Avenue Care (Fareham) Limited

The Avenue Care Home

Inspection report

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Date of inspection visit:
14 January 2016
02 February 2016

Date of publication:
20 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place over two days on 14 January and 2 February 2016 and was unannounced.

The Avenue Care Home provides accommodation for persons who require personal care for up to 24 older people and people who may be living with dementia.

A registered manager was 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.

The provider had arrangements in place to protect people from risks to their safety and welfare.

Staffing levels were sufficient to support people safely. Recruitment processes were in place to make sure only workers who were suitable to work in a care setting were employed.

Arrangements were in place to store medicines safely and to administer them according to people's needs and preferences.

Staff received appropriate training to make sure they had the skills and knowledge to support people to the required standard. The staff induction did not fully require staff to demonstrate they had the appropriate skills and knowledge and we have made a recommendation about this.

Staff did not receive regular supervision to make sure their competence was maintained and to ensure they were formally supported. However, informal support was available to them.

People were supported to access healthcare services, such as GPs, dentists and opticians and their health was monitored.

People found staff to be kind and caring. They were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's individuality, privacy, dignity and independence.

The service involved people in the care assessment and planning processes. Care and support was based on people's assessed needs that took into account their needs, conditions, and preferences. Staff were aware of people's support needs and preferences. However, some of the information recorded in care plans did not support this and we have made a recommendation about this.

Care plans were adapted as people's needs changed, and were reviewed regularly.

People were able to take part in leisure activities which reflected their interests. Group activities and entertainments were available if people wished to take part.

The home had an open, friendly atmosphere in which people were encouraged to make their views and opinions known.

Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 protected against risks to their safety and welfare, including the risks of abuse and avoidable harm.

There were sufficient staff to support people safely, and the provider undertook checks to make sure staff were suitable to work in a care setting.

People's medicines were stored and administered safely.

Is the service effective?

Requires Improvement

The service was not always effective

Staff did not receive regular supervision to make sure their competence and support was maintained.

Staff received enough training to provide the care people needed.

New staff had an induction so they could get to know people and their needs.

The induction did not assess staff against best practice standards to demonstrate their capability and we have made a recommendation about this.

Staff sought people's consent to their care and support. Where people lacked capacity to make certain decisions, the provider acted in accordance with legal requirements.

People were supported to maintain a healthy diet and had access to healthcare services when required.

Is the service caring?

Good

The service was caring

Staff were kind and caring and people felt at ease with them.

People were listened to and were able to participate in decisions affecting their care and support.

People's privacy, dignity and independence were respected.

Is the service responsive?

Good

The service was responsive

People received the support they needed and in the way they preferred.

People's care and support was provided in line with their care plans and assessments. These could however provide more detail and we have made a recommendation about this.

Care plans were changed as people's needs changed and were reviewed regularly.

There was a complaints procedure in place, but people had not needed to use it recently.

Is the service well-led?

Good

The service was well led

People and staff thought well of the registered manager and the registered provider, both of whom spent a lot of time with people who used the service.

There was an open and friendly culture within the service.

People were encouraged to be involved in their care and were treated as individuals

Staff felt valued and enjoyed their jobs.

There was an effective management system and processes were in place to monitor and assess the quality of service provided.

The Avenue 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.

The inspection took place over two days on 14 January and 2 February 2016 and was unannounced. The inspection team consisted of two inspectors on the first day and one on the second day.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return. 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 looked at the care plans and associated records of three people in detail. We observed staff interactions with people in the shared areas of the home. We looked at medicines administration records, staff duty rota records, three staff recruitment files, records of supervisions, appraisal and training. We looked at records of complaints, accidents and incidents, policies and procedures and quality assurance records.

We spoke to the nominated individual of the registered provider, the registered manager, four care staff, five people who used the service and one relative.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and that the staff looked after them. One person who preferred to stay in their room most of the day said, "They are always looking in at me". People said their call bells were always answered and staff made sure their call bells were left within reach. This was confirmed by a relative we spoke with.

People were protected against the risks of potential abuse. We looked at the system for looking after people's money. The service operated a procedure to safeguard any valuables and money looked after on people's behalf. Only delegated staff had access and all money was stored safely and individually. We examined the records of two people and checked the amounts held against the records. All were found to be correct and each transaction had been appropriately recorded and receipted.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Most staff had received training in safeguarding adults. The service had recently appointed a senior carer to the role of 'safeguarding lead'. They were to deliver safeguarding training to any staff who had not received training. Staff we spoke with had knowledge of the types of abuse, signs of possible abuse and their responsibility to report any concerns promptly. They told us they would document concerns and report them to the registered manager. The provider had appropriate policies and procedures and information was available on the local multi-agency local authority procedures for reporting abuse. .

