Avon Lodge UK Limited

Fairview

Inspection report

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Tel: 01992769651

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

At our last inspection on 16 and 17 October 2014, we found the premises was poorly maintained and paintwork in some areas had been damaged. Suitable window restrictors were not in place in two bedrooms. Cleaning chemicals were not locked away securely. Some areas of the home had not been fully cleaned. We carried out a focused inspection on 10 December 2015 to check if improvements had been made. We found a suitable window restrictor was not in place on a kitchen window that was broken, which was near to a dual carriageway. The second floor bathroom window did not have measures in place to restrict access. This was installed after the inspection and the kitchen window was fixed. The home was clean and had been maintained.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Risk assessments had been completed for most people. However, for some people risk assessments did not provide information on how to mitigate identified risks to ensure people were safe at all times. After the inspection the registered manager sent us evidence to demonstrate that the information had been included to mitigate identified risks.

There were systems in place for quality assurance. We discussed our concerns with risk assessments which had not been identified in the audits we saw with the registered manager, who assured us that risks were being identified and the quality assurance process would be made more robust to include how to mitigate identified risks.

Medicines were being managed safely.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles.

Staff sought people's consent to the care and support they provided. People's rights were protected under the Mental Capacity Act 2005. Deprivation of Liberty safeguarding application had been made for people that, due to their own safety, required supervision when going outside.

People had the level of support needed to eat and drink enough, and to maintain a balanced diet. People were able to access healthcare services and attend routine medical appointments and health monitoring with staff support.

Staff encouraged positive, caring relationships with the people who lived at the home. Systems and procedures were in place to encourage and facilitate people's involvement in decisions that affected them.

People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

Activities in the home were tailored to suit people's individual needs and preferences.

People received care that was shaped around their individual needs, interests and preferences. Care plans promoted a person-centred approach, and staff made use of these.

People found the registered manager approachable and had confidence in their ability to act on things. Staff felt well supported by the manager.

We identified a breach of regulation relating to risk management. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Some people risk assessments did not provide information on how to mitigate identified risks to ensure people were safe at all times. After the inspection the registered manager sent us evidence to demonstrate that the information had been included to mitigate identified risks.

Staff members were trained and knew how to identify abuse and the correct procedure to follow to report abuse.

Medicines were being managed safely.

There were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had received training and were supported to provide the care people needed.

Staff received regular one to one meetings and appraisals.

People enjoyed the food at the home and were offered choices.

Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

Staff knew the signs and how to support people if they were unwell and when to make referrals to healthcare professionals.

Is the service caring?

Good

The service was caring.

We saw people were happy and cared for. People had positive relationship with staff and told us that staff were caring.

Staff promoted people's independence and encouraged them to

do as much for themselves as they were able to.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans were current and reviewed regularly with people. Staff had a good understanding of people's needs and preferences.

People were involved in a wide range of everyday activities.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

There were systems in place for quality assurance. We discussed our concerns with risk assessments which had not been identified in the audits we saw with the registered manager, who assured us that risks were being identified and the quality assurance process would be made more robust to include how to mitigate identified risks.

There was an open and inclusive atmosphere within the home.

People, relatives and staff were very positive about the registered manager.

The service sought feedback from people and staff through meetings and surveys.

Fairview

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 on 20 February 2017 and was unannounced. The inspection was undertaken by an inspector, an inspection manager 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.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people and the provider information return pack, which the home sent to us to tell us how they manage the service under the five key lines of enquiries.

During the inspection we spoke with five people, one relative, three staff members and the registered manager. We observed interactions between people and staff to ensure that relationships between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans, which included risk assessments.

We reviewed five staff files which included training and supervision records. We looked at other documents held at the home such as medicine records and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, safe here" and another person commented "Yes. Very safe, it's good here. The service is excellent here." A relative told us their family member was safe, "Yes very safe. I couldn't be grateful enough."

Despite these positive comments we found that some aspects were not safe.

