner. One person we spoke with said, “I always have a drink bottle by my side and a blanket, they bring them to me.” We saw after a short time a care worker asked the person, “Do you want me to unfold this for you?” indicating the blanket. We observed staff providing support to people in a manner which supported the individual whilst encouraging the person to do as much for themselves as they were able.

Care plans were detailed and contained information about how the person was supported to maintain meaningful relationships with their family and staff and how they could be supported and valued as an individual. They showed that people and their representatives if appropriate had been involved in their care planning. Where a person had a power of attorney in place this had been recorded which meant that the service was able to ensure decisions were taken by the appropriate person.

Staff we spoke with demonstrated a good knowledge of people’s likes and dislikes. They explained how they maintained people’s dignity whilst carrying out personal care. We observed staff moving a person in a hoist. They took time to explain exactly what they were doing and encouraged the person to be involved in the process. One person we spoke with told us, “They ask if they can undress you and sit you in the chair and they say ‘ready’ and they swing me round and into the water and they check with me if the water is alright and they let me have a little soak before they wash me – the bath is so peaceful.”

As there were three lounges there was space for people to sit with friends or relatives and not be disturbed or overheard by other residents and staff. The television and radio were on when people were watching or listening to them. They were not on continuously throughout the day. We observed staff visiting the lounges regularly and taking time to sit and talk with people. People told us they used a different lounge depending on how they felt and liked the choice of areas to sit.

Staff we spoke with displayed a caring attitude to people living in the service. We discussed with staff one person who as a result of their complex needs presented with behaviour that challenged others. They told us, “I explain to [person] what I am doing and it eases the situation and they relax.” A member of the care team told us, “The team leader is the best I have ever worked under.”



Is the service responsive?

Our findings

People living at the service told us that people were responsive to their changing needs. One person told us, “They are nice girls, yesterday I did not feel well so in the night they came and checked on me.”

We saw that the care plans were written following an assessment of the person’s needs. Care plans were written in four sections which addressed people’s physical wellbeing, relationship needs, how they wished to be accepted and understood as an individual and looking toward the future. Each section contained detailed explanations of what the person needed from staff to achieve the expected outcome. We saw that the care plans were reviewed every six weeks and updated as people’s needs changed.

On the day of our visit we saw that the service had arranged for a person to test an electric reclining chair. We saw the person trying the chair and discussing what it could do with the person demonstrating it and staff. Later in the day we saw that a chair had been ordered for the person’s room in their preferred colour. The person told us that the chair would allow them to be more independent.

Where a person had developed difficulty communicating verbally we saw that the service had explored alternative ways for them to communicate. We saw that an alternative method had been found and was being used by the person and care staff.

The service held a resident’s meeting every month. Staff told us that if people could not attend the meeting or did not want to attend the meeting they would speak to them individually to see if there was anything they wanted to raise. We saw that any issues raised at the residents meeting were discussed with staff at the next staff meeting and any issues addressed.

We saw in one person’s care plan that prior to moving into the service they had enjoyed knitting. When we visited this person in their bedroom we saw that they were knitting a blanket. They told us, “I do my knitting and word search here in my room and I go and do the card games and the cooking. We cooked sausage rolls and jam tarts, we do decorating biscuits and the children come and sing to us, holy communion is once a month and we have sing-alongs in the lounge.”

One person we visited in their room was using a laptop computer to access the internet. We spoke with this person and they told us how using the laptop had enabled them to maintain contact with their family both at home and abroad. The person told us how their family and staff had supported them to learn how to use the computer. The provider also told us that there are plans to increase the use of information technology in the service. This included purchasing a laptop for a person to use video conferencing to support them to maintain contact with their family who lived abroad.

The service supported people to attend activities in the local community. One person told us, “I do [interest] in Colchester once a week and a coach comes and picks me up. It is nice to look at the country side and meet different people, I look forward to it.”

We spoke with the fulltime activities person employed by the service. They told us that they provided group activities for people to join in if they wished, but that they also provided one to one activities for people who did not want to join in with others. They told us that two people joined in with cooking sessions and bingo attracted an average of 12 people. The activities records showed that people joined in with arm chair exercises and that an entertainer attended the service every two months. They also told us about the shop which they operated every week. People were encouraged to pre-order anything that they needed and where they were able they had their own purse and money and were able to pay for their purchases thereby promoting independent living. Items which could be ordered included toiletries and snacks.

The service had established links with the local school choir and local church, both attended the service regularly. The local mobile library visited the service every month. This demonstrated that the service supported people with their preferred social activities and avoided social isolation.

At the time of our inspection the service had completed the building of five further bedrooms and a new lounge area overlooking the garden and countryside. The new building included ‘sun tubes’ in the roof to improve the amount of natural light in the area. The provider told us this was in line with research which showed that natural light was beneficial to people’s health with particular benefits for the elderly. The provider was also carrying out further



Is the service responsive?

improvements including a new laundry room and hairdressing facility. Staff told us that this was so that better hairdressing and laundry services could be provided to people living in the service.

The service had a complaints policy. There had been no complaints since our last inspection in October 2013.

People we spoke with said if they wanted to complain they knew how but had not had any reason to complain. One person we spoke with said, "I would talk to the carers, they listen." Another person said, "None, but if I had, I would speak to the carers or the manager, he is around a lot and comes and talks to me."

Is the service well-led?

Our findings

There was a registered manager in place. One person told us, “The home is quiet and I know the staff by name and the manager is very approachable – that is the office over there and they never fail to stop and ask if I am alright.” A member of the domestic team told us, “It is a very good place to work and I get on with everyone and the managers are fine and good to work for.”

We spoke with four members of staff all of whom were positive about the open and transparent culture of the management team. One member of staff told us, “The managers are very approachable and I have no problem in challenging them if I think we need it for the residents and the staff.” The provider told us that the management team operated an open door policy and that they encouraged staff, residents and relatives to speak with them about any concerns they may have. A relative told us, “It is family run, friendly, lots of staff have been here since [relative] came in and I am very happy with the home.”

Staff received regular structured supervision from managers. Staff told us they felt these were supportive and helped them develop. They told us that they were provided with feedback which told them what they had done well and also addressed any areas for improvement.

The registered manager and directors of the service were visible throughout the service. Staff and people living in the service told us they were able to speak with them when they wanted or needed to.

The service held regular residents meetings to gain feedback from people about the quality of service they received and any improvements they would like. Compliments and complaints from this meeting were discussed at the next staff meeting. This meant that everybody was aware of positive comments and concerns raised and actions taken in response.

The provider told us that they carried out an annual satisfaction survey of residents and relatives and that they read every comment and if necessary took remedial action. We saw that the results of the most recent survey were being analysed for any trends before the results were to be circulated to residents and relatives.

There were systems in place to monitor the quality and safety of the service. We saw that the senior on duty carried out a daily room audit. The management team carried out regular audits with regard to health and safety, infection control and the management of medicines. Care plans were reviewed monthly. We saw that where deficiencies were identified during an audit these were addressed and opportunities for improvement identified.