

Methodist Homes

Avonleigh Gardens

Inspection report

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11 December 2023

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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

Avonleigh Gardens is a purpose-built care home situated in Oldham. Accommodation is provided in 4 units spread over two floors. However, one unit was closed at the time of our inspection. There are several large communal rooms and a secure garden. Avonleigh Gardens is registered to provide personal care and accommodation for up to 59 people. At the time of our inspection there were 36 people living at the home.

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

People were protected from abuse through effective safeguarding systems. Risks to people's safety were identified and managed correctly. There were enough staff to support people in the way they wished. The provider carried out checks on new staff to ensure they were suitable to work with vulnerable people. Staff were trained in infection prevention and control and people were protected against the risk of infection. People received the support they needed to take their medicines. The registered manager learnt lessons from incidents and complaints and shared findings with staff.

Staff had received appropriate training and supervision. People were provided with a balanced diet. The registered manager and staff worked with appropriate services to ensure people received the healthcare support they needed. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and people's rights were protected. 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 were supported by kind, caring staff who respected their privacy and dignity and helped them be as independent as they could. Staff gave people choices about their care and respected the decisions they made.

Staff provided people with person-centred care which took account of their wishes. People were able to take part in a range of activities. Visitors were made welcome in the home and people were supported to maintain relationships which were important to them. A procedure was in place for managing any complaints. With the support of local and specialist services, staff supported people as they reached the end of their lives.

The home was well managed with effective quality assurance processes in place. Minor issues we identified during our inspection were promptly rectified. The registered manager and staff promoted a positive culture in the home; people's care was person-centred. People and relatives were complimentary about the home.

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

Rating at last inspection

The last rating for this service was good (published 27 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Avonleigh Gardens

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Avonleigh Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Avonleigh Gardens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were not present during our visit.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 December 2023 and ended on 22 December 2023. We visited the location

on 11 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked around the home and observed how staff interacted with people. We also observed the lunchtime meal. We spoke with 10 people who used the service and 2 relatives about their experience of the care. We spoke with 2 care staff and a chef and received email feedback from another care staff member. We reviewed a range of records. This included 3 people's care records, medicine administration records and 2 staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records and checks of the equipment.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm.
- Staff were trained in safeguarding procedures and knew how to apply them in practice.
- The registered manager and staff worked with appropriate agencies to ensure people were safe. Concerns about people's safety were reported to the local authority safeguarding team and CQC. This ensured appropriate oversight.
- People and their family members told us they were happy living at Avonleigh Gardens and felt safe. One person told us, "It's great. Everyone helps everyone else. I don't have to worry about anything. All my money is sorted out, so I don't even have to worry about that. There's nothing you need to worry about. Life's not bad." A family member said, "I am confident when I leave here, that my relative is safe. Staff look after the residents and manage really well. It's difficult when the staffing is down, but they manage really well. I have no issues about the place."

Staffing and recruitment

- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to provide the care and support people needed. During our inspection we observed call bells were responded to promptly and staff were continually monitoring people throughout the day, offering assistance where needed. One staff member told us, "There are always enough staff on shift to support the residents and we work very well together."
- People told us they were happy with staffing levels. Comments included, "If you ring the buzzer, they come quickly" and "There's always someone to help."
- One area of the home was closed due to difficulties with staff recruitment. However, there was an on-going recruitment programme.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help staff minimise risks to people, such as the risk of falls or choking. These were regularly reviewed to ensure they remained relevant.
- Annual servicing of the equipment was up to date and regular maintenance checks of the building and equipment were undertaken.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- The home was clean, well maintained and decorated to a high standard.
- A recent inspection by the food standards agency had awarded the home the highest award of 5 stars for food hygiene practices.
- In line with current government guidance, visits to the service were unrestricted and people were welcome at any time.

Using medicines safely

- People were administered their medicines safely by trained and competent staff.
- Guidelines were in place for staff to support people with 'when required' medicines.
- Medication Administration Records (MAR) had been completed accurately after each person had received their medicines. However, we noticed one person's eye drops had not been given for a number of weeks. No harm had occurred, but the management team told us they would carry out a full investigation to establish how this had happened and prevent a similar error occurring in the future.

Learning lessons when things go wrong

- Incidents, accidents and complaints were documented, analysed and reviewed by the registered manager and provider's quality improvement manager. Any learning from these events was shared with staff to improve the safety and quality of the service.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support that was planned and delivered in line with their assessed needs and wishes.
- A thorough assessment of people's care and support needs was completed prior to their admission to the service. This information was used to create care plans and risk assessments and establish what care and support people needed.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed relevant training.
- All staff received regular supervision and support from senior colleagues.

