Stoneleigh Care Homes Limited

Avondale Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced inspection took place on 24 February 2016. At our last inspection in May 2014, we found that the provider was meeting the regulations that we assessed.

Avondale Residential Care Home is registered to provide accommodation, nursing or personal care for up to 15 people. People who live there have needs associated with old age. At the time of our inspection there were 15 people using the service.

The manager was registered with us as is required by law. 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.

We found that medicines management within the service was not robust. Guidance for staff in relation to 'as required' medicines was lacking and some medicines were not consistently administered as prescribed. Staff were provided with training and were knowledgeable about how to protect people from harm. There were a suitable amount of staff on duty with the skills and experience required in order to meet people's needs. Recruitment practices were in need of review to ensure their effectiveness in employing suitable staff.

People were supported by staff who were properly supervised in their role. Staff attended regular training in areas that were relevant to the needs of people using the service. People enjoyed their meals and were supported by staff to eat and drink enough to keep them healthy. People were supported to access input from health care professionals as and when they needed it.

We observed staff interacting with people in a positive manner. People, visitors and professionals spoke to us about the genuine caring nature of the staff. We observed and people told us that staff were respectful and maintained their privacy and dignity whilst supporting them. People were encouraged to remain as independent as possible by staff. Information for people in relation to how to access advocacy services needed to be sourced.

Activities available within the service were centred on people's individual preferences and interests. People were clear about how to make their views known and information was displayed about how to make a complaint.

There was a registered manager in place. People told us the management team were approachable and always available if they needed to see or speak with them. The provider's quality assurance systems were not always effective in analysing or demonstrating how improvements to the effectiveness and safety of the service would be actioned. Actions or changes made following feedback received about the service needed to be demonstrated more clearly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems in place to ensure safe and consistent administration of prescribed medicines were not comprehensive and lacked effective audit.

People were cared for by staff that had the skills and knowledge to protect people from harm.

Recruitment practices needed to be more robust in order to protect the people using the service.

Is the service effective?

Good

The service was effective.

People's dietary needs and preferences were known by staff and they were given a choice about what they ate and drank.

Input from healthcare professionals had been sought when required to meet people's health needs.

The provider was aware of their responsibilities regarding the Mental Capacity Act and people's consent was sought before staff supported them.

Is the service caring?

Good

The service was caring.

People spoke positively about the caring and kind nature of the staff.

Staff actively involved people to make decisions about the support they needed.

We saw that people were treated with dignity and staff respected people's right to privacy.

Is the service responsive?

Good

The service was responsive.

People received care and support that was in line with their needs, choices and preferences.

The provider had a system in place that demonstrated that complaints would be dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People spoke positively about the approachability of the management team and staff told us they felt involved in the development of the service.

The provider's quality assurance systems were not comprehensive and lacked effective analysis of their findings.

Feedback from people was actively sought both formally and informally but action taken to address any of the less positive comments was not shared.

Avondale Residential 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 24 February 2016 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local healthcare services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with two people who used the service, two relatives, a visitor, a visiting healthcare professional, the cook, three members of staff, the registered manager and the provider. We observed care and support provided. Not all the people using the service were able to communicate with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. These included

reviewing two people's care records, three staff recruitment records, ten people's medication records and a variety of other records used for the management of the service; including staff duty rotas and records used for auditing the quality of the service.

Requires Improvement

Is the service safe?

Our findings

We found overall that Medication Administration Records (MAR) were completed fully without any unexplained gaps. However we found one record where a person had been offered their medicines but had refused three of their prescribed medicines on a regular basis. We spoke to the registered manager regarding this and they told us that this had been discussed with the person's GP, who had advised that one of the medicines should now only be given 'as required'. The records we viewed had not been updated to reflect this change and the other two medicines had not been reviewed as was necessary by the GP. We checked the medicines available for three people and found discrepancies in the levels of medicines left in stock so the provider was unable to evidence that the medicines had been administered as outlined in the MAR. This meant the person was at risk of becoming unwell due to not taking their medicines as prescribed by their doctor.

