Avon Lodge UK Limited

Fairview

Inspection report

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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

This inspection took place on 15 October 2018 and was unannounced.

At our last inspection on 20 February 2017 although the service was rated 'good' overall, there was a breach of the regulation in relation to safe care of service users as the service did not always have risk assessments in place to guide staff when providing care.

Fairview 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 was registered to provide care for up to10 people. On the day of the inspection there were nine people living at the service. They varied in age, with a variety of learning and health disabilities.

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.

At this inspection we found there were risk assessments in place for people for the majority of risks. The main risk assessments for moving and handling and, for example, skin integrity were in place. More specific personalised risk assessments, for example behaviours were in place on some care records but not for all people who needed them.

Medicines were in the main safely managed but the staff had adopted some practices which were potentially unsafe but these were remedied on the day of the inspection.

Care records were comprehensive and up to date. The registered manager told us they would streamline care records as it was not always easy to find the most up to date information.

People told us staff were kind and we saw this was the case. People told us the food was good and they enjoyed the activities at the service.

People had good access to health care and health professionals as needed.

Staff told us they found the registered manager approachable and they enjoyed working at the service as part of the team. Training and supervision took place in key areas. Staff recruitment was safe.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Quality audits were undertaken by the registered manager in a number of key areas but there were no provider audits taking place at the time of the inspection. Following the inspection the provider sent us an updated quality assurance framework and told us they would begin audits at 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. There were some risks identified for people that did not have sufficient information to guide staff.

Staff were bringing medicines downstairs and temporarily storing them in a filing cupboard at the start of the shift and the temperature was not recorded there.

Staff recruitment was safe. Not all staff were able to speak confidently about preventing abuse of vulnerable people.

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

The service had measures in place to control the spread of infection.

Is the service effective?

Good

The service was effective. Staff received regular supervision and training.

People told us they liked the food and were supported to eat healthy food.

Staff supported people with their health needs.

Is the service caring?

Good

The service was caring. We saw staff were kind and caring to people and people confirmed this was the case.

People's rooms were personalised.

People were supported to be independent.

Is the service responsive?

Good

The service was responsive. Care records were up to date and personalised.

People were supported to take part in activities and went out

into the local area with support when required.

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

Is the service well-led?

Good

The service was well-led. The registered manager was well regarded by both the people living there and the staff.

The registered manager carried out quality checks. Following the inspection the provider set out a quality assurance procedure.

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 15 October 2018 and was unannounced. The inspection was undertaken by an inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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, three members of staff and the registered manager. We observed interactions between people and staff and looked at two care records in detail. We checked the management and administration of medicines and checked stocks against records for two people who lived at the service.

We reviewed three staff files which included training and supervision records. We looked at other documents held at the home such as the servicing of key services at the building, medicines management, audits and accident and incident forms.

Following the inspection we asked for feedback from several health and social care professionals. We had a response from two health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe at the service. They told us "I feel safe." And "Yes, me too."

The registered manager had systems in place for safeguarding adults. Not all staff were able to confidently talk to us about safeguarding and whistleblowing. We discussed this with the registered manager who told us following the inspection staff had undertaken additional training in safeguarding adults. The registered manager would use supervision to check the understanding of all staff in relation to safeguarding adults.

At the last inspection there was a breach of the regulation as not all risk assessments were in place to help staff care for people safely and minimise further harm. At this inspection we found that the majority of risk assessments were in place for people. For example, there were moving and handling, falls, skin integrity and behaviour management information on files to guide staff in managing risks. However we identified some risks through talking with people or observing staff at the inspection which were not recorded on care records, although staff knew how to manage the situation. For example, one person was at risk of harm if left unattended in the kitchen; another person had a family situation that required sensitive risk management and this was not documented. Following the inspection the registered manager reviewed all risk areas, and confirmed that risk assessments were now in place.

