

Aswan Care Ltd

# Avondale Care Home

## Inspection report

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Date of inspection visit:  
23 June 2016

Date of publication:  
26 August 2016

## 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

This inspection took place on 23 and 24 May 2016 and was unannounced.

Avondale residential home is situated in the village of Harworth and is registered to provide accommodation for up to 31 people persons who require nursing or personal care. At the time of inspection 21 people were using the service.

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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

We found that medicines were stored correctly, however they were not always administered safely. People's care records showed that any risk to their safety had been identified and measures were put in place to reduce these risks. The risk assessments were being updated at the time of our visit. The cleaning schedule in place had not identified debris behind the tumble drier which could have presented a hazard. People who used the service and staff at Avondale knew who to report any concerns to if they felt they or others had been the victim of abuse. There were enough staff with the right skills and experience to meet people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people and information in people's care plans with regard to their capacity was being updated at the time of our inspection.

People were supported by staff who had received the training and supervision they needed to support people effectively. People had consented to the care that they received. People spoke positively about the food they received and were able to have choice in what they ate at each meal. People had regular access to their GP and also other health care professionals when required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff encouraged people to remain independent wherever possible and where people showed signs of distress or discomfort, staff responded to them quickly. There were no restrictions on friends and relatives visiting their family members.

Staff were on hand to respond to people's needs and a range of activities were available to those that wished to join in. Care plans were being updated with the involvement of each person and their family to take account of any change in need a person may have. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

The atmosphere within the home was warm and friendly. People living in the home were asked for their opinions with regard to the service that they received, and these were taken into account when making decisions to improve the service. Staff understood the values and aims of the service and spoke highly of the registered manager. Processes were in place to check on the quality of the service.

## 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** 

The service was not always safe.

People's medicines were stored correctly, although were not always handled safely.

The cleaning schedule had not ensured prevented a build-up of debris behind the tumble drier.

Risks to people's safety were identified and assessed and these risk assessments were in the process of being updated.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

People were supported by a sufficient number of staff who had been appropriately recruited.

### Is the service effective?

**Good** 

The service was effective.

People received support from staff who had the appropriate skills, training and experience to support them well

Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people.

People spoke highly of the food and were able to choose what they wanted to eat at each meal.

People were able to see their GP and supported to access other healthcare professionals when needed.

### Is the service caring?

**Good** 

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People's dignity was maintained and staff responded quickly when people showed signs of distress or discomfort.

There were no restrictions on people's friends and family visiting them. People could have privacy when needed.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People experienced support from staff which responded to their changing needs and were able to participate in a range of activities which they enjoyed.

A complaints procedure was in place. People felt confident in making a complaint and felt it would be acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a positive, friendly atmosphere at Avondale. People's views were taken into account when improvements to the service were being planned.

People were supported by a registered manager and staff who had a clear understanding of their role.

There was a process in place to check on the quality of the service.

# Avondale Care 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 23 and 24 May 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six people who were using the service, three relatives and two visitors. We also spoke with seven members of the staff team, and the owner of Avondale. We observed the way staff cared for people in the communal areas of the building and 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.

We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including four staff files, medication records and audits carried out at the service. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

# Is the service safe?

## Our findings

Medicines were not always administered safely. We observed staff support people to take their medicines. Medicines for more than one person at a time were dispensed from the packets in the medicines room before being taken to people. This meant that there was a risk that people may receive the wrong medicines. We fed this back to the person in charge of the shift on the day of our inspection and they said that they would take immediate action as this was not acceptable.

People's medicines were stored correctly and people we spoke with told us they received their medicines as prescribed and in a timely fashion. One person we spoke with told us, "They give me my tablets on time, oh yes." Another person said, "My tablets come on time, you could set your clock by them." Relatives confirmed that they were confident that medicines were given correctly. One relative told us, "[My relative] has their medicines, no problem." Another relative confirmed this saying, "I've seen them do the medicines – it's all done by the book."