The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse. Where they had any concerns they had reported the incident and taken the appropriate action to safeguard people.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There were individual risk assessments in all of the files looked at. Areas covered included the risks associated with personal safety, mobility, nutrition and skin integrity. There was a written plan to inform staff how to reduce any identified risks or needs. We noted in one person's file that although risk assessments and risk management plans were in place, they were not all dated or signed by the staff member who had completed them. This meant it was not clear if the information was still valid.

There were arrangements in place to deal with foreseeable emergencies. We saw there had been regular fire evacuation practices. Assessments had been undertaken for each person who used the service to determine their ability to evacuate the building. Each person had a personal emergency evacuation plan describing the level of support they required.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. We looked at the staff rota and found this to be a true reflection of the staff on duty. There were always a minimum of three care staff on duty with a fourth on duty during busier times of the day between 7am to 11am and 3pm to 7pm. Staff told us there usually were sufficient staff to meet people's needs. They said the only time it could be a problem was when someone called in sick at short notice.

The service also employed domestic staff such as cleaners, kitchen and laundry assistants and a cook. This meant that care staff could focus on the care needs of people.

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. We talked to a staff member who had recently been recruited. They told us they had submitted an application form, attended an interview and had not been allowed to start work until the service had carried out a DBS check.

People's medicines were managed and administered safely. People told us they received their medicines at the correct time and said they were happy with the way their medicines were managed. We looked at the service's arrangements for the obtaining, recording, handling, safe keeping, safe administration and disposal of medicines. We found the service had policies and procedures in place to support these arrangements.

One staff member had been delegated the task of ordering and receipt of medicines. They told us they had been allocated additional time for this duty when they were not on the rota to support people. They said this meant they were left undisturbed to focus only on the medicines.

Medicines were safely administered to people and signed for in the correct way. We looked at four people's medication records; staff had completed them accurately and in full. Expiry dates were recorded on all packaging for things like eye drops and injections as well as in a book. There was also a 'medicines review book' to record and monitor that people's medicines had been reviewed by a GP. The registered manager had completed a regular audit of the records to ensure staff had followed correct recording procedures.

All medicines were stored safely and securely when not in use. There was a medicines fridge for use if required. Staff regularly monitored temperatures to make sure medicines were safe to use.
Staff training records showed that all staff who administered medicines had received training, and undertook regular refresher training.

Requires Improvement

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us staff were skilled to meet people's needs. A relative told us their relative's dementia care needs had increased and they needed more support with their mobility, continence, and eating. They commented, "They are encouraging [person] to eat but are stepping in to ensure [person] is eating enough. [Person's] mobility changes on a daily basis, staff have taken this on board and have kept up with [person's] changing support needs".

Staff told us they had the training and skills they needed to meet people's needs. Comments included: "It is amazing how much training I have done. There are plenty of courses. I have done dementia care training" and "There is plenty of training. It is sufficient to care for people. We are able to choose specific courses as well as mandatory."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Examination of staff training records showed staff had undertaken all mandatory training such as health and safety, manual handling, food hygiene and safeguarding of adults. They had also undertaken more specific training to meet the needs of people who used the service such as, dementia awareness. The registered manager monitored staff training using a 'training matrix'. This highlighted what training staff had completed and when refresher training was due.

Most staff had completed a level 2 or above National Vocational Qualification (NVQ) in Health and Social Care or Diploma in Health and Social Care. Both of these qualifications require the staff member to demonstrate their competence through work based assessments. The registered manager and a senior member of staff were in working towards a level 5 qualification in leadership and management.

New staff had been supported to complete an induction programme before working on their own. One more recently appointed staff member told us they had a two-week induction period where they had the opportunity to shadow other staff and get to know people who used the service. They told us they felt this was sufficient for them to provide the care people needed and understand their needs. We looked at the induction records for three care staff and saw that all three had completed a similar induction.

Each staff member had also completed an induction sheet this covered areas such as health and safety, fire and evacuation procedures, and policies and procedures to be followed, including record keeping. However, the induction did not cover all areas considered within the 'Care Certificate'. The 'Care Certificate' assesses staff against a specific set of standards and requires them to demonstrate they have the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support.

We recommend that the provider review their induction procedures, in light of recent best practice.

Staff did not receive regular supervision (one to one meeting) with their line manager. One staff member said they could not remember the last time they had supervision. They said, "But if there are any problems I can access the registered manager at any time and they always take what I have said on board". The records

for another staff member showed their last supervision had been in March 2015. We asked the member of staff how this affected their work and they said they did not consider that it did. They told us the registered manager was always accessible and they were able to discuss issues with them as they arose.

