

The Avenue Care Home (Bradford) Limited

The Avenue Nursing Home

Inspection report

The Avenue
Clayton
Bradford
BD14 6FH

Tel: 07816504469

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22 November 2022

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Ratings

Overall rating for this service

Requires Improvement 

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

About the service

The Avenue is a care home providing personal and nursing care for up to 64 people. At the time of our inspection there were 47 people using the service. The Avenue is a purpose-built home and accommodates people over two floors. People living on the ground floor require support with personal care needs, some are living with early onset of dementia. The first floor supports people with more complex needs including people living with dementia.

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

People were not always safe as medicines were not always managed safely. The systems and processes in place were not robust enough and had not identified the issues found on inspection.

People had person centred care records and received person centred care which reflected their needs. Environmental safety checks were completed and certification in date. The service was clean and hygienic and had robust cleaning schedules and dedicated housekeeping teams. Staff followed correct infection prevention and control practices. The service was adequately staffed and had received appropriate checks prior to employment to maintain the safety of people in the service.

People's nutritional needs were met. The service had been adapted to meet the needs of people living with dementia which included a vast range of dementia friendly technological aids and equipment. Staff received a thorough induction and continued training programme during employment, and there was enough staff to meet the assessed needs of people. There was an abundance of activities planned for both in and out of the service.

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

People were treated with dignity and respect by a consistent care staff team. People were encouraged to be as independent as possible by care staff who were kind, caring and compassionate.

People were supported to keep in touch with their family and friends through video and phone calls and indoor or outdoor visits. People had access to healthcare services. People and relatives were overwhelming positive about the service provided.

There was consistent and effective leadership from the registered manager and an effective governance structure which meant the service was appropriately monitored at manager and provider level.

The registered manager and provider were responsive to the inspection findings and feedback and took

immediate action during and after the inspection to improve some systems and remedy some concerns raised.

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

Rating at last inspection

This service was registered with us on 25 October 2109 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. Please see the safe section of the 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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to the safe management of medicines at this inspection.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Good ●

The Avenue Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

The inspection was carried out by 3 inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 November 2022 and ended on 1 December 2022. We visited the location on 22 October 2022.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who use the service and 6 relatives about the experience of care provided. We looked around the building and observed people being supported in communal areas. We spoke with 10 staff members including the registered manager, manager, deputy manager, nurse and senior and care staff members.

We reviewed a range of records. This included 4 people's care records and daily notes and multiple medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service, including audits and policies.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- Medicines were not always managed safely.
- We found people's medicine administration records (MARs) did not always accurately list their medicines. Additional information and warnings were not always included on the MARs to support staff to safely administer medicines.
- The quantity of medicines in the home was not always accurate or recorded. This meant we were not assured medicines were given as prescribed.
- Information plans to support staff to safely administer 'when required' medicines to people were not person centred and did not always include the correct information. We also found some plans were not available to guide staff to know when people needed their medicines.
- Medicines given covertly, hidden in food and drink, did not have documentation available to support staff to safely administer the medicines. This meant the efficacy and safety of the medicine might be affected.
- The systems to monitor and audit the service had not identified the issues we found during the inspection.

We found no evidence people had been harmed, however this demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has taken some action to address areas identified on the day of inspection.

- We found no evidence people were given medicines to restrain them or control their behaviour.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Most of the risks to people were managed safely.
- A number of people were transferred around the home in wheeled padded chairs; however, these were observed to not be a safe mode of transport. Most of these chairs did not have footplates which meant people's feet were dragging and catching on the floor when staff wheeled them from one area to another.
- Care records showed risk assessments were in place and linked in with the care plans for people with specific and complex needs. We found care records had been recently reviewed.
- Accident and incident records were completed, investigated and dealt with appropriately. Records showed audits were done on accidents and incidents and showed where improvements could be made. The registered manager kept a detailed log of lessons learnt.
- The environment was well maintained, with locks on storage room doors. Routine safety and

environmental checks were in place.

- People and relatives, we spoke to told us they felt safe in the service, with 1 person stating, "It is good here I feel safe as there is always staff around when you need them".

The provider responded during and after the inspection. They confirmed actions had and were being taken to address the risks.

Systems and processes to safeguard people from the risk of abuse

- The service had safe and effective systems for reporting of safeguarding issues.
- Staff had received safeguarding training and told us they knew how to report any concerns and knew the whistleblowing procedure.

