

Christchurch Housing Society

Avondene Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Avondene is a residential care home providing personal care to nine people older adults at the time of the inspection. The service can support up to 11 people. Avondene is a two-storey building that has been adapted to include a passenger lift, specialist bathing facilities and communal lounge and dining room.

People's experience of using this service and what we found

Quality monitoring processes had been introduced that were effective in monitoring the management of risks to people's health and wellbeing and driving sustainable improvements. Management of the service was visible, and person centred promoting an open and positive culture. A statutory notification had not been sent to CQC following a serious injury. The registered manager told us this had occurred due to other professionals involvement in the persons care leading to a misunderstanding of reporting responsibilities and they would review in light of this incident.

People felt safe and were supported by enough staff who had been recruited safely. Staff understood their role in identifying and reporting any concerns of poor practice. Risks to people had been assessed, monitored and regularly reviewed and staff understood the actions needed to minimise the risks of avoidable harm. People had their medicines administered safely. Best practice was not followed for medicines prescribed for 'as and when required' or self-administration. The registered manager told us they would review the medicine policy in line with best practice guidance.

People received care from staff trained to carry out their roles effectively. People had access to healthcare and staff worked with other health organisations such as district nurses to ensure effective health outcomes for people. People had their eating and drinking needs met and were provided with a choice of well-balanced, home cooked food. The environment was homely, providing personal space for people as well as communal areas to socialise. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People spoke positively about their care and felt involved in decisions about their day to day lives. People had their dignity, privacy and independence respected. Staff understood people's individual communication needs and were knowledgeable about people's life histories and family and friends that were important to them.

People received personalised care that reflected their assessed care needs and lifestyle choices. Opportunities were available to follow hobbies, interests and spiritual and cultural beliefs. People knew how to raise a complaint and felt listened to by staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was requires improvement (published 8 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avondene Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Avondene is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, administrator, care workers and the chef. We also spoke with a visiting nurse practitioner who had experience of the service.

We reviewed a range of records. This included two people's care and medication records. We looked at staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor and review risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had their risks assessed and any actions needed to minimise avoidable harm were understood and followed by the care team. Two people were at risk of dehydration. Calculations had been completed to establish their minimum daily fluid intake. A care worker told us, "We complete fluid charts and report at handover if they are not eating or drinking well".
- One person had a risk of skin damage and had pressure relieving equipment in place. A care worker told us, "We check pressure mattress settings against a person's weight which is recorded in their care plan and do regular turns (change in position)".
- When health specialists had been involved in risk assessments, such as safe swallowing plans or wound care, their instructions had been understood and followed by the care team. A visiting nurse practitioner told us, "Good teamwork with us. I feel people are safe and have their risks managed well".
- People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.
- Equipment such as boilers, passenger lifts and hoists were regularly serviced.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe, the girls (staff) are nice and always popping in to see me".
- Staff had been trained to recognise signs of suspected abuse and understood their role in responding and reporting concerns. Safeguarding information was displayed on noticeboards with contact details of the local safeguarding authority.
- People were protected from discrimination as staff had completed training in equality and diversity and we observed staff respecting people's lifestyle choices.

Staffing and recruitment

- People were supported by staff that had been recruited safely. Recruitment processes included obtaining references and completing criminal record checks to ensure prospective staff were suitable for working in a

care setting.

- People were supported by enough staff to meet their assessed needs. One person told us, "There's plenty of staff; if I press my button, (call bell), they're here in a shot". We observed when people called for assistance staff able to respond in a timely manner.

Using medicines safely

- People had their medicines ordered, stored and administered by staff trained in the safe administration of medicines. Medicine storage boxes included a photograph of people and any known allergies.
- Best practice had not been followed for the management of people self-administering medicines and recording of medicines prescribed for people 'as required'. The medicine policy provided no guidance for staff. We discussed this with the registered manager who told us they would source best practice guidance and review the medicine policy with the organisation.
- When people were prescribed topical creams, body maps had been completed which provided clear guidance for care staff on correct administration.

Preventing and controlling infection

- People were protected from avoidable risks of infection as staff had completed infection control training and were observed following safe practices. The home and equipment were clean and in good order. Staff had access to appropriate personal protection equipment such as gloves and aprons.
- We observed staff supporting people with hand washing where appropriate.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager and analysed so that actions could be taken where necessary, trends could be identified, and learning could be facilitated.
- Actions had included making changes to a person's environment, referrals to a falls clinic and reviewing medicines with a specialist nurse. Actions and outcomes had been shared with staff at handover meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Records and observations demonstrated that people were involved wherever possible in decisions about their care. Where people had not provided their consent, this had been respected such as declining an annual flu vaccination.
- When people had been assessed as lacking capacity to make a decision, records showed best interests decisions, (BiDs) had been made on their behalf and included input from both families and professionals who knew the person well. Improvements had been made in how decisions were recorded. BiD's had been reviewed and in line with the MCA were decision specific. Examples included personal care, use of bed rails and administering medicines.
- There were no authorised DoLS in place at the time of our inspection. One person, had been assessed as lacking capacity to make decisions and had several BiD's in place, but did not have a DoLS application completed and submitted to the local authority. We discussed this with the registered manager who agreed there had been an oversight and the day after our inspection confirmed this had been completed and submitted.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People, and when appropriate, their families and both social care and health professionals with knowledge of the person had been involved in pre-admission assessments. Information gathered included details of a person's care needs and lifestyle, spiritual and cultural choices.
- Assessments had been completed in line with current legislation, standards and good practice guidance and used to create people's initial person-centred care and support plans.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively.
- Training reflected the needs of people including dementia care. We spoke with a care worker who told us, "It helped me understand how to deal with it; how to speak to people if they are upset".
- Staff had an annual appraisal and had opportunities for professional development such as diplomas in health and social care.
- Staff meetings had been used to support learning. An example included effective oral care.