People told us they got their medicines at the prescribed time. Medicines management was in the main, safe. Stocks tallied with MAR and we were told that they were checked twice a day by staff. MAR were completed appropriately. The staff were taking medicines downstairs at the start of the shift and were storing them in a filing cupboard until they were given to people. We discussed this with the registered manager who told us they would stop this practice as the service could not be sure what the temperature was in the filing cabinet whereas the temperature was being taken in the medicine cupboard daily.

We also found one tube of topical cream that had been opened 10 months ago. It was unclear if this was being used as second tube of the same cream was in the person's bedroom. Following the inspection the registered manager made contact with the pharmacist and obtained clear guidance on how to gauge the shelf life of creams and told us he had discussed this with staff. Body maps were in use to show areas of bruising or damaged skin and for the application of creams, but it was not always clear to staff how to use them. After the inspection the registered manager sent us a copy of clear guidance for staff in how to use them.

Staff recruitment practices were safe and appropriate criminal records checks and references had been undertaken prior to staff starting work. This meant staff were considered safe to work with vulnerable adults.

The service had systems in place to control the spread of infection. We saw in the kitchen a list of tasks staff had to complete and on what days to ensure the kitchen, laundry and other communal areas were kept clean. We found there was a malodour on arrival on one of the floors of the service due to people's continence overnight needs, but this had improved later in the day. The fridge in the kitchen was clean as were the cupboards, the bathrooms all had soap and towels and the staff did people's laundry for them.

There were two staff on duty at all times. At night, one staff member slept whilst the other was awake. We saw that staff were busy and people told us they thought the staff and registered manager worked very hard. We asked the registered manager how they determined the level of staff required. They told us they understood people's needs and adjusted them when people had appointments and staff worked flexibly as a team to cover shifts. The service did not use agency staff as the registered manager thought continuity of care to people was important in maintaining good quality care. The registered manager told us they would review staffing levels when the two vacant rooms were filled depending on the needs of the people who joined the service.

We checked how the service learnt from accidents and incidents. Forms were completed when incidents occurred but there was no record on the forms of actions taken. The registered manger could show us from other sources the actions they took so we could see remedial action was taken. For example, one person who had two falls was moved to the ground floor and was referred to health specialists. The registered manager told us they would amend the forms to capture actions taken.

Essential services such as gas, electricity and fire equipment had been serviced within the last 12 months. The registered manager told us that the adjoining service had been served an enforcement notice by the fire service and this meant remedial work would be required at this service. We saw evidence from the fire service that the service had been given an extension until 30 November 2018 to undertake remedial works. Individual fire risk assessments had been carried out for people.

Good

Is the service effective?

Our findings

People told us "the staff are really good" and "[staff name] is really good." People told us staff checked on them at night and one person said they "know me well." Another person said,"yes for sure they look after me." People had confidence in the staff and told us they were able to care for them safely. "Yes, they are well trained." A health and social care professional told us staff were effective in meeting people's needs as set out in their care plans.

Induction records for two staff showed that staff shadowed others, and detailed notes were kept of the induction. One person who had recently returned to the service was going through induction and was in the process of doing key training. The registered manager was introducing the Care Certificate to the service and had set the end of November 2018 for completion by staff. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

We could see that staff were regularly supervised, usually monthly, and that supervision was detailed and relevant. The registered manager had a training matrix which showed that staff had undertaken training in key areas, much of it was on line training. Courses included food hygiene, safeguarding, infection control, equality and diversity and health and safety. Manual handling and fire safety were face to face training. Staff told us they had completed refresher training and found supervision useful.

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 with appropriate legal authority. 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. The service had obtained DoLS for two people, although one of these people was fully able to make decisions about the majority of issues in their life. Mental capacity issues were covered comprehensively in some care records. For example, we saw best interest meetings had taken place in relation to a number of issues for this person and the service noted they had full capacity in these areas. However, another person's records did not refer to their capacity although the referring document did. The registered manager told us they would address this and they sent us an updated document to show they had included this on the care record.

