

Avondale Care Home Limited

Avondale Rest Home

Inspection report

38 Avondale Drive
Leigh On Sea
Essex
SS9 4HN

Tel: 01702711934

Date of inspection visit:
09 July 2018

Date of publication:
03 August 2018

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

The inspection took place on the 9 July 2018 and was unannounced.

Avondale Rest Home 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.

Avondale Rest home provides care and support for up to 19 people some of whom may be living with dementia. At the time of our inspection 17 people were using the service. The service is set over two floors in the local community.

At the last inspection, the service was rated Requires Improvement. At this inspection we found improvements had been made and the service is rated as Good.

The provider is also the registered manager of this and another local service. 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 service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. There were systems in place to minimise the risk of infection. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was appropriately designed and adapted to meet people's needs.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to

complaints received in a timely manner. People were provided with the appropriate care and support at the end of their life.

The service was well-led. Staff, people and their relatives spoke very highly of the registered manager. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

The registered manager had systems in place to review accidents/incidents and untoward events to ensure lessons were learned and shared with staff.

There were suitable control procedures in place to protect people from the risk of infection.

Medication was stored appropriately and dispensed when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and they received adequate diet and nutrition.

People had access to healthcare professionals when they needed to see them.

The accommodation and environment was suitably maintained.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were.

People were treated with dignity and respect by compassionate staff.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to and thoroughly investigated in a timely manner.

There were provisions in place to support people at the end of their life.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

Avondale Rest 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 the 9 July and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with seven people, three relatives, the registered manager, deputy manager, two care staff and two health care professionals. We reviewed four care files, three staff recruitment files, audits and policies held at the service.

Is the service safe?

Our findings

At our previous inspection in May 2017 we rated safe as requires improvement because the provider did not have risk assessment documentation in place for people and the environment. At this inspection we found improvements had been made and appropriate risk assessments were in place.

People and their relatives told us that they felt safe living at the service. A relative told us, "The environment has been made a lot safer, there is now a keypad on the front door and the grounds have been made more secure." One person said, "I feel safe here, they are all friendly, I get on well with everyone."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "I would report anything to the manager, if they did not act I could go outside to the council or CQC." The registered manager and deputy manager followed the correct safeguarding procedures to raise concerns with the local safeguarding authority and worked with them to investigate these. This meant people were supported by staff who knew how to keep them safe and were protected.

We reviewed staff recruitment files and saw the registered manager had an effective recruitment process in place, which included dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

The registered manager kept under review the numbers of staff required to support people and adjusted these numbers where necessary. The deputy manager told us that they did not use agency at the service and had permanent staff in post. If additional staff were needed for example to assist a people to access the community for trips out this was organised. We saw that throughout the day there were staff available to support people's needs and to spend time with them. In addition, where one person liked to go outside for frequent walks there was staff available to go with them and support them safely.

Staff had the information they needed to support people safely. From support records we reviewed the appropriate risk assessments were in place and were regularly reviewed and up dated. The assessments covered preventing falls, moving and handling, nutrition and weight assessments as well as specific risk assessments tailored to people's needs. The assessments followed a traffic light system identifying the level of risk people were prone to and what actions staff should follow to reduce these risks. This meant staff had the correct information they needed to support people safely.

People were cared for in a safe environment. Staff followed processes which lowered the risk of infection. The registered manager employed a general maintenance person for the day to day up keep of the service. For more specialist work external contractors were employed. Staff received training in first aid and health and safety to ensure they knew what action to take in an emergency. In case of an emergency evacuation

needed there was a grab folder in place containing relevant information and contacts as part of their emergency contingency plan to prevent disruption in service.

The registered manager had effective systems in place to monitor accidents and incidents and to learn lessons when things go wrong to prevent them from happening again. The deputy manager told us that they discussed any lessons learned at handovers or at staff meetings. We saw that there was an audit in place to monitor any accidents and incidents for themes and the actions taken following these.