While observing staff support people with their medicines, we saw that two people were present so that one person could focus on administering the medicines, while the other person could attend to any other requests that people were making at the time. This meant that the person handling medicines was not distracted. Staff were patient when required. They ensured people had the time they needed to take all of their medicines, staying with each person to be sure that they had taken their medicines after being given them. We saw people being positioned well and made comfortable so that they could take their medicines. The staff we spoke with told us how the arrangements medicines had been improved recently, for example; new charts were being introduced so that staff could be sure that they were applying topical creams correctly.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. Medication administration records (MARs) were used by staff to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. Medicines were stored securely and kept at an appropriate temperature. There were appropriate arrangements in place for the storage of any controlled medicines.

During the inspection we saw checks were carried out to ensure the premises and equipment were well maintained. However these checks had not identified a significant build-up of debris behind the tumble drier which could present a hazard. The person in charge was informed of this on the first day of our inspection but they needed informing again when debris still had not been cleared when we returned the following day. Following our reminder, the debris was cleared immediately.

Our observations of other equipment used within the home showed that appropriate maintenance checks had been undertaken. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

People were protected and their freedom was supported and respected because staff understood the risks people maybe exposed to and worked to minimise these. One person explained that they felt safe at the home because the staff understood their needs and knew how to support them. Another person explained to us that staff made sure that everything was always left, "Just so," in their bedroom so that they could move around safely. Relatives were also confident that their family members were protected and their freedom was respected. They told us, "[My family member] likes to wander around and do the dusting, the staff let them do this and just keep an eye out for them."

The staff we spoke with told us they believed that measures were in place to keep people safe. They told us, "We understand that everything we do has a chain reaction – that understanding helps us keep people safe." Another staff member described the risk assessments that were in place in people's care plans and how these helps protect people from risk associates with things like falling or the use of a hoist. Staff also explained to us the if someone sustained a fall they would ensure that they sought advice from the falls team or an Occupational Therapist and update their care plan so that the risks of them falling again were reduced. We also heard from staff how they evaluated the risks of any activities that were taking place in the home on a one off basis so that people were kept safe. People's care planning records contained risk assessments which were in the process of being updated and reviewed at the time of our visit. The new risk assessments had a greater degree of detail within them.

We saw that the fire evacuation procedures were in place and these had been discussed at a recent residents meeting to ensure that everyone knew what to do in the event of a fire. The care records that we looked at showed that risks to people had been reduced because most risks identified had been assessed. There was some work ongoing at the time of our inspection to ensure that all risk assessments were updated and refreshed as some had become out of date. Plans had been put in place for staff to follow to assist them in maintaining people's safety, which we saw staff following during our inspection. For example two staff always assisted people when they were using a hoist. Any accidents were recorded in the accident book which was reviewed to ensure steps were put in place to minimise the risk of any reoccurrence.

The people we spoke with told us they felt safe living at Avondale. We spoke with one person who told us, "I am very cosy and safe here, thank you." Another person said, "Yes, I am safe enough here, staff come up every so often, everything is to hand when they leave and I can call staff if I need them when they are gone." A relative we spoke with said, "I have no doubt [my family member] is safe, the staff are so good."

Staff explained to us how they ensured people were protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. They told us, "We have had training and know so much about safeguarding. Everything is recorded in care plans and at handovers and we always read up on these so we know what is going on in peoples lives." Another staff member said, "There are plenty of people we can speak to if we have a concern. There is the senior, the manager, the owner and CQC. If we speak to [the registered manager] about anything they always take action and tell us what they have done to protect people."

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected any abuse had occurred. A representative from the local Safeguarding Adults team said that they had every confidence that anything untoward which may occur at the home would be dealt with quickly and robustly. They told us how the owner of Avondale had contacted them and taken immediate action to protect people after receiving complaints about the way that some staff had treated people in the past and the staff had not been allowed back into the premises.

Throughout our inspection, the atmosphere in the home was calm and relaxed. People were interacting



confidently with one another and with staff. Care records contained information about how to support people to reduce the risk of harm to themselves and others. Staff were aware of this information and explained to us how they had used it to keep people safe. Information about safeguarding was available in the home and a safeguarding adults' policy was in place.

