

Avon Lodge UK Limited

# Avon Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Avon Lodge is a care home providing personal care and support for up to 36 people, some of whom have dementia. At the time of the inspection there were 33 people living at Avon Lodge. It is a large two storey building and people's bedrooms are on both first and second floors. There is a large communal lounge / dining room as well as a smaller communal lounge. The home has a large well-kept garden with outdoor seating areas.

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

People and relatives we spoke with said they felt Avon Lodge was a safe place to live and staff knew people well. Staff were described as kind and helpful by people and relatives.

We found concerns around how the service was managed and were not assured there was an effective management structure in place. There was a lack of consistent support for the registered manager. How staff were deployed during shifts was not effective and staff morale was low. Whilst people were given choice and control of their daily lives, the principles of the Mental Capacity Act (2005) were not met and some people were being unlawfully deprived of their liberty.

We have made a recommendation around ensuring people have a good mealtime experience.

People's personal risks were assessed, and detailed guidance provided to staff to help minimise known risks. However, we found examples where people's risks had not been adequately assessed. This meant people may not have been receiving appropriate care and support to meet their needs.

People received their medicines safely and there were systems in place to support this. Staff were recruited safely, and appropriate background checks completed prior to commencing employment. There were effective infection control procedures in place. Visiting was encouraged and visitors were informed of how to ensure people's safety when visiting around COVID 19.

Staff received regular supervision and training to support them in their role. 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. Staff understood how to offer choice and support people in line with the MCA. However, we found the home did not always comply with the Mental Capacity Act (2005) and Deprivation of Liberty (DoLS) applications were not being made in a timely manner. People had choice around what they wanted to eat and drink.

There were regular staff meetings for staff and managers to share information. Feedback surveys were carried out to gain relatives feedback. Where people were able to, they were supported to give feedback on the care they received. The home worked with a lot of people who had advanced dementia and it was not always possible to gain their views. We observed these people's experiences of their care during the

inspection and saw staff knew people well and were able to tell if they needed anything, were happy or unhappy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 20 September 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective, and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have identified breaches in relation to safeguarding service users from abuse and improper treatment, staffing and good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Avon Lodge

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors. The inspection was also supported by two Experts 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. One Expert by Experience attended the home during the inspection to speak with people using the service and gain their views as well as making observations of people's experience of their care. The second Expert by Experience contacted people's relatives by phone to request feedback.

#### Service and service type

Avon Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also gathered feedback from two staff at the local authority quality assurance team who work closely with the home. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, head of operations, support manager, one senior care worker, nine people and two relatives. Where people were unable to communicate due to their complex needs, we used observations to find out what their experience of care was. We also spoke to an Independent Mental Capacity Advocate (IMCA) that was visiting the home at the time of the inspection. We reviewed a range of records. This included five people's care plans and risk assessments and 11 people's medicines records and six staff files including recruitment and supervision. We also looked at a variety of records relating to the management of the service, including health and safety.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures, a further five people's care plans and risk assessments and quality assurance records. We spoke with 12 people's relatives and five care workers by phone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- At the time of the inspection we observed enough staff were available to support people when necessary. However, we received feedback from some staff that they did not feel there were enough staff to support people. A staff member said, "It's very hard, for 34 resident [not enough] carers in the morning or afternoon. One always has to stay in the main lounge. The senior just give medication. We have to run around. We get so tired." A person said, "If they had more [staff] it would relieve tensions. [The staff] work hard and they are not appreciated. If they are busy and say; 'I'm coming back soon', it is never soon enough. There's nothing wrong with the [carers]."
- Staffing within the home was a significant concern. The registered manager told us there were sufficient staff to meet people's needs. A dependency assessment had been completed to assess people's support needs and how many staff were required. However, staff deployment was an issue and care staff felt senior staff did not provided adequate support. We have also documented an example of this under medicines in the safe section of this report. We raised this with the registered manager at the time of the inspection who said they were aware of these concerns and were taking steps to address this. During our feedback meeting of inspection findings, the registered manager told us, "We are in the process of recruiting more staff. We have seen the staff on the floor, and we know it needs to be increased...to meet the resident's needs."