Medicines were audited weekly by staff and six monthly by the registered manager. The audits we reviewed were not comprehensive, as when an issue had been identified, we were unable to establish if action had been taken to rectify any omissions or discrepancies found. We found that the guidance for staff in relation to the administration of 'as required' medicines was either not in place or was insufficient. We also noted that staff administering these medicines were not detailing on the MAR the reasons the person was provided with the medicines at that time. We reviewed the care records for these people and no record had been made in them by staff as to why they had been provided with their 'as required' medicines. This meant that the provider was unable to ensure that medicines of this type were provided in the correct circumstances and with consistency by all staff.

People we spoke with told us they were satisfied with the information they were given about their medicines and how they received them. A person told us, "I am happy with how I get my medication from the staff". A visitor told us, "The staff take the time to make sure [person's name] has her tablets". A staff member told us, "I have received medicines training; I sign the MAR as I go and make sure everything I give matches what's written".

We saw that body map charts were used to highlight to staff precisely where prescribed topical creams should be applied, which was important to ensure they were applied correctly and consistently. Storage arrangements were secure. All of the staff we spoke with who supported people with their medicines told us that they had received the training that they needed to be able to do this safely. We saw that their competency to manage medicines had also been assessed. A staff member told us, "I get observed giving out the medication to make sure I am doing everything correctly".

People told us that they felt the service was safe. People told us, "I do feel safe here", and "I feel safe, they [staff] make sure I am". A visitor told us, "I know [person's name] feels safe: even if I am here visiting the staff always pop into see [person's name] to make sure she is ok".

Staff knew their responsibilities for keeping people safe and protecting them from the risk of abuse. A visiting friend told us, "I have never heard anyone be horrible or raise their voice, they are great and I can find

no fault". Staff were able to describe to us what action they would take if they suspected someone was at risk, including the procedures for reporting any witnessed or received allegations of abuse. They were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to. A staff member told us, "If I suspected there was any abuse taking place I would escalate it straight away". Another staff member said, "I would always go the manager if I had any concerns about people, including any abuse". Staff told us they had undertaken training in a variety of ways about how to protect and keep people safe, including first aid and safe moving and handling. One staff member said, "I have just had first aid training, it was so good, I learned some new things".

People were supported by staff who knew their individual risks and how to look after them. We found that potential risks to people were effectively assessed in relation to their individual health and support needs. For example one person told us, "I have been given a room downstairs now as I tend to get a bit wobbly when walking". We found people were not restricted in their freedom and any risks were managed positively and appropriately allowing people to feel and be in control. Records we reviewed detailed how people's health risks should be managed to maintain their safety and wellbeing. The records we reviewed were updated as required and reviewed periodically. We observed people being supported to use equipment provided to them to assist them to mobilise, for example, walking frames; we observed that staff understood how to support people safely to use their equipment.

People told us there were sufficient staff available to support them. One person told us, "They [staff] always come when I need them; sometimes I have to wait a short while". Another person told us, "Generally speaking there always seem to be enough staff". A visitor told us, "Whenever I visit there are always plenty of staff around; [person's name] pulls her cord and they come to her quickly". A visiting healthcare professional stated, "The staff don't really leave so you tend to see the same staff which is good for the people here". We observed that there were enough staff available to meet people's needs; staff were unhurried and attentive to people. A staff member said, "There are enough staff". Another staff member said, "All the staff are good, we keep staff here". We observed that the same level of support and assistance was provided by staff to people who spent much of their time in their own room.

The provider's recruitment and selection process was not consistently robust. We reviewed the recruitment files for three staff members; we found gaps in staff employment history in two files and in the other, only one reference had been sought. However we saw that a Disclosure and Barring Service (DBS) check had been undertaken for all three employees; this helped to ensure that staff were safe to work with people who used the service. We spoke to the registered manager regarding the issues found and she agreed to rectify this straight away.

Good

Is the service effective?

Our findings

All the people we spoke with told us that staff knew how to provide the support required to a good standard. A visitor said, "The staff definitely know what they are doing, they have a lot of patience". Staff told us that they received training that developed their skills in order to meet people's needs effectively. They were complimentary about the training they had received. A staff member said, "There is always training available; [registered manager's name] is great if you want to do more training. I have done my NVQ level two and three; she is always encouraging staff to progress". Records showed that variety of training was on offer to staff including their basic training. One staff member told us, "I get regular training and updates; it's all face to face teaching sessions, so you can ask questions more easily".