Not all staff could tell us about the MCA but understood they needed to ask people's consent before

providing care. The registered manager told us they would have further sessions on this subject to ensure staff understood fully people's rights. For example, we also noted the front door was always locked and the kitchen door periodically locked, but the service had not obtained permission from other people at the care home for this practice. Following the inspection, the registered manager sent us written agreements by people living at the service to the front door being kept locked and the kitchen door being locked when staff were not in the vicinity.

We saw on care records people's health needs were met and the service worked in conjunction with a range of health professionals including health staff from the learning disability team, the GP, podiatrist and team who support care homes in the borough. One person told us "they changed my walking stick recently which helped a lot" and they could "always get to see the doctor."

People told us they were happy with the food. One person said it was "very, very good." Another person told us they "got well fed." People told us they ate fresh food and vegetables. The menu was dated January 2018 but people told us the food was varied and they had choices. On the day of the inspection people had a hot lunch and tea cooked. The menu stated sandwiches for lunch, but there was little options for sandwich choices in the fridge as the shopping was to be delivered the next day. We raised this with the registered manager who told us they would ensure that the fridge was stocked every day of the week. People were happy with their food options on the day of the inspection.

The building is on three floors and is not accessible by a lift. There is one ground floor accessible bathroom. The people who were living at the service were able to manage the stairs or occupied a ground floor room. The décor of the building was dated.

Good

Is the service caring?

Our findings

People told us staff are "so caring, really good." One person told us "[staff name] is like my second mum." " The staff are kind and caring." A fourth person said "I am getting well treated." A health and social care professional commented on the kindness of the staff.

People told us they felt that it was like a family living there. People who lived there were also kind to each other. One person said" Everyone is so nice to me." The registered manager told us he viewed the service, with the staff and people living there like his family. He said he was very particular who worked there as they had to fit in with the current people who lived there and be a positive member of the staff group with the right attitude.

People told us they were treated with respect and dignity. "I am treated respectfully." Another person said "they [staff] are respectful." Staff told us they were aware of people's right for privacy, and the importance of covering up people when providing personal care.

People told us they could choose when they got up and went to bed, and staff supported them to do things they enjoyed doing. Staff were able to tell us about peoples' routines, and likes and dislikes, and care records gave information so staff understood people's background and the important people in their lives.

People's religious needs were met as holy communion was given at the service next door on a Sunday and some people attended the local church. The menu was varied and the staff team were from a range of backgrounds and were able to cook different dishes to meet people's cultural needs.

The registered manager told us people helped with the garden in the summer and we could see it was full of flowers. People's care records outlined what they could do independently, and people helped around the house. One person regularly dried the dishes and helped with hovering the floors. Others helped with serving food.

Not all care records were signed by people and they were not always familiar with the name of 'care plan' but they told us they were involved in their care. "Yes, I feel fully informed." When we asked if people felt they were listened to, they told us "Yes, they listen to me" and "they note things in the file they have." Another person told us "They list to anything I need to say."

People were supported to keep contact with family members if they chose. One person told us "I have my own mobile so I keep in touch with whoever I want." Another person told us they went to see their relative every day as a taxi was called for him "this is what I like."

Good

Is the service responsive?

Our findings

Care records were in place at the service and covered a range of people's needs. People's needs were assessed prior to them coming to the service and pre-assessment documents were on records. Care records addressed people's personal care, medical needs including physical and psychiatric; and their mobility needs. There was a variety of documents on care records; some of them were not dated which meant it was difficult to see which were the current records. There were also a range of tools used to illustrate people's needs, some of which provided duplicate information. We discussed this with the registered manager who told us they planned to rationalise the documentation so it was clearer.

There was a one page summary which was at the front of the files which was useful for staff to become readily aware of people's needs and this also highlighted areas of risk for staff to be aware of. We could see that documents were reviewed but again using different formats which was confusing. After the inspection the registered manager sent us a review form they would introduce for uniformity across care records.