Staff received training in handling challenging behaviour safely. Staff told us they had not used physical intervention to manage behaviours which challenged the service. They described how they used de-escalation techniques to support people such as taking a person outside or providing re-assurance to a person. There were risk assessments in place for people that may demonstrate behaviour that challenged the service. The assessments included de-escalation techniques specific for people.

Assessments were carried out with people to identify any risks and provided clear information and guidance for staff to keep people safe. Assessments were specific to individual's needs such as on smoking, falls/trips and wandering. Staff had knowledge of the risk assessments and what steps they should take to help keep people safe from harm.

One person was at risk of choking. However, a risk assessment had not been created to minimise the risk of choking and what staff should do if the person started to choke. We saw an entry on the daily records that the person had difficulties when eating lunch and staff had intervened appropriately. We observed during lunch a staff member supervised the person and when the person coughed the staff member was prompt with supporting the person. Staff were able to tell us how to minimise the risk of choking and what to do if the person was to choke.

One person's record showed that the person was scared to cross the road and was scared to use the cooker. A risk assessment was not created to mitigate those risks. The person was not under Deprivation of Liberty Safeguard (DoLS) and had been assessed by professionals as having the capacity to go out by themselves. The registered manager told us that the person was scared of large roads and had the capacity to not use these roads by themselves and only stayed within the locality. We discussed our concerns with the registered manager about the person's safety and how the home had assurance that the person would avoid large roads especially as the home was next to a dual carriageway. The manager told us the person had been assessed two years ago by the home when going outside to determine if they could use local roads and avoided using large roads unsupervised and was also assessed by professionals to be able to go outside unsupervised. This had not been detailed on the person's care plan. The registered manager told us that an assessment would be carried out regularly with the person to ensure the person had capacity to avoid large roads and a risk assessment would be created to mitigate these risks.

Skin integrity was assessed using Waterlow charts and Braden Scale to determine risk levels. However, on two occasions records showed that people's risk levels were inconsistent. The Braden Scale showed that both people were low risk. However, the Waterlow charts showed both people were at high risk. The

registered manager told us that the risk was low as people's skin was not broken. Records showed one person who had their skin listed as 'tissue paper' on the Waterlow chart. We noted that this person was at risk of falls. The registered manager told us that due to the person's fragile skin, should they bump into objects or fall then it may lead to injury or harm. A risk assessment on potential skin complication had not been created to mitigate this risk. Another person had been admitted to the home with skin ulcers. Although the ulcers had healed, a risk assessment was not in place to minimise the risk of re-occurrence especially when the person had history of skin complications and their Waterlow assessment showed them as high risk.

The above issues related to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

After the inspection the registered manager sent us a detailed action plan and evidence to demonstrate that the information had been included on the risk assessments to mitigate identified risks.

There were procedures in place to ensure any accidents or incidents involving people who lived at the home were recorded and action taken. Staff were aware of these procedures, and the need to record and report any such events without delay. However, accidents and incidents were not analysed for patterns and learning to identify the actions needed to minimise the risk of reoccurrence. This was included on the action plan that the registered manager sent to us after the inspection, which showed that accidents and incidents would be analysed.

We saw evidence that demonstrated appropriate gas safety, electrical safety, legionella and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns.

The home had made plans for foreseeable emergencies including a personal emergency evacuation plan for each person at the home. Regular fire tests were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency, which corresponded with the fire safety policy. There was an evacuation mat on the upper floors to evacuate people that may be unable to use the stairs in an emergency.

People were supported by staff who had training and information on how to protect people from harm and abuse. Staff demonstrated an understanding of the different forms and potential signs of abuse, and their broader role in keeping people safe. They recognised the need to report any abuse concerns to the manager, senior on duty or external organisations such as CQC or local authority without delay. The provider had developed formal procedures requiring that any actual or potential abuse was reported externally and appropriately investigated.

All potential employees were required to undergo checks, before starting work at the home, to ensure they were suitable to work with people. These checks consisted of an enhanced Disclosure and Barring Service (DBS) check, photographic identification, proof of eligibility to work in the UK and obtaining of employment references. These checks help employers to make safer recruitment decisions.