Staffing and recruitment

- The service had sufficient staff to meet the current needs of people in the service.
- Agency staff was used when the staffing levels fell below the requirement. Despite using agency staff, the service was run with the homes own permanent staff members, and agency were taken from the same service to aid continuity.
- The records we reviewed showed staff had competency checks in relation to administering medication.
- Recruitment and induction into the service was done safely. Clear documentation was kept on the recruitment processes and checks were completed prior to employment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting relatives and friends to visit people safely. We saw relatives and friends were welcomed and could spend time with their relative where they preferred. The appropriate safeguards were in place to protect people.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre assessments were completed for people prior to admission to the home. The information gathered in the pre-admission process was robust and detailed.
- The information gathered contributed to the completion of the care plans and ensured these were person centred.
- Reviews were completed within a week of people being admitted to the service to ensure the assessment and care plans were suitable and met each person's needs.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they required to fulfil their roles. This included progression to apprenticeship programmes for Health and Social care, level 2 and 3.
- The training matrix showed staff training was kept up to date and staff were receiving regular supervision.
- The service has its own training facility on the grounds and utilised this well for all training needs of staff. The service linked with sister services to provide the same training to all staff in their services.
- Staff said they had completed mandatory and additional training and felt well supported in their role. One member of staff said, "I was given 2 weeks training and shadow shifts despite doing care previously. They made sure I knew what I was doing first, I felt really confident when I started working on my own".
- All staff are given a choice to choose which shifts they would like to work. The registered manager has created a self-rota which empowers staff to request days in and days off work.

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

- People were offered lots of choices at mealtimes. This was inclusive of a cooked breakfast made to order and alternatives at lunch time. People were asked for their preference for lunch but where they changed their mind this was accommodated, and people were given the freedom to choose the meals they wanted at the time.
- Mealtimes were calm and had a friendly and sociable atmosphere. People were encouraged to sit in the dining room and most people enjoyed their mealtimes here.
- The food was home cooked fresh food and looked tasty and nutritious. People were offered seconds and condiments were available for everyone.
- Where required people were offered support with their meals. Staff did this in a very polite, calm and dignified manner.
- Nutrition and hydration intake were monitored for people who were nutritionally at risk. This was well documented and monitored until people began to gain weight or no longer required the monitoring.

- People told us they enjoyed the food and comments included, "it is always hot and they give you plenty of it", as well as "you can have a drink whenever you want".

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

- Staff supported people to access the healthcare support they needed.
- People's care records confirmed the involvement of other professionals in providing care such as social workers, GPs, Speech and Language Therapist's (SALTs), dentists and opticians.
- The GP surgery was in regular contact with the service to review, advise and respond to any changes in people's health care needs.

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

- The service was purpose built and had been effectively adapted to meet the needs of people living with dementia.
- The environment was dementia friendly. The service had included a lot of dementia friendly technology to aid the service to meet the needs of people whilst creating a calming environment. This included mood enhancing ceiling tiles, relaxation room with sensory lights, music integration system throughout the service and bedrooms, sensory garden, memory lane outside inclusive of interactive 'old fashioned' shops with actual items. Digital fire which simulated a wood burning fire complete with sound effects. On 1 corridor in the home there was a screen and chairs which imitated being on a train. On the screen was actual video footage of the Worth Valley Train Journey so people would have the experience of being on the train.
- The environment was very homely, and people's bedrooms were personalised with their own affects.

Ensuring consent to care and treatment in line with law and guidance

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

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

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

- The service was compliant and working within the principles of the MCA.
- Best interest decisions were in place for people who were subject to restrictions and were on a DoLS. We saw evidence of conditions being monitored for people who had DoLS approved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke warmly to people and knew people well, often referencing people's relatives into conversations showing their familiarity with them.
- People and relatives praised the staff who they described as kind and caring. Comments from relatives included, "staff go above and beyond" and "they are all lovely, all of them without exception".
- People had a positive and caring experience and we observed staff being kind, patient and gentle with people. Staff took the time to make sure people were all right and provided comfort when needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained, and staff treated people with respect.
- We observed caring interactions between staff and people, and staff took the time to compliment people on their appearance.
- One person told us "They are all kind, caring and thoughtful. I have never seen any irritation or impatience. They make sure [relative] is well dressed as they would have been if they were looking after themselves, with their hair always brushed".
- People looked well cared for and were able to choose when to have baths or showers.
- People had their own bedrooms which were able to be personalised with their own belongings creating a homely and familiar environment for them. Each bedroom had their own en-suite bathroom.