However, we could see that records were personalised and contained information regarding people's backgrounds, their past work history, their family and their likes and dislikes. This meant that staff had information to understand people's needs and what was important to them. People told us staff understood them well "Yes for sure they look after me." People had keyworkers and staff were able to tell us about people's routines and how they wanted care provided. "[Person] really likes his food." "[Person] hits the table when they are angry."

People told us they knew what to do if they were not happy and wanted to complain, "I would go to see the manager. He has really helped." Another person said, "they listen to me if I want to complain." A third person said, "I would phone you lot up [CQC]." Only one person who answered this question said they were unsure how to complain. We could see the complaints procedure was up on the wall in the communal areas. The registered manager told us they would get accessible posters and put these up at the service. The service had a complaints policy written up on the wall. There had not been any complaints in the last 12 months. A health and social care professional told us they found the registered manager responsive to any issues raised.

People spoke highly of the activities that took place at the adjoining service, which they could join. These included games, for example, bingo, memory games and charades; films being shown; gardening opportunities; outings and individual trips out. People told us they had been away to the seaside for three days this summer which they enjoyed. The service also held BBQ's and celebrated festivals. People told us they really enjoyed the activities and this was evidenced by the feedback forms completed by the activities co-ordinator after specific sessions.

Some people went out unaccompanied and were involved in community volunteering projects, other people were able to visit friends and family alone and some people needed support due to mobility issues. Some of these people told us they would like the opportunity to get out more often if possible, and this request was also highlighted by a health and social care professional.

We saw one of the care records had an end of life plan. The person clearly stated they wanted to be buried and where and what was important to them at the end of their life and what they wanted to happen with their belongings.

Good

Is the service well-led?

Our findings

Everyone was positive about living at the service. They said it felt like home and said, "it's a good place" and spoke highly of the registered manager and staff. Several people told us the service was "very good" another person said they would give it "20 out of 10" as it was that good. A health and social care professional told us they were a trusted service and the ethos of the service was "fantastic".

We could see that meetings for people who lived there took place most months and were well attended. People had the opportunity to talk about issues that mattered to them including food and activities. They felt involved in how the service was run.

Staff also told us they enjoyed working at the service. One staff member said the registered manager was, "like a father" and they were very approachable. This was confirmed by other staff who told us they felt their views were heard and they worked well as a team. Staff meetings took place most months and covered relevant issues and discussed best practice. The service used bank and current staff to manage the rota which meant there was continuity of care for people living at the service.

We could see that monthly audits took place at the service covering medicines, health and safety, supervision and the environment. There were no care plan audits by the registered manager although they had a system to check care records were regularly reviewed.

Whilst the registered manager audited quality at the service, there were no provider audits taking place. Provider audits are an important tool to check on the quality of the service. There was a provider quality assurance document in place, but it was not specific about the provider's role, nor stipulated how they would quality assure the service. The provider told us they had quality checked the service in March 2018 but had not kept records of these checks.

After the inspection the provider sent us a quality assurance document that set out their expectations for quality checks they would undertake, covering key areas including care records, staff files, supervision and training and health and safety checks. They also told us they would ask registered managers to carry out audits at other care homes within the group as part of the new quality assurance procedures.

The provider had undertaken a quality assurance survey with people who lived at the service, relatives and health professionals in 2017 and was in the process of collating information for 2018 on the day of the inspection. The 2017 audit showed people living at the service were very complimentary about the care; they felt they were treated with dignity and respect; they enjoyed the food; and were happy with the service offered at Fairview. Similarly, relatives and professionals were noted as giving positive feedback about the care, the staff and the management of the service.

After the inspection the registered manager sent us the collated feedback information for 2018 which was similarly positive. Areas covered were similar to 2017 with additional questions related to activities, the décor and cleanliness of the home, and the support people received with managing their health needs. All

responses were positive. As part of the survey relatives and four health and social care professionals gave positive feedback on the service.

However, the registered manager was keen to continuously improve the service and had developed a broad ranging action plan for the coming 12 months to focus their work which they shared with us.