One care worker told us, "We have regular 1 to 1s with the seniors and we discuss what has been done well and set goals and targets."

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

- People were supported to maintain a good diet and fluid intake.
- When staff had concerns that people might not be having enough to eat and drink, their diet and weight were monitored. People were referred to a dietician, if necessary.
- People were happy with the standard and choice of food. One person told us, "I like the food. I have things like potato pie and fish & chips. I eat my meals in my room, I prefer that. I have my own salt and vinegar, and I can sit here and watch TV while I eat. It's good food, very nice." Another person said, "The food is edible. It's very difficult to get food right for so many people, but it's OK."
- We observed the lunchtime meal in each of the dining rooms. There was a pleasant atmosphere, with light music playing in the background. Tables were nicely laid, with appropriate condiments and vases of flowers. Staff were attentive, friendly and alert to people's needs.

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

- Staff worked with a range of health and social care professionals. These included speech and language therapists, district nurses, emergency services, chiropodists and GPs. This ensured people had access to the services they needed to maintain their health.
- There was clear evidence in people's records where professionals had been involved.

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

- People had access to several pleasant communal areas which provided comfortable spaces for people to

socialize in. These included dining rooms and lounges, a small shop, hairdressing salon and a large, enclosed garden.

- There was clear, bold signage throughout the service and doors had residents' names and personal pictures on them. These helped those with sight or memory problems find their way around.

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 MCA 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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed appropriate legal authorisations, or the applications for, were in place to deprive a person of their liberty.
- We heard staff asking people for their consent before assisting them and saw people were supported to make their own choices where able.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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 were supported by kind and caring staff.
- People praised the staff. Their comments included, "The staff are all very nice and kind" and "The carers are lovely."
- The service was non-discriminatory. The management team told us how they ensured people were treated well, regardless of disability, race, religion, sexual orientation, or preferred gender.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. We observed staff knocked on people's bedroom doors and waited to be invited in.
- Staff understood the importance of helping people remain as independent as possible. One person told us, "They keep my room very clean, but I also like to do a bit of that myself, and they are OK with that."

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

- Staff supported people to make decisions about their day-to-day care and support, such as what they wanted to eat and drink, and what they would like to wear.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- Staff knew people well. Care plans were detailed and provided staff with guidance and information about how people wished to be cared for.
- People and relatives were happy with the care and support provided at Avonleigh Gardens. One relative said, "The staff do their best, I am really pleased. It's a difficult job. [Name] is really settled and that's the most important."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed on admission to the home and were kept under review.
- People's care plans documented their communication needs and described how staff could work with them to ensure good communication.

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

- Staff supported people to keep in contact with family and friends, and to take part in a range of activities, which included a weekly music therapy session.
- Weekly church services were held and priests from different denominations regularly visited the home.
- Comments from people and relatives about the activities included, "I enjoy the company, the way people mold into one another, we are all friends. I don't feel lonely here. The staff chat to me and certainly if you want a natter, they are there", "I like to sing, we do this every day. I have my own music and they don't mind you putting your own music on if there's nothing else going on. We have a laugh, and you have to have a laugh" and "Maybe there could be more activities, something more structured and formal for residents without dementia."

Improving care quality in response to complaints or concerns

- There was an effective process in place to deal with any complaints.
- People and relatives were aware of who they should speak to if they needed to raise any concerns or complaints. However, no one had needed to. One person said, "I've nothing to grumble about. I feel

satisfied." Another told us, "I've never had anything to complain about. I like it. I would ask the carers if I was unhappy, but I've never had to complain."

End of life care and support

- Details for people's end of life wishes were included in their care plans where appropriate.
- The service worked with community health professionals to care for people as they approached the end of their lives.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a person-centred culture within the service, which helped to achieve good outcomes for people. Everyone we spoke with praised the home and its staff.
- Throughout our inspection we observed positive caring and supportive interactions between people and staff.
- Staff spoke positively about the home. One staff member said, "It's a brilliant place to work. I had previously worked here years ago and wanted to come back when I knew there was a vacancy. The team all work really well and hard together for our residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their responsibilities under the duty of candour and were open and honest when things went wrong.
- The registered manager had kept the CQC informed of incidents that had taken place in the service.
- Staff told us they had access to support and advice from management when needed.
- Regular audits and checks were carried out by the registered manager, the provider's quality improvement manager and senior staff. These were used to review the quality and safety of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other key organisations such as the local authority and local health services.
- There were systems in place to ensure the provider sought the views of people using the service through regular reviews of their care.
- Any incidents that occurred at the service, or complaints, were thoroughly investigated and lessons learned were shared with staff. This showed commitment to maintaining high standards.