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

- Staff gained consent from people prior to all interactions and care given, and people were involved in decisions about their care.
- People and relatives told us they were involved in the completion of the care plan and relatives told us they were kept up to date with changes to their family member or their care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care.
- Care records were person centred and they captured detailed information on people's backgrounds and history.
- Care records reflected people's current needs and were reviewed regularly.
- One-page profiles were captured on the front page of care plans for staff and other professionals to review offering an overview for staff who are unfamiliar with the person.
- Care plans were being followed by staff to ensure people received the care they were assessed for.

Meeting people's communication needs

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

- Peoples communication needs were being met
- We saw people were provided with their hearing aids and glasses where needed and had adaptive aids to promote communication for those with dementia.
- The service had pictorial menus to aid choice for those with dementia.
- Staff explained things clearly and in ways people could understand in order to aid effective communication. Some staff used pen and paper to communicate with people.
- The service has dementia friendly signage around the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met
- There were planned activities and ad-hoc activities for people in the service, with many events where family members and friends were invited into the home to join in organised events.
- People and relatives told us the service was responsive to people's needs and there were plenty of activities for them.
- People were encouraged and supported to go out with their family members, and the service also arranged walks and day trips for people to different places for mental stimulation.
- The service had recently purchased a large interactive screen which was mobile and meant people could

interact using this and play word association games with other people. This also had other features to increase mental stimulation and avoid periods of isolation or disengagement.

Improving care quality in response to complaints or concerns

- The service had an effective complaints process in place which allowed the registered manager to investigate complaints made timely and evidence the outcome achieved and how this was communicated to all parties.
- The service had captured many examples of positive feedback and compliments from people and relatives from the past and present. The feedback included comments such as "The care is second to none", and "The staff are excellent, and everyone welcomes me. Nothing seems to be too much trouble for them".

End of life care and support

- Care plans were in place for end of life cares where required and where consent had been provided by people and relatives to complete these.
- At the time of inspection there was no one who was on end of life care.
- Staff were trained to be able to provide safe and effective end of life care as and when the need arose.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Most audits in place for the monitoring and reviewing the quality of the service was in place and effective. This included auditing of care plans, risk assessments, falls, pressure care, call bells and the environment. These audits are effective and had identified some issues and areas for improvement which had been actioned prior to inspection. However, medication audits had not identified the issues found on inspection and were found oversight in this area to be less effective.
- The registered manager was aware of the requirement for submitting notifications and had done so appropriately and timely.
- The registered manager provided consistent and effective management and oversight in the service. Staff told us, "We are able to speak with the registered manager anytime and raise any concerns, [registered manager] is approachable and fair to all staff."
- The provider had good oversight of the service and worked effectively with the registered manager. They were responsive to the changing needs in the service and sourced and provided all the equipment the registered manager deemed appropriate for the safe care and treatment of people and for improvements required in the home.
- The registered manager reviews all accidents, incidents, near misses and anything else that is deemed to have not gone well. This is reviewed and actions formulated and implemented to ensure the service development plan is continually progressing.

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

- People who lived at the service and the relatives spoke positively about their experience of living at The Avenue.
- Relatives told us, "[registered manager] is very calm and caring towards relatives as well as the residents", and "They are more than happy to chat with you about anything it is very well run". Other feedback included "The atmosphere is very positive; it is not institutionalised at all".
- Staff feedback was positive with staff stating, "Staff morale is good, we all support each other. I enjoy working for the residents, my team and love my job".
- The registered manager was passionate and motivated to continually develop and improve quality of care within the service. They led by example.

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

- The service engaged with many different agencies and groups from the community. This included a close relationship with the local church, school and a newly formed relationship with the local dementia group.
- The registered manager holds resident meetings which have shown their responsiveness to requests and feedback for the menu being reviewed.
- The registered manager holds regular staff meetings targeting each group of employees and gaining their feedback and providing updates to help improve the service.

Working in partnership with others

- Care records showed the service worked in partnership with health and social care professionals such as district nurses, GPs, dentists, chiropodists, mental health team.
- The service also had developed close links with the local community groups including the local school, churches and was working with the local dementia group to aid integration between society and the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being managed safely Reg 12 (1) (2) (g)