Staff told us they received regular supervision and were provided with an induction when they started working at the service. A staff member stated, "I get regular supervision and it lets me know how I am getting on, I am acting senior at the moment and have been encouraged by [registered managers name] to progress to this". Another staff member said, "I have supervision every three months or so, which includes asking me questions about one particular care subject and this tests my knowledge, which is helpful". We saw that the provider ensured that all new staff were provided with an induction. A staff member told us, "The induction was good, I shadowed a senior for the first three shifts, it was useful, I got to know people's routines and read policies too". The registered manager told us they were implementing the new 'Care Certificate' for newly recruited staff members. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that staff received training and updates in relation to the MCA and the DoLS. People we spoke with told us they were always asked before they were supported by staff with the care they needed. Staff we spoke with were able to demonstrate an understanding of the need to consider people's ability to give consent and what may be considered as a restriction of their liberty. A staff member said, "I know it's important to always get people's say before I just start helping them". We observed that people's consent was actively sought by staff before assisting or supporting them.

We saw that people were supported to access food and drinks in line with their needs and choices. People we spoke with told us, "Food, yes it's good and there's always a good variety; they come around and ask everybody what they want to eat", and "The food is pleasant, you get a choice". A relative said, "[Person's name] loves the food here and there is always a drink for her to hand; they [staff] always ask what she fancies to eat, and she often has a tea cake of cake late afternoon". Another relative said, "I think the food is good". People told us and we observed that staff went to each person telling them what was on offer for

lunch and supported them to make a choice. Where the food on the menu was not acceptable to the person we heard staff offer a number of alternatives. We observed that the food on offer was homemade, smelt and looked appetising and was adequate in terms of nutrition. A menu board was displayed but had the following day's choices on it. The cook agreed this had been done too early and would ensure in future this displayed the current days options. We observed lunch to be well-organised; with those people needing assistance being helped to their table in good time and nobody was observed to be waiting too long for assistance to eat their meal. However the staff were having to raise their voices for one person in the dining room who was hard of hearing and who they were supporting which dominated the small dining area; this meant that any interacting or chatting between people was difficult due to the continual raised voices around them. We raised this issue with the registered manager. We saw that people had drinks within reach of where they sat throughout the day.

Staff we spoke with demonstrated they were aware of the nutritional needs of people and of those who needed support in order to ensure adequate diet and fluids were taken. A relative told us, "If mum is reluctant to eat or drink they [staff] come back and try her again a little later". We spoke with the cook. They told us that people were consulted individually about their likes and dislikes and this was recorded along with any other dietary requirements in the kitchen. We saw that people's weight was regularly monitored and that nutrition assessments and plans were in place and were regularly reviewed by staff.

People told us that they had access to the healthcare they needed when they needed it. A person said, "They [staff] get people in to see me if I feel unwell, I recently saw the podiatrist". A visitor told us, "If [person's name] is ill they always call the doctor straight away and she also regularly gets her feet done". We saw that staff made referrals to healthcare professionals on behalf of people, for example, GPs and District Nurses where needed. A staff member told us, "If someone was unwell, I would monitor them, contact 111 staff and take advice from them; sometimes it is obvious that people need an ambulance so we call one and then inform the family". A visiting healthcare professional said, "The people here seem well looked after, the staff come with me to see people to support them and always ask that everything is documented". This meant that the service effectively supported people to maintain good health.

Good

Is the service caring?

Our findings

People we spoke with told us they enjoyed living at the home and that staff were caring. One person told us, "Its lovely here, compared to some of the ones I have been too; the staff are very caring". Another person told us, "It's comfortable here". We saw that people were relaxed around staff and chatted happily with them. People knew the staff well and staff responded to people with warm gestures and smiles. A visitor told us, "I think it's great here, when I get old I would want to live here. [Person's name] has settled so well, I know she is happy and loves it here. The care they give her and the fuss they make of her, well it's great". A relative said, "They are lovely staff and very caring". A visiting healthcare professional stated, "It's a lovely place, the staff are always friendly and people are well cared for and well-dressed". We saw staff regularly check on people's well-being by asking them if they were comfortable or had any support needs or requests. They spoke with people in a calm and friendly tone of voice; they demonstrated kindness and understanding when supporting them.