People told us that they felt there were enough staff to keep them safe. One person told us, "There are usually enough staff. They get a bit short if some are sick or on holiday but the girls are very good, they rally around and make sure there are always enough here." Another person confirmed this saying, "You could always use more staff, but they have enough and you don't usually have to wait too long if you press the buzzer for help."

The staff we spoke with told us they thought there were enough staff available to keep people safe. Staff we spoke with told us, "We have enough staff to make sure people are safe and meet their needs." Another staff member told us that there was enough staff to meet people's day to day needs. The owner told us that the duty rota was planned around the activities and appointments which people had so there were always staff available. People's needs were regularly reviewed to ensure that there continued to be sufficient staff. The duty rota showed that the planned number of staff were on duty.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. In the main staff lived in the village that the home was situated in, although recruitment for new staff was now taking place from further afield to ensure that the right staff could be recruited. We looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

# Is the service effective?

## Our findings

The people we spoke with felt that staff were competent and provided effective care. One person told us, "The staff are well trained." Another person agreed and went on to describe how the management at the service periodically observed staff working to ensure that they were working correctly and said, "They [the staff] are soon told if they are not." A relative we spoke with told us that they visit the home frequently at different times of the day and the staff always seem to know what they are doing.

We spoke with staff who told us, "There is loads of training covering all aspects of our work." They told us how a mix of taught course and distance learning was used which suited their learning style. Another staff member said how the training was, "Fantastic," they said that they were always being encouraged by the registered manager to learn more and was working towards achieving their NVQ level 3. A college tutor was visiting during our inspection and described how they provide tutorial sessions at the service to staff and then assess a workbook which staff will take away afterwards to complete. They said that the registered manager had very committed to ensuring the team were well trained.

People were supported by staff who received regular supervision and an annual appraisal of their work. The staff we spoke with told us they felt supported by the registered manager and these meetings were held regularly. The records we saw confirmed this.

During our inspection, we saw staff ask for a person's consent before providing care and support for them. The people we spoke with confirmed they had also agreed to the content of the care plans which guide the staff in how their care is to be provided. One person said, "Right at the beginning, I remember we talked about what I wanted and what I didn't want staff to do. They always ask me each time they come to me too." Another person explained how sometimes they liked to walk and at other times to use a wheelchair. They told us, "Staff are never demanding, they always ask and are patient with me if my old bones creak a little." We spoke with a relative who told us, "We were involved in writing [my family member's] care plan when they were first admitted here and we signed it all off."

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. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had not always been considered when determining a person's ability to consent to decisions about their care when care plans had been written in the past. However, at the time of our inspection everybody's care plans were being refreshed and updated. We saw that the principles of the Mental Capacity Act 2005 (MCA) had been considered in these new care plans.

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. People were not unlawfully restricted as authorisations under DoLS were being applied for by the registered manager when needed and any conditions set under the authorisation were being met.

Records showed that staff had received training in DoLS, so that they understood the requirements of these arrangements. The staff we spoke with had a good understanding of the MCA, and the process that was used to make decisions in the person's best interests where they don't have capacity to make the decision for themselves. They could give good anecdotal examples of how they applied the MCA in their day to day work.

People were supported to eat and drink enough to keep them healthy. One person told us, "The food is always good – whatever it is." Another person said how if they did not like any of the menu choices they would always be, "Offered a substitute," which they would like. Relatives we spoke with confirmed that the food was good and enjoyed by their family members, although they told us the choice at teatime was better when there was dedicated kitchen staff available to prepare tea whereas more recently the cook has left tea prepared when they finish work for the day for the staff give at the appropriate time later.

We spoke with the cook on the day of our inspection. They also told us how they had worked at the service for many years and knew people's likes, preferences and dietary needs well and what this meant for the food that they should eat. For example, some people had diabetes and others needed fortified diets to maintain their weight. They explained that they also kept a record of these in a book which could be referred to staff working in the kitchen when they were not at work. The cook confirmed that they felt there was sufficient money allocated for food and spoke with pride about how everything was cooked from raw ingredients and nothing was bought in pre-prepared.

