

Mr and Mrs A Nethersole

# Avon Park Residential Home

## Inspection report

66 Southampton Road  
Park Gate  
Southampton  
Hampshire  
SO31 6AF

Tel: 01489574616

Website: [www.avonparkcarehome.co.uk](http://www.avonparkcarehome.co.uk)

Date of inspection visit:

26 July 2016

27 July 2016

Date of publication:

14 September 2016

## 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 26 and 27 July 2016 and was unannounced.

Avon Park Residential Home is a modern purpose built privately owned care home for older people. They are registered to provide care for up to 30 people. At the time of the inspection there were 26 people living at the service.

The home had a registered manager in place. 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.

Staff had a good understanding of abuse and how to identify this. They knew what actions to take to keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely.

There were sufficient numbers of suitably trained care staff to meet people's needs. Recruitment processes included a number of checks to make sure staff were suitable to work with people who used the service. New staff completed a thorough induction programme when they started work. Staff received training and had regular supervision and appraisal meetings in which their performance and development was discussed.

The registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff respected people's decisions and gained people's consent before they provided personal care.

Medicines were stored and secured appropriately. People told us that they received their medicines on time.

People were encouraged to eat a varied diet that took account of their preferences and dietary needs. Where necessary, specialist diets were catered for and people were supported to eat. People were supported effectively with their health needs and had access to a range of healthcare professionals.

People were looked after by kind and caring staff who knew them well. They were supported to express their views and to be involved in all aspects of their care. People were treated with dignity and respect.

People living at the home all thought that the home was well-led. They all spoke positively about the registered manager and the staff group.

There were a number of quality audits in place to assist the provider in assessing and reviewing the delivery of care in the home.

## 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 told us they felt safe and risks to people were managed in a safe way. Staff knew how to recognise and report any potential abuse.

There were sufficient staff to meet people's care and nursing needs safely.

Risks associated with people's care were managed to keep people safe, and medicines were administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's dietary and hydration needs were met. People had access to other health and social care professionals as needed.

### Is the service caring?

Good ●

The service was caring.

People using the services told us they found the staff caring and friendly. We saw staff treating people with kindness and compassion.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of people's care.

Activities for people were planned.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

**Is the service well-led?**

The service was well led.

The registered manager promoted an open culture and they were visible and accessible to people, their relatives and the staff.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

**Good** ●

# Avon Park Residential 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 was carried out over two days on the 26 and 27 July 2016. The inspection was carried out by one inspector.

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 also reviewed other information that we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with three relatives, two health professionals, six members of staff and the registered manager of the home. We looked at the care records of six people, eight staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

The service was last inspected in August 2013 and was compliant with the regulations it was inspected against at the time.

# Is the service safe?

## Our findings

People told us they felt safe living at Avon Park residential Home. One person told us, "I know the staff are always around to help me and that makes me feel safe." Another said, "I couldn't feel more safe and the care is second to none." A relative told us, "Yes I feel [person's name] is safe. There are always staff around to help." A health professional told us, "Whenever I have visited the environment is safe, and staff are always helpful. I have no concerns."

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These were accessible staff to ensure they had up to date information. All staff had received training in whistleblowing and safeguarding adults. Staff knew how to recognise potential abuse and understood their responsibilities to report any concerns. For example one staff member told us, "If I had a safeguarding concern I would report it to the registered manager straight. I know they would deal with it appropriately."

There were risk assessments in place relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls. There were specific risk assessments to manage medicines and fire safety. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

The provider had a robust recruitment procedure in place. Records showed that appropriate checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks before staff were employed to help them make safer recruitment decisions. References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded. Staff told us they were not allowed to start work until all the checks had been completed.

There were enough suitably skilled staff deployed to support and meet the needs of the people living in the home. People told us there were enough staff to safely support them. One person told us, "I like to spend time in my room, if I need anything I use my call bell. The staff always respond quickly." A relative told us, "Whenever we visit there always seems to be enough staff around helping and caring for everyone." A health professional told us, "Whenever I have visited I never been concerned about staff numbers. Staff are busy but able to meet the care needs of the people living here." We saw during the inspection that call bells were answered promptly and staff were visible in communal areas. The registered manager reviewed staffing levels regularly and took account of people's specific needs. Additional staff were deployed when necessary, for example to support a person requiring end of life care.