There were sufficient staff on duty to meet people's needs. One staff member told us, "We do have enough staff" and another staff member told us "We have enough staff for the people we have now." During the inspection we observed staff were not rushed in their duties and had time to chat with people and provide support when required. The staff rota confirmed planned staffing levels were maintained. During the inspection there were five people living at the home. People were mobile and most people required limited care and support. The people and relatives we spoke to had no concerns with staff availability. During the

day the home employed the registered manager, senior carer and a care staff and during the night the home had a senior carer and a care staff. A person told us, "There's always enough staff to help me" and another person told us, "Always two [staff] on at any time."

We checked how the home managed people's medicines. As part of this, we looked at how medicines were stored and reviewed medicines records. People received their medicines as prescribed and people confirmed this. A person told us, "I take it [medicines] in the morning. I don't get pain. I am happy" and another person told us, "I get it in the morning and then at night time." Medicine records were completed accurately and were stored securely in a locked trolley. People told us that they had access to PRNs (medicines when needed such as paracetamol) and staff would administer PRN upon request. Staff received appropriate training in medicine management and had been competency assessed to ensure they were competent to administer medicines. Staff confirmed that they were confident with managing medicines and we saw that the manager regularly audited the management of medicines and errors were highlighted, fed back to relevant staff member and appropriate action had been taken.

We observed the home and people's rooms were clean and tidy. Staff used appropriate equipment and clothing when supporting people. All chemical items had been stored securely. A person told us, "Hygiene is good here."

Good

Is the service effective?

Our findings

People and relatives told us staff were skilled and knowledgeable to provide care and support. One person told us "Yes, they understand me" and another person commented "All staff help here if I have any problems." A relative told us, "[Person] likes the people [staff] that are there."

Upon starting work at the home, staff underwent a formal induction. During their induction period, staff completed initial training to keep themselves and others safe, read people's care plans and worked alongside more experienced colleagues. Staff felt their induction had given them a positive introduction to their job roles.

Following induction, staff participated in training and refresher training that reflected the needs of the people living at the home. Staff told us their training had given them what they needed to know to support people safely and effectively. They felt confident about approaching their manager with any additional training requests, as needed. The registered manager maintained a training matrix to monitor and address staff training requirements.

Staff confirmed they received regular supervision and appraisals. One staff member told us, "Manager is very supportive." They told us they could talk about concerns and any training needs during these supervisions. Records showed that the home maintained a system of appraisals and supervision. Formal individual one-to-one supervisions were carried out regularly. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2016.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff had a good understanding of the MCA and understood the principles of the Act. Records showed assessments had been carried out, where necessary of people's capacity to make particular decisions.

People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything, for example, a staff member asked whether

people were happy to talk to the CQC inspector and gained their consent before letting the inspector speak to them.

DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside the home. We saw that the front door was kept locked and most people did not go out by themselves. DoLS applications had been made and authorised for people who, due to their own safety, required supervision when going outside. Records showed that a person had conditions on their authorisation made on January 2017. The manager confirmed they were in the process of making arrangements to comply with the conditions on this authorisation.

People told us that they liked the food at the home. Comments included, "Nice food, choices every day", "I had stir fry on Saturday, it was nice. I like the food" and "Food's lovely here. I get more than enough." A relative told us, "It's good; [person] eats so much and very well looked after." People told us that they were well hydrated. One person told us, "Yes, get tea and that. Sometimes orange juice or water" and another person told us, "I have enough to drink." A staff member told us "We always give a choice on what they would like to eat."

The menu showed that people were given different meals during meal times and it was varied, nourishing and fresh. We observed that the kitchen was clean and tidy. Cooked and uncooked meat was kept separately. Labels had been used that detailed when a food item had been opened. We spoke to a staff member preparing lunch who was able to tell us which people had specific diets. A person at risk of developing type two diabetes had been referred to a dietician and a plan was in place to ensure the person had meals which were low in fat, sugar and carbohydrates. We observed that the person was given low sugar biscuits with their tea. The person confirmed that the diet plan was being followed. People's weight was monitored on a regular basis and the registered manager told us people did not have any weight issues and if there were any concerns, they would be referred to a GP and encouraged to eat regular nutritious meals.