Results from a recent survey were displayed on the wall in the reception area which showed that people were happy with the food provided. A menu for the week was on display in the dining room, which showed a range of different foods and choices for each day. The menu was based mainly around traditional British fayre, however the cook said that culturally specific foods would always be prepared for anyone who wished to have them. There was a wide choice of hot and cold options for people to choose from at breakfast and teatime.

At lunchtime food was presented in an appetising way and presented to people as described in their support plan if required. People were able to choose where they sat and who they sat with, or could eat in their room if they preferred. In one side of the home very few people chose to eat in the dining room which was very quiet. People who chose to sit there told us that they would like more atmosphere at mealtimes in the dining room. Suitable crockery and cutlery were available to people where this was needed and people were supported to eat in a dignified way. Drinks were offered during the meal and throughout the day. Where needed, records were kept to ensure that each person had enough to eat and drink.

People had access to the healthcare professionals they needed at the right time. One person confirmed this saying, "Everyone has their problems, but they make sure we all get seen by the doctor or get taken to the hospital if we need to." They went on to explain how the staff would organise transport for them to attend appointments and accompany them too if they wished. Another person confirmed that the staff at Avondale made any appointment they needed, and would inform the family of the date as they preferred to be supported to attend medical appointments by one of their relatives. A relative we spoke with confirmed this was the case and told us that they were always able to attend an appointment with the family member if they wished and was always told if an ambulance was called for them or they were admitted to hospital.

We were told by staff how they would have no hesitation in ringing a person's doctor for advice, or 999 for an

ambulance, if they felt that this was required at any time. One staff member told us how they had done this recently when someone appeared to be having difficulty in breathing. Staff told us how they monitored people's healthcare needs and ensured that people had the doctor or nurse called if they needed. For example, during our inspection we saw someone was anxious about a dressing which needed to be changed and staff called the district nurse and gave the person reassurance that the nurse was going to visit later in the day. We spoke with a visiting health professional. They felt that staff knew people well and called them when needed. Any advice given during their visit was followed through by staff.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP or district nurse, on a regular basis. Staff noted any advice given and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people such as the falls team. Staff were aware of the guidance that had been provided which was noted within people's care records. The person in charge on the day of our inspection told us how people's care plans were always updated when they came out of hospital so that staff were aware of any changes needed to the way they supported the person.

# Is the service caring?

## Our findings

People told us that staff were kind, caring and they had formed positive relationships with them. One person said, "The staff know me and my little ways very well." We also saw how one person liked their family to bring them sweets that they could leave in a bowl in their room for staff to help themselves to. A relative told us, "All of the carers here are great, they are always interacting with [my family member] and they are always happy when I visit. I'm very pleased with it here." Another relative told us that all of the staff were kind, "Genuinely kind and not 'put on' kind," they said.

One staff member told us, "We treat people here like we would want our favourite grandma to be treated." Another staff member said, "We form friendships here with the residents and their families, and I enjoy coming to work to spend time with them." We spoke with a staff member who told us how a number of the staff had lived in the locality for many years they had known some of the people before they moved into Avondale. They told us, "When you see people you know living here, or moving in here, you think about how they used to live and their interests; it gives you something to talk about while providing their care." Another staff member told us how they made particular arrangements when one person's relative came to see them because their visits were so precious to the person.

Some people liked to sit in the same place each day and where this was the case, they were able to do so. One person liked to drink tea, and we saw that staff ensured that they had a fresh cup when they wanted one. Another person was prone to having difficulties with their hearing aid and we saw staff check with them that this was still working. Each person's bedroom had been set out according to their wishes and tastes, with personal belongings displayed if they wished. People told us that they were able to attend local places of worship if they wanted to.

During our inspection, people were made aware of who the inspector was and why they were there by the staff who checked with people that they were happy for us to speak with them. Those who might particularly enjoy talking to a visitor were identified to us. We saw that staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. For example one person particularly enjoyed aircraft. We saw that staff spoke to them about planes during our visit and they were being supported to make model planes which they enjoyed.