There were clear policy and procedures in place for the safe management of medicines. We found the policy covered all aspects of ordering, storing, administering and disposing of medicines safely. The policies and procedures were being followed by staff who had undertaken training in the safe handling of medicines. There had been competency assessments carried out on all staff who handled medicines.

People had individual medicines profiles that contained information about their medicine administration record (MAR), any medicines to which they were allergic and personalised guidelines about how they received their medicines. Some people required their medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently. These were regularly audited and checked to ensure medicines were given and recorded accurately.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as hoists, pressure relieving equipment and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

There was a Personal Emergency Evacuation Plan (PEEP) for each person living in the home. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency. The PEEPs we saw included detailed information on how to assist the person to leave the building in case of a fire. This meant that staff would be clear in an emergency situation how to safely evacuate people from the building.

## Is the service effective?

### Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. One person told us, "The staff are excellent, they know how to care for me properly." Another said, "I am in safe hands, all the staff are very skilled at giving care." A health professional told us, "The staff are competent and well trained. The information they share with us demonstrates a good knowledge about the care they need to offer people with complex health needs."

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. One staff member told us, "The induction prepared me for the role and really boosted my confidence."

All staff received basic training such as first aid, fire safety, health and safety and manual handling. Staff had also been provided with specific training to meet people's care needs, such as equality and diversity and caring for people living with dementia. The registered manager maintained a training record which identified training completed and when updates were required. We saw that training was up to date or booked for all staff. Staff said training provided them with the skills and knowledge required to meet people's needs effectively. One staff member told us, "We are well supported by management and get plenty of training."

Staff received regular supervision and an annual appraisal. All staff told us that they were a positive experience and they welcomed feedback on their performance. Supervision notes contained detailed discussions held and future supervisions were planned with a date set. We saw that annual appraisals were recorded for each staff member. One staff member said, "The appraisal it is very much a two way process and a chance to review how I am doing with my work. We discuss what I am doing well and if there is anything I can improve on when caring for people."

The Mental Capacity Act (MCA) 2005 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood the principles of MCA and DoLS. They had completed mental capacity assessments when people could not make decisions for themselves. Staff understood the importance of gaining people's

consent and following the principles of the MCA. They gave examples of applying these principles to protect people's rights. This included, asking people for their consent and respecting people's decisions to decline care where they had the capacity to do so. One staff member told us, "We can't assume people don't have capacity it has to be proven." Another said, "It's about decision making in people's best interests."

We observed the lunchtime meal in the dining room. The atmosphere was relaxed and a sociable experience with people sat round individual dining tables chatting to each other. There were a choice of meals and drinks available and people were asked what they would like to eat and drink. Staff provided support to those people who needed assistance to eat, we observed staff took their time and did not rush them.

People were provided with a well-balanced and nutritious diet. The provider told us they had a rotating four week menu and said they catered for people with special dietary needs such as reduced sugar or sugar free and gluten free. Some dishes were fortified with butter, cream and syrup to support people at risk of weight loss. Care staff knew what action to take when a person was at risk of weight loss. One member of staff said, "We regularly weigh people, monitor their food and fluid intake if required and seek advice from the GP if required."

People told us their health care was well supported by staff and by other health professionals. People saw their GP, dentist and optician when they needed to and nurses were always on duty in the home. People saw other health care professionals to meet their specific needs, such as a chiropodist, a district nurse or speech and language therapist. A health professional told us, "We always receive referrals when the home need specific assessments or guidance to meet people's needs. The staff work well with us in meeting those needs and very competent."

## Is the service caring?

### Our findings

People were positive about the care provided and told us they received good care. One person told us, "They look after me well, I would not want to go anywhere else." another said, "I think the staff are second to none, very caring" A relative told us, "We are so happy we found this home. The staff are caring supportive and gentle, excellent care."

We observed people were treated with kindness, compassion and respect. We saw many positive interactions and people enjoyed talking to the staff in the home. Observations showed staff had a caring attitude towards people. We noted frequent, appropriate physical contact between staff and people which was natural and demonstrated the familiarity and relationships that had developed between people and staff.