The provider failed to ensure staff were appropriately deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they felt there were enough staff and comments included, "The staff are around there's always someone there" and "I see so many staff there, I'm very happy with that. At the moment [Person's] care couldn't be better."
- The registered manager told us there had been significant difficulties in recruiting suitable staff from the local area. There was an on-going recruitment process and to alleviate staffing issues the home was using regular agency staff. The registered manger confirmed agency staff received an induction when they started working at the home.
- Overall, staff were recruited safely. Staff files showed two written references, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- However, whilst we were satisfied staff had received appropriate background checks in the above areas, there were concerns around employment references and application forms. Three staff members employment references were from an employer not documented on their application form. There was not always a full employment history and gaps in employment had not always been explored. We raised this

with the registered manager who said this would be addressed moving forward.

#### Assessing risk, safety monitoring and management

- Where people had been long term residents, there were risk assessments in place that provided detailed guidance for staff on how to manage known risks. There was an overview for staff called 'Areas of high risk for me' in people's care files. This was a good detailed overview at a glance for staff to be aware of. Further information was documented in people's individual risk assessments
- Risk assessments were not regularly reviewed. This has been elaborated on in the well led section of this report as it related to governance systems of the home.
- We found three people who had been admitted shortly prior to the inspection did not have any care plans or risk assessments completed. This placed these people at risk of harm as there was insufficient guidance for staff to work effectively with people. This is discussed further in the well led section of this report. Following the inspection, the registered manager sent completed emergency care plans for these three people. Known risks were documented and guidance provided for staff. Two further people had emergency care plans in place. However, these were not detailed and provided insufficient guidance for staff on people's known risks. The registered manager told us this would be addressed immediately.
- Appropriate checks of the building including fire safety were regularly carried out. People had personal evacuation plans in place which were tailored to their support needs in case of fire.

#### Systems and processes to safeguard people from the risk of abuse

- During the inspection we observed people appeared comfortable with staff, often talking to them and smiling. One person told us they felt safe because, "[of] the attitude of most of the staff and the attitude of the people who run [Avon Lodge]."
- Relative's felt their family members were safe living at Avon Lodge. Comments included, "[Person's] very safe, so safe. She wanders, I like the fact they have a sensor in the room and know when she's moving around" and "100% safe. I was so worried about her before she went there. I have no concerns on her safety."
- Staff had received training in safeguarding and understood how to report any concerns.

#### Using medicines safely

- People received their medicines safely and as prescribed. Medicines administration was well recorded and there were systems in place for medicines storage and disposal.
- During our medicines check we found a pill crusher that had not been washed and had tablet residue. A senior member of staff told us this was only used for one person. It is best practice to wash this in between uses to prevent cross contamination. The pill crusher was washed after inspectors raised this.
- Two senior care staff were given protected time to administer medicines at each allotted medicine time. However, this meant the two senior staff were unavailable for a significant period of time to support people with other tasks and we observed the morning medicines round taking up to one and a half hours to complete with two staff.
- Staff had received medicines training. Following training, competency assessments were completed to ensure staff were safe to administer medicines.
- Relatives were confident people were well supported with their medicines. One relative said, "They keep me up to date with mum, they pick up the phone and tell me. We have discussed her medication fully."

#### Preventing and controlling infection; Learning lessons when things go wrong

- Visiting was encouraged and there were procedures in place to facilitate safe visiting for people. This included, questions around possible COVID symptoms, use of Personal Protective Equipment (PPE) and a lateral flow COVID test before entering the home. A relative commented, "They have a procedure. I make an



appointment and can come down whenever I like if needed. We make the appointment twenty minutes earlier and do the test, I wear all the masks and everything. I can see her in her room."

- Staff had received training in infection control provided by the local authority.
- The home was clean at the time of the inspection. There was a dedicated cleaning team who we observed through the day of the inspection. Cleaning had been increased in the light of the COVID-19 pandemic.
- The registered manager was aware of the new legislation around vaccination for COVID-19 as a condition of deployment.
- Throughout the inspection, we observed overall good infection control processes. However, we did observe some staff wearing their facemasks under their nose or chin. We raised this with the registered manager who immediately addressed this.
- There were systems in place to report and monitor accidents and incidents.
- The registered manager told us they were constantly learning from accidents and incidents and where issues arose, these were discussed during staff meetings and any learning shared with staff.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were no systems in place to make sure people on DoLS had their deprivation reviewed on a regular basis.
- Applications to renew people's DoLS were not always applied for in a timely manner. For example, one person's DoLS had expired in May 2021. However, the application to renew this had not been submitted until July 2021. This meant the person was being illegally deprived of their liberty for two months.