Supporting people to eat and drink enough to maintain a balanced diet

- People consistently spoke positively about the food. One person told us, "The staff are great; they'll always get me whatever I fancy". We observed home cooked, well balanced meals being served to people and a range of drinks being offered throughout our inspection.
- People had their individual dietary needs understood by both the care and catering team. This included likes, dislikes and any special dietary requirements. Feedback from people was encouraged and listened and responded to by the catering staff.
- We observed people using adapted crockery such as lipped plates and beakers to aid their independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed us that staff had worked with other health teams to enable consistent, effective care. Examples included working with district nurses and specialist health care nurses.
- People had access to a range of healthcare services including chiropodists, opticians, dentists and audiologists for both planned and emergency situations. People were supported to attend health appointments in the community. One person told us, "I go to the dentist regularly".

Adapting service, design, decoration to meet people's needs

- People had their own bedrooms that included personal items that reflected their life history, hobbies and interests.
- A lounge and dining area provided space to socialise and meet other people. Limited outside seating was available at the front of Avondene with landscaping work due to begin in November to create larger outdoor space for people to use.
- A passenger lift provided access to the first floor. Specialist bathing facilities were available for people when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about their care. One person said, "I was made welcome from day one. I can live my life as I wish". Another told us, "Staff are caring; like a family".
- We observed staff having warm, kind interactions with people when they needed emotional support. One person needed frequent reassurance and staff provided this in a consistent, patient manner. A care worker explained how they found providing a distraction such as playing a board game helped the person.
- Staff were knowledgeable about people's history, family and friends, which meant that staff could have conversations with people about things that were important and of interest to them. Common interests and hobbies between people and staff were acknowledged and enjoyed together such as art and sports.

Supporting people to express their views and be involved in making decisions about their care

- People had their individual communication needs understood which meant staff were able to involve people in decisions about their care. For some people this meant that relatives were contacted to help the person make decisions about their care.
- Interactions between staff and people were respectful and involved the person in decisions. We observed staff being thoughtful and checking with people their welfare such as whether they were warm enough, would like something to eat, drink, or have some company.
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- We observed people having their privacy and dignity respected throughout our inspection. Staff used people's preferred name when addressing them, knocked before entering rooms and maintained people's dignity when providing support. People were able to lock their bedrooms if they chose.
- People had their independence respected. A visiting nurse practitioner explained, "They (staff) helped somebody be independent by providing support with a visit to the GP". Care staff were able to demonstrate a respect for people's independence such as, when providing personal care, ensuring they only helped in areas a person was unable to manage themselves.
- People had been given information that explained how confidential information was used in line with the Data Protection Act.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvements had been made to people's care plans as they now clearly detailed the actions needed to be taken by staff to ensure consistent person centred care. Care plans reflected people's personal care needs and choices, were understood by staff and reviewed regularly.
- People had their spiritual and cultural needs known and met. This included a local church visiting to administer holy communion.
- People had opportunities to make friends and be involved in activities tailored specifically to their interests such as music, pet therapy visits, board games and watching sports on TV. Photographs were displayed of trips to a local beach and there was wall art completed by people displayed in the dining area.
- People were involved in community events such as fund raising for a national charity's coffee and cake event. A care worker told us, "I took one lady to a local fete and we go for a walk around the local park".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses, hearing aids or any additional support such as information provided in large print.

Improving care quality in response to complaints or concerns

- People were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. One person told us, "I've only got to say something isn't right and they're there (registered manager) sorting it out".
- Details of the complaints policy was displayed in the foyer. The information included contact details for external agencies should people feel their complaint had not been dealt with satisfactorily.
- When concerns were raised these were investigated, and appropriate actions were taken to improve care quality.

End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes. These

included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.

- The registered manager explained, "When we have provided end of life care the district nurse and GP have been involved and guided us".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems and processes were not effectively assessing, monitoring and reducing risks to people related to their health, safety and welfare. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A statutory notification had not been made to CQC following a person acquiring a serious injury. A statutory notification is a legal requirement for the provider to inform CQC of certain situations as part of their oversight of care provision. This meant that CQC had not received information to support their monitoring of the service. We discussed this with the registered manager who agreed there had been an oversight due to other health professionals involvement in the persons care and a misunderstanding of reporting responsibilities which they would review in light of our findings.
- Following our last inspection auditing processes had been reviewed and improved. Monthly audits had successfully identified shortfalls in service delivery, identified trends and led to actions that reduced the risks to people. An example was a health and safety audit highlighting risks associated with the condition of a carpet which was subsequently replaced.
- People, their families and the staff team had opportunities to feedback comments both informally and through planned quality assurance surveys. This had led to changes in the security of the building, planning of activities and changes to the menu.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and the staff team consistently spoke positively about the visibility of the registered manager and the open and positive culture of the home. One person told us, "(Registered manager) has got the balance just right".
- Staff told us they enjoyed their jobs and felt appreciated and supported in their roles. A care worker said, "The team are brilliant; it's like family".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The culture of the home was open and transparent. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their families and staff had opportunities for developing the service and sharing information and learning through regular meetings and informal conversations. A care worker told us, "At staff meetings I can say anything and (registered manager) listens; definitely have an input (in the service)".
- Meeting minutes included topics such as staff news, training, health and safety and data protection.
- Community links had been made with neighbours, local groups and the local church who contributed to social events and fund raising.

Working in partnership with others

- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included a 'Providers in Care' group. The registered manager told us, "It's supportive and helpful, as you learn from each other".
- The registered manager had accessed best practice guidance from the Skills for Care website when reviewing infection control practices.