People were supported to make day to day choices such as where they wanted to spend their time during the day or whether they wanted to join in with activities. One person told us, "The staff always listen and try to involve you in whatever they are doing. They remember that even if you can't take part in what is going on you might like to be part of the action and enjoy the hubbub of the home and company of others sometimes." A relative told us how their family member was often invited to be part of different activities, and they were able to choose to join in, not to join in or to do something of their own choosing.

During our inspection we saw staff offer people support when it was required and also encouraged people to carry out tasks independently when they were able to. For example one person had always read a particular newspaper each day before moving into Avondale. Staff ensured that they still received a copy of

this each day and placed it so that they could read it. We saw that staff engaged in conversation about the news with the person and they clearly enjoyed exchanging their views and opinions with staff. We undertook our inspection on a day when local elections were taking place. Where people wished to vote, people were supported to attend their local polling station.

We spoke to the person in charge on the day of our inspection about the use of advocacy services for people. They told us people were provided with information about how to access an advocacy service as information was in the service user guide that was given to them when they began using the service. However no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. One person we spoke with told us, "They [the staff] have great respect for us and always make sure that they do whatever we ask for." Another person commented, "The staff treat me indeed with the utmost respect." We spoke with a relative who told us, "All of the girls [the staff] are lovely and always treat [my relative] with respect no matter what."

Staff explained to us how they protected people's dignity while they were working with them, for example by closing doors and ensuring that people were covered when receiving personal care. One staff member we spoke with said how they always apologised to people when they provided personal care because however mindful of the person's dignity they were it may still be embarrassing for people. Another staff member told us that it was important to involve people as much as possible so that they could retain their dignity and independence, they said they always thought about how the person might have done something themselves before they came to Avondale and tried to support them to do the same. We also heard from staff how they would give reassurance if someone they were supporting became upset.

Personal details for people were kept in their files which were stored securely in the office so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

People had access to their bedrooms when they wished should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. There was access to several smaller, quiet areas should people not wish to sit in the main lounge. Avondale was divided into two sections. However people were able to spend time in whichever part of the building they wanted.

## Is the service responsive?

### Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person told us, "They [the registered manager] is very strict with the care plans, the staff have to do it right." Another person said, "My room is full of my things and feels just like home – in fact it feels more like home than my home did when I had home care and everyone was in and out all the time." Relatives we spoke with told us, "There are lots of activities, music, games [my family member] is always doing something when I come to visit."

We saw a program of group activities arranged for each day. There was a program of regular activities as well as some one-off 'special events.' We saw photographs of people enjoying these events such as visits from local singers or a travelling zoo. People told us how recently there had not been enough support for them to pursue their hobbies and interests as there had been a change in activity staff, but this was changing now that a new staff member with responsibility for activities had started. We saw that there was an activities room where people could pursue their hobbies and interests and a secure outdoor area had been created where people could go to sit if they wished or tend some of the flowers and vegetables that they had planted there. People also received support from staff to engage in activities that interested them in their own room. For example, one person told us how they enjoyed feeding the birds and had a feeder attached to their window for food. We saw that they broke up some toast into crumbs which the staff put out, along with some seed and the birds came down to eat almost immediately, which delighted the person.

We observed that staff were responsive to people's needs and requests for help. There was always a member of staff present in communal areas as well as other staff who responded quickly when call bells were pressed in other areas of the home. People told us that their call bells were usually answered quickly if they used them. Staff told us that they always endeavoured to respond to a request made by someone within five minutes, and we saw this to be the case during our inspection.

It was evident that staff had an understanding of people's care needs and how they had changed over time. Information about people's care needs was provided to staff in care plans as well as being written in communication books. People's care plans were in the process of being reviewed and updated at the time of our visit and we saw that the new support plans were far more detailed. The person who was updating the care plans told us how they always involved the person in updated their records saying, "Whether or not they have capacity, I involve them because that is the right thing to do." They told us that they were aiming to update at least one person's documentation each week until they were all completed. Staff told us that they had the time to read people's care plans as they were updated and were kept informed where there had been any changes.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "There are times when I get a little irritable with things, but I tell the girls and they always put things right." Another person said, "Things are put right as soon as you tell them in the office." The relatives we spoke with told us they would feel comfortable making a complaint and knew how to do so. One relative we spoke to told us, "I've no complaints, everything is okay," and went on to say that they would speak up if they felt they

needed to and was confident that their issues would, be resolved. Another relative said that it had never entered their mind that they might need to complain about anything but were confident that the registered manager would take action if they raised an issue with them.