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. Only trained and competent staff administered medication. We observed medication being administered and saw the staff wore a do not disturb tabard whilst dispensing medicine. Staff explained to staff what their medication was for and checked if people needed any additional medication. We reviewed medication administration records and saw these were in good order. Medication was stored safely in accordance with the manufactures guidance.

Is the service effective?

Our findings

Staff were provided with the training they needed to perform their role. One member of staff said, "There is always plenty of training going on." Staff told us that they were supported to complete national recognised qualifications to help them perform their role. The registered manager supported staff with a mixture of on line and face to face train and sourced training from other health professionals such as the GP and nurses. This had involved nurse trainers coming in and delivering face to face training to staff on a selection of subjects including falls prevention, urinary infection and diet and nutrition. They had also delivered training to staff on when to recognise the signs and symptoms that people need emergency referral for care.

New staff told us they had been given a full induction to the service which included completing shadow shifts to get to know people and the routines of the service. Staff told us that they had regular staff meetings and supervision with the registered manager and the deputy to discuss the running of the service and their performance. The registered manager also completed appraisals on staff and asked staff for their feedback so they could also assess their own performance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Some staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. The registered manager contacted advocates to support people who had DoLS in place to ensure their rights were protected. Advocates are independent people who support people with important decisions to ensure that their best interests and rights are being protected. This told us people's rights were being safeguarded.

People were very complimentary of the food. Everyone we spoke with only had positive comments to make about the food. One person said, "The food is fantastic." Another person said, "The food is marvellous, they can cook something out of nothing." We observed a breakfast and lunchtime meal. People were given choice over what they wanted to eat and where needed were supported with eating. Throughout the day we saw snacks and drinks being made available for people to have.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate to the GP for dietitian input. Where appropriate the cook provided special diets such as fortifying people's food to encourage weight gain. One person told us, "I have put on weight since I have been here, but I needed too."

People were supported to access suitable healthcare provision. The service had good links with other healthcare professionals such as, district nurses, mental health team and G.Ps. Each week there was a visiting GP who attended the service to review people's healthcare needs and meet new people at the service for health assessments. People were supported with hospital appointments and there was a visiting foot health practitioner. We spoke with two visiting health professionals who told us that staff were very good at identifying issues and following healthcare instructions from them. They told us, "The staff are spot on, very good at calling us out if they notice anything wrong. It's a great home."

The environment was appropriately designed and adapted to support people. The service was set over two floors with a lift connecting. The main living areas were spacious and most people had their own room which was personalised to their choice. The registered manager had kept the service updated and well maintained with an on-going maintenance, cleaning and redecoration program. People had access to an outside garden space through doors leading from the conservatory which were left open for people to have access to fresh air. The registered manager had added a key pad entry system to the front door and had installed CCTV to the communal areas of the service. They had also made the external environment more secure by adding side gates and fencing.

Is the service caring?

Our findings

People and relatives were very complimentary of the staff team. We received numerous comments telling us of how good the staff were. One person told us, "The staff are good, they will do anything for you." Another person said, "The staff are fantastic, all very good." A relative said, "All the staff are very friendly and helpful."

Staff had positive relationships with people. Throughout the inspection we saw people were relaxed in the company of staff and each other. There was a very friendly and relaxed atmosphere with people and staff socialising and interacting freely. People we spoke with told us that they had made friends at the service and we saw people sitting in social groups at mealtimes chatting with each other.

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need to know people; such as their life histories, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines. Staff told us that they try to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. People were allocated staff as key workers to help support all their needs, one member of staff told us, "As a key worker I spend a bit more time with the person talking to them and listening to their stories. I also make sure they have everything they need and that their rooms are how they like them and tidy."

People were actively involved in decisions about their care and treatment and their views were considered. People and their relatives met with staff to discuss their care needs and to review their care documentation. A relative told us, "I have been involved in discussing the care and all the documentation is there if I want to see it."