People were supported to express their views and be involved as much as possible in making decisions about their daily care needs. A visitor said. "They [staff] go out of their way to make [person's name] happy and be involved in the day to day goings on". We observed people being supported to make a variety of decisions about a number of aspects of daily living during our inspection, for example what activities they wanted to do. Staff told us they enjoyed getting to know people by talking and spending time with them and we observed staff chatting to people about their current interests and aspects of their daily lives. They told us they would also take the opportunity and speak with family members or visitors and viewed care plans for additional information about people's needs. People, their relatives and visitors told us they were happy with how they were communicated with and the information they received. A relative said, "They [staff] always call if there are any problems with mom and when I ring they always give me a good account of how mom is".

No one at the service had had need to access advocacy services and staff we spoke with were uncertain how they may be able to access independent advice and support for people. The registered manager told us that people would be supported to access advocacy services if they required this. They told us they would source more information re local services and would share and display this with people and staff.

People told us that staff were respectful towards them and would encourage them to try to do as much for themselves as possible, but were there to support them when if they needed help. A person told us, "The staff try to keep me independent". A visitor said, "Staff allow [person's name] to be as independent as possible but always ask if she can manage and help her if required". A staff member stated, "I encourage people to do as much as they can for themselves". We saw that people's care plans were based upon their abilities and choices about how they wished to be supported. We saw that staff encouraged people to remain as independent as possible and encouraged them to involve themselves fully in completing daily living activities. We saw that care plans were in use that highlighted how people best communicated. Our observations highlighted that people all understood what was said to them.

We saw that people were spoken to respectfully. People told us staff respected their dignity and their right to privacy. People told us, "They are very friendly and respectful staff", and "I get privacy I want when I have visitors". A visitor said, "The staff are always joking with [person's name] but they always remain respectful, they have a good banter between them". We observed that people who required support to use the toilet were spoken to discreetly in communal areas and guided carefully by staff to maintain their dignity. Staff were seen to communicate with people using respectful language and supporting them in a dignified manner. A staff member said, "I always make sure the door is closed when delivering care, ask the person if it is ok for me to help them; I make sure other staff aren't wandering in and out".

Good

Is the service responsive?

Our findings

We found that the care provided to people was personalised and reviewed with them and/or their representative's involvement. A person told us, "The staff have talked to me about my care and I get what I want from the place". A relative told us, "I have seen the care notes and staff went through everything with us, discussing all mums' needs". Care plans were personalised with details of people's likes, dislikes and preferences for staff to refer to and follow. Staff were able to discuss people's likes and dislikes with us, for example when delivering personal care or supporting their dietary needs.

People we spoke with told us they were involved in a variety of activities of their choosing. One person said, "The staff are always trying to get us involved in things, but if you don't want to there is no pressure", and "I can just ask if I want to do anything, I like reading and watching TV mainly". A relative said, "The staff sing to mum because they know she likes it and it helps her relax". A visitor told us, "They [staff] always make time for people; the residents definitely come first here". A staff member said, "Some people like knitting so we buy wool, others like word games, we try to do different activities to suit people's interest and abilities". During our inspection we saw that people were provided with stimulation whether through a game of bingo or from staff sitting with them individually having a chat. The registered manager told us, "We don't just put the TV on and leave it blaring away; we like to get people doing activities after they have got up and had breakfast".

People's cultural and spiritual needs were considered as part of their assessment and within the care plans we viewed; records showed that people's psychological well-being was considered in relation to the activities they participated in. A visitor told us, "[Persons name] plays bingo, dominoes and has her hair and nails done regularly; she also goes to the church every week". Staff encouraged and supported people to personalise their rooms and display items that were of sentimental value or of interest to them. People described to us how staff supported them to maintain relationships with their friends and families in a number of ways, including taking telephone messages for them when they were not available and having open visiting times. A relative told us, "I can visit whenever I like and am always made welcome; when I phone; if I leave a message they always pass it on to [person's name]".

People told us that staff were responsive to their needs. A relative said, "They [staff] come quickly when we press her call bell to have mom repositioned". A staff member told us, "We document any changes about people's well-being in the communications book so all the staff can read it even if they have been off for a few days, this is invaluable to me as well as the verbal handover we have each day". A visiting healthcare professional spoke positively about the service saying they were quick to respond to people and followed any care advice or plan they had provided. Our observations throughout the day showed that people were responded to appropriately when they wanted or requested support.