The provider failed to ensure appropriate authorisations were in place to deprive people of their liberty. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us a new system had been put in place to monitor people's DoLS and when they required review. This will be checked during the next inspection.
- Relatives told us people were supported by staff to make decisions where they were able. Comments included, "[Person] is able to say what he thinks. The staff give him options rather than stop him" and "[Person] can make her own decisions; she has full capacity". One person told us they were offered choices and staff listened to their wishes saying, "If you don't want to do something, it's okay."
- Staff had received training in the MCA and were aware of how this impacted on supporting the people they worked with.

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

- Staff were aware of people that required a special diet such as pureed food or vegetarian. The chef had a list in the kitchen of what each person's requirements were and if they had any allergies.
- We checked the consistency of a pureed meal during the inspection. The meat part of the puree meal was not an appropriate consistency or texture and had small lumps in it. We raised this with the registered manager. The chef had used a hand blender which was not able to appropriately puree the meat. On the day of the inspection we were shown evidence that a new appropriate blender had been purchased.
- We observed lunch time and found this was not always a positive experience. Staff appeared rushed and unable to spend appropriate time supporting people. We observed one person being supported to eat. However, there was no communication with the person and staff were shouting instructions to each other as people ate.
- Tables were laid but there were no condiments such as salt and pepper made available. There was no music or anything that ensured mealtime was an enjoyable time. One person told us, "They could make it more interesting at mealtimes."
- The chef asked people on the day what they wanted to eat and kept a record of this. We observed a person requesting an alternative which was catered for. However, we also received feedback from a staff member that people who remained in their rooms were not always encouraged to eat enough and supported to ensure their maintained nutrition.
- Relatives told us they felt the food was good and their loved one had well prepared meals. One relative said, "He loves the food there is quite a variety."

We recommend the provider review systems and processes around mealtimes to improve people's experience.

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

- Where people had been long term residents, we saw there were detailed pre-admission assessments. These helped the home create a detailed care plan on how to appropriately support people in a person-centred way.
- Relatives confirmed they were involved in the pre-assessment process as well as care plan reviews. A relative said, "We sat down and did the Care Plan and full assessment of her likes and dislikes. They let her be independent as much as possible."
- However, despite the positive aspects of assessing people's needs, we found five people's care and support needs had not been appropriately assessed as discussed in the safe section of this report. This is further addressed in the well led section of the report.
- Reviews of people's care was not regularly completed which meant staff may not have had access to the most up to date information.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction when they began working at the home and were supported by regular supervision. The registered manager said they were aware annual appraisals were late and was in the process of organising these.
- Staff said they felt able to ask for supervision at any time. One staff member said, "You will call her [registered manager] and say you want a supervision. She will find the time and sit down with you and act on it immediately."
- Staff received training to support them in their role. Staff confirmed they received regular training, During the height of the COVID-19 pandemic, training was completed on-line but more face to face training was being organised. A staff member said, "We have done lots of trainings, because of the COVID most of it is online now. I have done my medication training and I have done the IC (infection control) training which they came into the home. The pharmacy care into the home to do the training for medicines."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People's care files showed healthcare referrals when necessary. This included occupational therapy, speech and language therapy as well as routine appointments such as dentists and chiropodists. There were regular virtual GP rounds which people were supported by staff to attend.
- Relatives were confident people received access to healthcare and said, "They have a good GP and a chiropodist. Nurse did her foot corn problem the other day" and "The Home have got a Speech Therapist in to improve her communication."
- People were encouraged to take part in activities and there was an activities person in place who was aware of people's likes and dislikes. This helped people to live healthier lives as this provided stimulation for people.
- People's rooms were decorated according to their wishes. People were able to personalise their room with pictures, ornaments and personal effects.
- There was appropriate signage around the home that was accessible to people living with dementia, such as large font and bright colours. There was a lift that enabled people to safely move around the home.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure of the home was unclear. There were two managers who had started within the last three months as a support to the registered manager. These were the head of operations and a support manager. However, staff told us they found this difficult and one staff member commented on the management structure, "Because there are so many managers, we don't know what to do anymore. This one tells you this another something else, we don't know. It's been two or three months. We don't know who to listen to or who to follow, we are confused" and "I don't know who is the manager and who can lead us, who we go to. It is confusing the [registered manager] will tell you this way... you go to them and they say no do it the other way. We are balancing. To be honest I am just confused, nothing is working."
- There was inconsistent support for the registered manager to enable them to maintain effective oversight of the home. The registered manager said they were recruiting for a deputy manager to provide support as the two support managers were not permanent. Prior to the two managers starting three months previously, the provider had failed to ensure adequate support for the new registered manager. This had resulted in a decrease in oversight and governance of the home such as regularly reviewing people's care and auditing systems not being in place.
- Three newly admitted people did not have an emergency care plan or risk assessment in place and very little information was available to staff around these people's support needs. The registered manager told us they had been on leave when these people were admitted. However, this further shows the lack of management oversight that there were no other staff available to ensure emergency care plans were in place. Emergency care plans are interim care plans until a full care plan can be completed and provide staff with guidance on how to work effectively with the person.
- The registered manager did not have oversight of people subject to DoLS and when these needed to be reviewed.
- Monthly reviews of care plans were ineffective and failed to pick up concerns found at this inspection. This included changes in people's medicines / health and when DoLS needed to be reapplied for.
- The home completed a monthly accident analysis overview. However, whilst this recognised trends, there was no information on how these would be addressed. For example, one month it was noted falls appeared to happen at a certain time. There was no analysis of why and how this would be addressed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines, infection control and health and safety audits were being completed regularly. Where any issues were identified, there was an action plan and information when these were addressed.