We carried out an observation during lunchtime. We observed that food was placed within easy reach of people. Drinks were available and were offered to people. Staff asked if people had finished their drink and meals before removing them. A person at risk of choking, we observed their food had been cut into small portions and a staff member supervised the person throughout the meal. People were given choices if they wanted dessert and whether they preferred this warm or cold. We observed that a person tried to interact with a staff member and the staff did not engage in a positive way. We fed this back to the registered manager, who informed us that he will speak to the staff to ensure this is not repeated.

Records showed that people had access to a GP, dentist and other health professionals. Staff supported people to attend routine health appointments and check-ups as part of the care and support provided. People's health needs, and the healthcare professionals involved in their care, were recorded in their care files. People and relatives confirmed that there was easy access to healthcare professionals when needed. Staff told us that they knew when someone was unwell and gave us examples that people's moods may be different, lack of communication and not being able to eat. A person told us, "I am going to the dentist on Tuesday morning" and another person told us, "I have diabetes. The GP tests my blood. All okay." A third person told us, "[Staff member] arranges GP. We like to see the GP and he manages appointments. They're very quick with that." A relative told us, "[Person] goes to the same dentist as me. [Person] has health checks."

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "Yes, they [staff] alright." A relative told us, "Yes, very caring." We observed that people had a positive relationship with staff. People chatted with staff and the registered manager about their day and well-being. Staff told us they build relationships with people by spending time with them and talking about their interests. All the people we spoke to told us that they had a good relationship with staff.

People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. Staff told us they respected people's privacy and dignity and people and relatives confirmed this. One person told us, "They [staff] knock on the door. They're alright."

Staff told us that when providing particular support or treatment, it was done in private and we did not observe any treatment or specific support being provided in front of people that would had negatively impacted on a person's dignity. People confirmed their dignity was always respected. There was a 'Help with managing continence with dignity' section in care plans that detailed how to respect a person's dignity when taking them to the toilet or using a continence pad. A staff member told us, "I always shut the door when providing personal care" and another staff member told us, "We will make sure the door is closed when they have a shower."

Staff supported people to be independent and make choices in their day-to-day lives. A staff member told us, "We let them choose their own clothes and help them make their own food." Observations confirmed people were independent and we saw people getting their meals during lunch and helped with the cooking. People were also able to go out independently. Records showed that people had volunteered in communities and had received awards for volunteering. One person told us that they went out on a work placement within the community. People told us they were encouraged to be independent, one person told us, "I got my own room. I clean my room with the staff three times a week. I'm getting a lot more confident with myself" and another person commented, "I did a bit of cooking yesterday. I helped clean the windows the other day." A third person told us, "I do the bins in the morning. I change the bags."

The service had equality and diversity policy and staff were trained on equality and diversity. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally and had no concerns about staff approach.

We saw people's spiritual beliefs were recorded. The registered manager and staff told us people attended religious services and the service accommodated this. One person told us, "I go to church here on Saturdays and Sundays. I get support with that as well" and another person told us, "I went to church on Sunday." During the inspection we observed that members from the local church had attended the home to spend time with people. We observed that people engaged positively with the visitors. A staff member told us that this was an arrangement made with the local church.

Good

Is the service responsive?

Our findings

People and relatives told us that the home was responsive to their needs and staff listened to them. One person told us, "Staff help me out. They all help me out here." A relative told us when their family member had been admitted to the home, their behaviour had improved, "[Person] changed, [person] not so aggressive. [Person] likes gardening around the home and [person] goes out to garden centres. [Person] showers every day. I couldn't get [person] to do that at home."

Care plans were individual and personalised according to each person's needs. There was a person centred care plan booklet that provided background information, future goals and important people that were in people's life. There was a communications ability section that listed people's ability to communicate. Care plans were signed by people, where possible to ensure that they agreed with the information on the plan.