People told us they felt able to raise any concerns or make a complaint. The service had a complaints procedure clearly displayed which gave people simple guidance for what to do and whom to contact. People told us, "If I had any cause to complain I would speak to [registered manager's name]", and "I have no fears of making a complaint, but have never had to". A relative said, "I have never had any problems to

report with any of the staff or care". The service had not received any complaints since our last inspection and staff were clear about the procedures for logging any complaints made. Staff members told us, "If I received a complaint I would write it down or ask the person to write their concerns down and pass this to the manager to deal with", and "If someone has a complaint, I give them paper and get them to write it down and pass it to the manager".

Requires Improvement

Is the service well-led?

Our findings

Systems in place for the registered manager and provider to monitor the quality of care and potential risks within the service were not comprehensive. The provider was only able to give us evidence of one monitoring visit they undertook in January 2016. However, this contained some discrepancies, as the document said no accidents had taken place, however in December 2015 accidents had occurred but no reference or review of these had been made. The provider told us they visited the service at least twice weekly and performed a general check of the premises and also spoke to people to check on their well-being. These were not recorded and no checks on the registered manager's findings from their audits to ensure any action required had taken place were performed. The provider's system for analysing incidents and accidents for trends, in order to make the appropriate improvements were not robust. Staff were aware of the process for reporting accident and incidents. Accident records we viewed contained little detail with no evidence of review by the registered manager following the incident or analysis and/or learning outlined. Staff told us that learning or changes to practice following incidents were cascaded to them in daily handovers or in the communication book. This meant that some of the quality assurance aspects of the service were not robust, for example how they had failed to identify the issues we noted with medicines management in the service.

People told us they knew who the registered manager was and that they felt that the service was well led. One person said, "[Registered manager's name] is lovely". A relative said, "It's very homely here and the manager is friendly and clearly good at running the place". A visiting healthcare professional said, "It's always pleasant here and [registered manager's name] is great, she is always here". Another relative said, "[Registered manager's name] has a hard job to do but she does it well".

Staff spoke positively to us about their experience of working at the service. A staff member said, "It's a nice place here; it has a family kind of feel to it and the staff have been very supportive toward me". A second staff member said, "Its lovely working here, I have to travel for an hour each day to get here but it's worth it; [registered manager's name] is very good". A third staff member said, "It's a lovely place to work, it's a small home with a good staff team".

The service had a registered manager in post that was registered with the Care Quality Commission. We saw they were visible and available to people and staff throughout the inspection. Staff we spoke with were aware of the management and leadership structure and told us they found the registered manager approachable and were always available for face to face contact in normal working hours or telephone support out of hours. A staff member said, "[Registered manager's name] is fantastic she is always there for us". Another staff member told us, "I know I can call the deputy or registered manager or the provider out of hours if I need advice or need to report anything". Our observations on the day were that people approached the management team without hesitation. The registered manager had an understanding of their responsibilities for notifying us of certain incidents and events that had occurred at the home or affected people who used the service. They told us they felt supported in their role by the provider through regular telephone contact and visits.

Staff told us they felt supported in their role through meetings and supervisions. We saw that a range of systems of communication were in place within the home, for example handovers. We found these were effective at ensuring staff had the information they required to provide people with the care and support they required. Staff told us they were clear about their role and what was expected from them and they were encouraged to express their views and make any suggestions which could improve the quality of the service. One staff member said, "We are asked to complete staff surveys and I feel involved in what's happening and planned". Another staff member told us, "We get observed doing things, [registered managers name] lets us know if things are not done properly".

We saw that feedback had been received from people and staff through annual surveys given out by the provider. We saw that the provider analysed these and collated the feedback in the form of pie charts, with the majority of the comments being positive. However this was not displayed or shared and no actions to address some of the less positive aspects had been detailed. The registered manager agreed to rectify this.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "I have seen the whistle blowing policy, I would know what to do to raise any concerns". The provider had a whistle blowing policy that staff were aware of; this detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. Staff we spoke with were clear about how to whistle blow and told us they would not hesitate in doing so.