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

- Throughout the inspection we saw people responding well to staff, laughing and smiling. People told us, "It's lovely [here]. They couldn't do more for you" and "I like them [the staff], I get on well with everybody. I like it." However, one person said they felt, "They [staff] are trying very hard to accommodate someone for their needs, not their wants."
- Relatives felt their loved ones were cared for well by kind and compassionate staff. Comments included, "The staff are lovely and good with my dad, he's happy there. [Staff are] affectionate, kind and patient. Dad loves them, he adores them" and "She's cared for by lovely people. They care for her in a nice way. There's nothing I would change." Relatives also felt staff knew people well and treated them as individuals. One relative said, "They [staff] all know my mum which is lovely, they use her name."
- People were encouraged to take part in activities within the home, The activities coordinator worked in collaboration with people to plan activities according to their interests.
- Relatives were aware of the change in management and knew who the registered manager was. One relative said, "I think the management is good, the level of care is high, it hasn't changed with the different manager."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, where they were able, were involved in planning their care and able to have their views heard, Where people were unable to be involved due to their complex needs, appointed relatives or IMCA's were involved. Whilst this was positive, we also found five examples where people / relatives were not involved which has been discussed above.
- There were systems in place for the registered manager and provider to receive feedback about the home. This included video calls with both the provider and registered manager several times as year. There were also regular surveys. We saw feedback was generally positive. Where issues were identified, these were addressed. One relative said, "Have filled out two or three questionnaires. I mentioned communication and hair washing. They have improved both now."
- We received mixed feedback from relatives about communication with the home. Comments included, "I'm very happy with the home. Good communication from them" and "They primarily use email to communicate. They also use Zoom and Face Time. General communication is good" However, another relative told us, "I think it's satisfactory. There's room for improvement in communication. They have done a couple of Zoom meetings with other relatives. It was a while ago. I would like more like that it would be better."
- Staff received regular supervision and staff meetings where they were able share ideas and raise any concerns. There were also used as information sharing around good practice and changes in guidance.

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; Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of their responsibility to be open and honest when things went wrong.
- Where there were safeguarding concerns, relatives told us they were immediately informed and kept up to

date with the outcomes and actions taken to keep their loved one safe. One relative said, "There was an incident. The manager rang and told me. It was a safeguarding issue which they dealt with."

- Where any learning was identified from safeguarding investigations or incidents, this was shared with staff in staff meetings and handovers.
- The home worked in partnership with other healthcare organisations. This included local authorities, frontline medical services and other services to support the people's wellbeing.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to meet the principles of the Mental Capacity Act (2005). People were being unlawfully deprived of their liberty.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure adequate oversight and good governance of the home.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff were appropriately deployed to meet people's care and support needs.