People told us that staff respected their privacy and promoted their dignity. Some people shared rooms at the service, this was done with their agreement and should they require privacy curtains were in place to separate the rooms. The deputy manager told us that people had access to religious support should they chose to have this and recently one person had reconnected with their faith and started having holy communion at the service. In addition, some people had advocates who helped to look after their welfare and ensure that their needs were being met.

People were encouraged to maintain contact with friends and relatives and they could visit people at any time. A relative told us how the service had arranged for their birthday party to be held at the service as their loved one wanted to host it for them. They said, "It was a wonderful day, old friends came and we had balloons and decorations up." They went on to tell us how staff had helped their loved one chose a present of framed photographs which brought them to tears when they received them.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the registered manager completed a full pre-admission assessment to ensure people's needs could be met. We saw that care plans were very detailed and tailored to each individual care and support needs. Care plans were regularly reviewed and updated so that staff had all the details they needed to support people. Some people told us that they were at the service for respite but were considering staying permanently. One person said, "I was having falls at home but I have not had any since I have been here." A relative told us how much their relative had improved since being at the service in a short space of time.

The service was responsive to people's needs. The registered manager had made many changes to support people's needs. For example, they had added more toilets and wet rooms to meet people's needs. They had also added light sensors to people's en-suites so that when people needed to use the facility at night the light would come on to reduce falls. The deputy manager told us that for one person they had a chair supplier come in so that they could get a specific chair to support their needs.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that people had communication care plans in place detailing what support people may need, such as, ensure wearing hearing aid or glasses, when talking be face on. We saw there were large clocks in use for people to keep a track of the time and there were pictorial displays of the weather, day and date in the form of a picture calendar. This showed the service was acting within the guidelines of accessible information for people.

Staff encouraged people to maintain their interests and links with the community. People were supported to go out with staff and relatives, one person liked to go out for walks frequently throughout the day with their dog and staff. People told us that there were entertainers that came into the service that sang and played the guitar. Staff told us that they liked to spend time doing pamper afternoons with people. One person said, "I am waiting to do my exercises this morning." We saw during the morning a person attended the service and did armchair exercises which many people joined in and appeared to enjoy. Another person told us, "I like doing crosswords, I have a large book of them." The registered manager told us that they had linked with the local preschool and children came to the service weekly. We saw pictures up of the children reading books with people and doing artwork. A relative told us, "It is lovely to see the school children come in and how they are with each other."

The registered manager had a complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. However, people told us they generally did not have any complaints. The service also received compliments one read said, 'Thank you for your patience, kindness and understanding.'

The deputy manager told us that if people were at the end of their life they could support them at the

service. Staff had received training in end of life care and would work closely with other health professionals to support people at the end of their life.

Is the service well-led?

Our findings

People relatives and staff were very complimentary of the management of the service. One person said, "The manager always has time for you, I couldn't speak highly enough of them. They have a love for the job." A relative told us, "I have seen great changes under the new manager. There was a seamless transition, since they have been here. I can see more structure and routine in place."

Since our last inspection we saw that audits had been fully implemented and embedded into practice. We saw that there was a rolling program of audits completed for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. Lessons learned from audits and investigations were shared with staff to improve practice.

The registered manager had a clear vision for the service, and staff shared this vision. One member of staff said, "We want to help them live the best life they can have. Make them happy and listen to their stories." Another member of staff said, "We want them to have as much independence as possible, to have dignity and for them to feel like this is a home from home for them."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt supported at the service and told us they felt they had a good team to work with. We saw staff were happy and relaxed in their role and staff said that morale was good. One member of staff told us, "We get constant support from the manager and deputy manager they are always available. We have a good team here we all get on and everyone is friendly."

People were actively involved in improving the service they received. The registered manager gathered people's views on the service daily through their interactions with people and through having meetings with people. We saw from minutes of meetings that they discussed such things as activities and what they liked to do for fun and relaxation. The registered manager also used questionnaires to gather people, relatives and other health professional's views on the service. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The registered manager worked in partnership with other agencies and health professionals to provide support at the service. They have also taken part in studies around dementia care with Kings college.