Staff spoke fondly of people and treated them with dignity and respect. We saw staff knocking on people's bedroom doors before entering and doors were kept closed while personal care was in progress. People told us they felt treated with dignity and respect. One person told us, "Staff always knock on the door even if it is open. They don't enter my room unless I tell them too." One staff member told us, "I ensure the person has as much privacy as possible. I ensure doors and curtains are closed and maintain their modesty at all times even if no else is in the room." Another said, "It is important to be kind and considerate."

During the inspection we saw staff promoted people's independence where possible. For example, placing cutlery into people's hands and allowing them to try and eat themselves. One person told us, "The staff encourage me to be independent." Staff told us how they attempted to promote people's independence. One staff member told us, "It's important to encourage people and not take that independence away from them. We build up a good rapport with people and get to know them. I'll let people have a go, but I'm there if needed. I wouldn't want anybody to struggle."

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at anytime of the day. One relative told us, "I can visit when I can which can be at various times of the day. I have always been made to feel welcome."

## Is the service responsive?

### Our findings

People's care and support was planned proactively in partnership with them and their relatives. Preadmission assessments were carried out and people's needs were assessed before people moved into the home.

Care plans detailed the care and support people required and how they would prefer to receive this. Each care plan included a person's life history with input from relatives. Care plans were individualised and reflected the findings of the assessment carried out. The staff we spoke with told us they had access to care records and that they were easy to follow. Care plans were regularly reviewed using the "Monthly holistic care plan review." Reflect any changes that needed to be made and documented how people and their relatives were involved in this process.

During the inspection, the activities coordinator had arranged for "Open sight" to come and give a talk to people on aids and assistive technology to aid independence. These included talking clocks and specialist reading equipment. There was a rolling programme of activities and people were encouraged to discuss different activities at the regular residents meetings. For those people who preferred not to participate in activities and stay in their room or watch television, staff respected their decisions.

People told us that they received the care they needed at the time they needed it. People told us they were given the choice of how to spend their time within the home. They said staff knew their preferences about how they wanted to be supported. One person told us, "I like to watch the television in the quiet lounge, as I dislike the noise in larger lounge." The staff make sure I am comfortable and offer me drinks. They always check on me as the walk pass."

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would speak to the nurse. I know they would listen to me." Another said, "I would speak to the new manager, they would sort out any concern I have." A copy of the organisations complaints procedure was placed on the notice board. This meant that both people using the service and their relatives had direct access to this information.

We saw evidence to demonstrate that all complaints were reviewed and monitored on a regular basis and that the manager for the service checked any complaints received as part of their regular quality audit.

## Is the service well-led?

### Our findings

People and relatives told us they were happy with the quality of the service and their views were listened to. One person told us, "The manager regular comes round and speaks to me to ensure I am happy, which I am." A relative told us, "Every time I visit here the staff make me feel welcome and they can't do enough for you. I have nothing but praise for them."

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with the deputy manager and they were also very knowledgeable about the people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had defined roles and responsibilities and worked as part of a team. The registered manager told us how important it was that the people living at the home and staff felt they were working together. For example, staff told us they were happy to approach the registered manager with any ideas for improvements and they would always be listened to. A member of staff told us, "It is a very open culture we can all discuss things quite openly."

We saw minutes of regular staff meetings which gave the registered manager and staff the opportunity to communicate and discuss any information. Staff told us the registered manager, deputy manager and the provider were always available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the telephone.

The registered manager carried out a range of audits to ensure that the service provided people with safe care. These included risk areas such as checking bed rails, pressure care, infection control, falls, medicines, accidents, kitchen safety and training. Where shortfalls were identified, an analysis was carried out with actions in place to minimise future risks. Lessons learned and reflections for future learning were recorded for staff discussion in meetings.

The registered manager told us they felt supported by the provider. The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service so we could make sure they had been appropriately acted upon.

Resident and relative meetings were held so that people had an opportunity to comment on decisions related to the on going running of the home. Some people chose not to go the meetings. One person told us, "We have meetings but I don't go, no need to, I am happy." Another stated, "We can have our say but I prefer to speak to the nurse in private."