Care plans had a personal profile outlining the persons medical history, language people spoke and their religion. There was a daily routine section that detailed what time people woke up and the care and support that people would require throughout the day. There was an 'How to keep me safe' section for each part of support people required. For example if a person required support with showering, the safety assessment stated that staff should be present when person had shower to ensure person does not fall. There was a hospital passport for each person that included their health conditions, how they communicated especially if they were in pain and their likes and dislikes.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

We saw evidence that the home was responsive to people's needs. Records showed that a person wanted to smoke and although the home was holding regular reviews to ensure that smoking was minimised to benefit the person's health there was appropriate measures in place to support the person to smoke safely.

There was a daily log sheet and communication book, which recorded information about people's daily routines such as behaviours and the support provided by staff and used during staff handovers to ensure people received continuity of care.

Records showed no complaints were made about the service since the last inspection. There was a complaint policy in place, which detailed how people could complain and the action the home would take to respond to complaints. When we spoke to the staff on how they would manage complaints, they told us that they would record the complaint and inform the manager. People told us that they had no concerns about the service. One person told us "We've got no complaints."

Activities were taking place that people enjoyed. Each person had an activity section on their care plans, which listed the activities that they took part in. One person proudly showed us their artwork that they had done. Records showed that a person attended a gym regularly to manage their weight and another person was on a work placement. Records also showed that people participated in activities together and had gone

to the Lake District, cinema, boat cruise, shopping, Hyde Park and had celebrated Christmas and people's birthdays. Comments from people included, "I went to the gym and then Waltham Cross [shopping centre] on Saturday", "They take you to places requested", "I go to London sometimes and see the London Eye" and "We all went to the Lake District." A relative told us, "They [people] do go out with the staff. [Person] goes to a day centre and [person] enjoys that." A staff member told us, "They do go out a lot."

Good

Is the service well-led?

Our findings

People told us they enjoyed living at the home, one person told us, "I like everything here" and another person commented, "It's alright. We're quite happy." A relative told us, "[Person] improved so much since [person] been there. It's home from home." Staff told us they enjoyed working at the home, one staff member said, "I like it here, we got a good team" and another staff member told us, "I love to work for them [provider]." Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff were very complimentary about the registered manager. One staff member commented, "He is very good manager" and another staff member told us, "He is very supportive, not just to me but to other staff and residents." The interaction between staff and the manager was professional and respectful.

People told us they liked the registered manager. One person told us, "I go for a walk if not happy. I tell the manager and he comes to talk to me. He makes it better" and another person commented, "I like the manager. I talk to him." One relative told us, "[Registered manager] is very good with them [people]."

There were systems in place for quality assurance. These audits included reviewing care plans, recruitments, cleanliness, feedback from people, training and follow up actions were recorded. A health and safety audit also was carried out to check hot water temperature, hazards that may cause slips or trips and fire safety to ensure the premises was safe. We discussed our concerns with risk assessments which had not been identified in the audits we saw with the registered manager, who assured us that risks were being identified and the quality assurance process would be made more robust to include how to mitigate identified risks.

Staff told us staff meetings took place regularly. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff had discussed safeguarding, staffing levels, activities, supervisions and the needs of the people who used the service. Meeting minutes were made available for staff that were unable to attend meetings. Residents meetings, enabled people who used the service to have a voice and express their views. Resident meeting minutes showed people discussed food and activities.

The registered manager told us the provider monitored the quality of service provision through information collected from comments and survey questionnaires from people and professionals. We saw results were complimentary and positive about the service and staff. A relative told us, "I filled in a form about the home. I couldn't fault it. It's home from home." Comments from people from the survey included, "Staff treat me very well here", "The staff and manager are very helpful", "Staff are very good, they help me always" and "Staff and manager listens to my concerns and help me." Comments from health and social care professionals from the survey included, "He [registered manager] is always accommodating and goes above and beyond his duty many times", "The residents always look happy and comfortable", "The staff are welcoming and can be seen to show care and compassion for the residents", "[Registered manager] and the team have always been on hand to support the service users that I placed at Fairview" and "[People] seem very well supported by staff."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was doing all that was reasonably practicable to mitigate risks to service users. Regulation 12(1)(2)(a)(b).