We discussed this with the registered manager and they explained they had delegated the supervision of care staff to senior care staff. The registered manager supervised senior care staff, any new staff and the cook. The registered manager acknowledged this needed to improve. They said it had been a, "bit hit and miss".

The lack of regular and ongoing supervision of staff meant there was a risk that staff were not fully supported in their roles and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff sought people's consent for care and treatment. People signed their consent forms if they were able to do so. We observed care workers explaining to people they supported what they were about to do and asking for consent before they went ahead.

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 the least restrictive 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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act, and whether conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had identified a number of people who they believed were being deprived of their liberty. This was due to their vulnerability should they leave the service alone. They had made DoLS applications to the supervisory body and were waiting for approval. The manager and staff demonstrated their understanding of their responsibility to comply with the Mental Capacity Act 2005.

Staff had received MCA training and were able to tell us how they applied this in practice. They understood that even though many people who used the service were living with dementia this did not mean that they did not have the capacity to make informed choices for themselves.

People were supported and assisted to maintain a healthy diet. People were complimentary about the food provided. One person said; "The food is very good. There are normally two choices, the cook comes out in the morning and talks about the choices". Results of a recent survey undertaken by the service showed that people were satisfied with the food and menu choices available to them. People had commented, 'Good food…', 'Plenty to eat …' and ' … fed well'

We saw where people required support to eat and drink this was recorded in their care plan. We observed staff to support people appropriately and with discretion.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. Care plans and other documents such as healthcare records demonstrated people's physical and general health needs had been monitored by staff and advice

had been sought promptly for any health care concerns.

People had access to a range of healthcare professionals such as GP's, consultants, dentists and podiatrists. A monitoring record had been maintained for each person of any appointments attended, the outcome and follow up appointments.

Good

Is the service caring?

Our findings

People, and their relatives, described the staff as, caring and kind. A relative said, "The care is good. Staff show affection for [person]. [Person] jokes with them and makes them laugh and this is reciprocated". "We know they care about [person] and they keep [person] clean and tidy". Other comments made by people included; "Very good here" and "They have treated me very well".

Our observations were that staff were caring and displayed sensitivity towards people. Relationships between staff and people were relaxed and friendly. We observed one occasion when a staff member was loud when giving guidance to a person. We brought this to the registered manager's attention and they said they would address it with the staff member.

Staff respected people's dignity and privacy. People told us that staff always knocked their doors before entering. Everyone we spoke with considered their privacy was respected. A relative told us staff used discretion when providing personal care. They commented, "They wouldn't embarrass [person]". Another person told us they had requested that they did not receive support with personal care from male staff and this had been respected.

Staff confirmed they understood and valued the need to respect people's privacy and dignity. They explained there were screens in shared rooms. They described the methods they used when supporting people with personal care such as; covering people with towels, and undressing them in bathrooms so as they did not compromise their privacy. Staff also understood the need for confidentiality and could distinguish between when information needed to be shared and when it did not. People we talked to confirmed this.

People received care and support from staff who had got to know them well. Several staff had worked at the home for many years, the longest being 23 years. In discussion with staff it was evident they knew each person who used the service well. The registered manager said, "The staff turnover is very low so there is consistency in the staff knowing the residents".

People told us they could make their own choices about their care and support need. They also said they chose how they spent their day. We observed staff gave people the opportunity to join in with activities and to make their own decisions. If someone declined, then we saw staff respected people's wishes.

There was a key worker system in place which meant people had a named care worker they, or their family, could contact with questions or concerns about their care. A relative told us the staff were good at keeping them informed and helping them to understand the effects that living with dementia had on their relative's support and care needs. Staff told us they acted as a key worker for between two to three people. They said they had regular informal chats with the person to ascertain their needs and individual wishes, likes and dislikes and then incorporated this into the care plan.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. This meant that people did not move in without assurance their needs could be met.

People or their relatives were involved in developing people's care and support plans.
A relative confirmed they had been involved in their relative's care planning. They told us, "We have been consulted regarding [person's] support and care needs". They said they felt, "involved", and commented, "Staff are aware of the things [person] likes". Where possible people had signed their own care plans to show, they were in agreement with the plan.

Some parts of the care plans were very detailed and personalised, although other parts were not. For instance some people had a personal history recorded that described their past lives, details of their previous occupation, spouses and family history such as children. One of the plans we saw contained photos of family and friends. The registered manager explained that it was not always possible to get this information, but wherever possible they did.