We spoke with staff who told us how they would ensure that any complaints raised with them would be reported to the manager, although they stated that they would do everything they could to put things right at the time if they could. People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home. The complaints procedure was entitled "Let us know" and gave links to key contacts at the Local Authority and at CQC which people were also free to speak to, to raise a concern. The person in charge was able to show us the complaints file which showed that there had been no formal complaints received.



## Is the service well-led?

### Our findings

People benefitted from the positive and open culture in the home. One person told us, "It is not perfect here, but it is as close as it can be they [the registered manager], makes sure of that." Another person commented, "It is as close to being at home as you could get." One of the relatives we spoke with said, "The registered manager always speaks to us if we see them to check that everything is okay."

Staff told us that they felt well supported by the registered manager and the owner of Avondale. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. One member of the staff team we spoke with said, "The manager is always there to help you, you only have to ask." Another staff member agreed saying, "[The registered manager and owner] are great. They are always happy to talk to you. If you are not confident you only have to ask."

We saw people felt comfortable and confident to speak with the staff who were supporting them. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

The people we spoke with, and their relatives were emphatic that there was good management and leadership at Avondale. Someone living at the home told us, "[The registered manager] makes sure that we are looked after alright." Relatives agreed, with one saying, "The manager here makes everything so easy for us."

Staff we spoke with said, "We all look after each other here, if you have a concerns you can always speak to a senior or the manager. If they can't solve it immediately, they will always tell you what they have done." Other staff told us about the arrangements that were in place for support in the event of an emergency outside of office hours, when the registered manger was not at work.

The position of the office within the service meant that the leadership was visible and accessible to those working in the service. The registered manager ensured that the office was tidy and well-ordered with everything easily to hand for staff so that they could refer to it quickly if they needed to and we saw staff visit the office to refer to care plans and check information during our inspection.

There was a clear staffing structure in place. We spoke with the owner of Avondale. They told us how they had recently reviewed the management structure at the service so that the registered manager had more capacity to check on any tasks that were delegated to others to be sure that they had been completed.

The conditions of registration with CQC were met. The service had a registered manager who had been in place since August 2011. They had a good understanding of their responsibilities. The registered manager

was supported at the service by the owner who made regular visits to provide support to the registered manager and monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications in a timely way.

People could be assured that the service was of sufficient quality. We spoke with one person who said, "My word, yes, there is nowhere else like this. I stayed at other places as respite before I came here and nowhere else can touch it." A relative we spoke with told us, I am very happy with Avondale, it was hard for me to leave [my family member] when we took them there, but they have never said they want to come home." A staff member told us they had confidence in the owner and the registered manager saying, "There is strong management here and with the recent changes, it is going to be even stronger."

Peoples care records had been well maintained, but the owner and the registered manager had identified that records were not as robustly completed as they would like and had taken steps to improve these. We saw that there was an improvement in the newly updated documentation.

The owner told us that they visited Avondale twice each week to ensure that the home was running well. Both people who lived in the home and staff told us these visits took place and they often spoke with the owner. External agencies such as Environmental Health and Infection Control also made regular visits to the home to check that the required standards were being met. There was a system of audits in place and these had been completed in areas such as health and safety, the environment, equipment, kitchen and medicines administration to ensure that the service complied with legislative requirements and promoted best practice. Where improvements had been identified the registered manager took action as required. However, there was no overarching action plan linking together any planned future improvements to the home.

People were encouraged to give feedback on the quality of the service provided. One person told us, "We continually have meetings to ask us what we think." The views of those using the service were sought through the residents meetings which were held quarterly. We saw a "You said, we did" display on the noticeboard which detailed the questions people had been asked, the answers people gave and the changes that had been made as a result.

Clear communication structures were in place within the service. Staff we spoke with said, "The management here always keep us up to date." There were regular staff training events which were mandatory for all staff to attend. There were also regular team meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.