There was a difference between the level and detail of information recorded in some care plans. For instance, in the section on personal care needs/ support with getting washed it stated in one person's plan they needed support with "parts of the body they cannot reach". This did not provide sufficient detail for care staff to know how to support the person or to promote and maintain independence. On the other hand, in the same person's plan the night-time routine and associated support needs were described in much more detail and clearly described what the person was / was not able to do for him or herself.

People told us they received the support they needed and in the way they preferred. We saw there were staff handovers at the beginning of each shift to pass on any important information. Staff were aware of people's support needs and preferences. However, some of the information recorded did not support this and would not be able to be put into practice by someone such as a care worker who was less familiar with people's support needs.

We recommend that the service review the level of detail in all care plans to ensure they are more personalised and fully reflect people's abilities as well as their support needs.

People's needs had been reviewed regularly and as required. Where necessary health and social care professionals were involved. Care plans had been reviewed on a monthly basis, as per the service's policy. We saw the registered manager carried out a monthly audit of care plans and then highlighted to the person's key worker if a review had not been completed. We saw staff monitored people's health support needs through weight records and use of screening tools to check skin integrity and nutritional needs. There was evidence to show that where any changes had been found then the appropriate health or social care professional were consulted.

People had an opportunity to take part in activities and were able to choose what activities they joined in. We observed people engaged in individual and group activities. We noted that there was less time during the morning for staff to engage with people and staff confirmed this. One staff member said, "It can be pretty full on in the mornings". They told us they had given six people hand massages that day. They said, "I try to chat with people even if it is for a short time. On both days we visited, the nominated individual of the provider came in and took several people out for a drive. People told us this happened regularly and they enjoyed it.

There was a list of planned activities available and on the second day of our visit, several people took part in singing. People who had taken part said they enjoyed this. People confirmed they were free to choose whether to take part in an activity. People said staff respected their wishes not to but still offered them the choice and would sometimes give them a bit of encouragement to join in.

We saw from minutes of meetings between staff and people that people had been encouraged to suggest and comment on the type of activities available. The staff had set up a small shop for people who were not able or chose not to go out so they could choose their own toiletries. People had requested additional items such as stationery and greetings cards and the staff had dealt with their requests. Records showed people had taken part in activities such as parachute exercises, skittles, singing and chatting to staff.

People were confident any concerns they raised would be dealt with promptly and effectively. There was a copy of the service's complaints procedure available on display in the main entrance to the home. Complaint and comment forms were readily available. People we talked to said they had not ever had cause to make a complaint.

Although not everyone was aware of the complaints procedure, people told us if they were unhappy with anything then they would tell the registered manager. They said they had confidence the registered manager would deal with it. We saw that any concerns had been dealt with in line with the service's policy and procedure.

Good

Is the service well-led?

Our findings

The nominated individual of the provider visited the home several times a week and from observation and feedback from people who used and the service and their relatives, they all knew the provider. A relative described the staff, registered manager and provider as "nice" and said the provider was involved in the home. They said, "He even dressed up as Santa at Christmas."

There was open communication between the registered manager, staff, people who used the service and their relatives. The registered manager split her time between her registered managerial responsibility and on the 'floor' working alongside staff and people who used the service as much as she could. Staff described the registered manager as approachable and supportive. One staff member said, "The registered manager is really supportive. She will answer any questions I have and gives me guidance and with my studying".

People, staff and relatives were encouraged to contribute to improve the service. The service held regular meetings with people. We saw people were encouraged to express their views and ideas or make requests. The provider kept people informed of any planned changes. Staff meetings were held regularly and staff felt they were listened to and could influence change.

Staff reported they felt valued and enjoyed their jobs, although they had not been in receipt of regular 1:1 supervisions. Most staff had an area of delegated responsibility such as, infection control, medication and safeguarding. They had the opportunity to undertake further training to enhance their understanding of their role and to train other staff. One staff member commented, "I did not intend to stay here long but I'm still here. It is friendly. The registered manager is supportive. She always says never come into work unhappy. Speak to me first." Another said, "It is such a friendly, family orientated home. Residents and staff alike".

The registered manager had effective systems in place to monitor the quality of care and support that people received. Regular audits of records such as care plans, risk assessments, medication administration, health and safety and infection control were completed.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Surveys for 'friends and family' and people who used the service were undertaken. Returned copies were all positive. Comments included; "I am happy here", "Good food", "Plenty to eat and looked after ok", "I am really happy at the moment. I am looked after and fed well."

The registered manager understood their responsibility and role. They notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not provided staff with regular ongoing supervision to make sure their competence was maintained. Regulation 18 (2) (a)