

Potensial Limited

# Avondale Lodge

## 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

### About the service

Avondale lodge care home is a residential care home. The home provides personal care for up to 12 young adults and people aged 65 and over who live with a learning disability and/or autistic spectrum disorder. The home is an adapted building over two floors, located in the centre of Redcar. At the time of the inspection 11 people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, similar to most domestic style properties. It was registered for the support of up to 12 people. 11 people were using the service. This is in line with current best practice guidance. The design of the service fitted into the residential area where it was situated. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People said they were happy living at the home. One person said, "I am happy here. I do like it." We observed people moving freely within the home doing what they wanted to do. There was lots of laughter and singing. People and staff had developed good relationships with each other.

People were protected from the risks of abuse. Continued improvements were needed to the management of risk. Systems were in place to support a lesson's learned approach, however these needed to be more formally recorded. There were enough staff on duty at all times. Good practices were in place to support people with their medicines.

Staff had the right skills and experience to look after people. A good system was in place to support new staff to get to know people. This had improved the consistency of care for people. Records to support oral health needed to be in line with national guidance. The quality of the environment had improved.

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 were able to anticipate people's needs and were responsive when people needed extra support. Care

and support was dignified. People were supported to be as independent as they wished to be. Staff supported people to develop and maintain relationships.

Care records supported the delivery of individualised care. Records for end of life wishes needed to be put in place. People were engaged in a variety of activities within the community and went for days out together. Activities within the home were limited at times. Information about how to raise a complaint was on display.

Quality assurance procedures were effective. The quality of care at the service had significantly increased. Continued improvements had taken place which had been embraced by staff. A positive culture was in place. A review of records now needed to take place to reduce the duplication of work.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 (and update)

The last rating for this service was requires improvement (Published 11 January 2019). At this inspection we found improvements had been made

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 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 well-led.

Details are in our well-Led findings below.

**Good** ●

# Avondale 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.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Avondale lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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. A peripatetic manager was in post during the registered managers planned leave.

#### 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. We sought feedback from the Redcar & Cleveland local authority and South Tees Clinical Commissioning Group. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives. We spoke with five staff including a service development manager, peripatetic manager, deputy manager, senior carer and two care staff. We 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 reviewed a range of records. This included four people's care records and seven people's medication records. We looked at four staff files in relation to recruitment, induction and staff supervision. We also reviewed the training records for all staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and continued improvements were needed. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Continued improvements were needed to manage risk. Procedures to manage hoarding behaviours needed clarity. Records to support behaviours which challenge needed to be more detailed in some areas.
- The safety of the building of been maintained. We asked the manager to take action to ensure all staff had participated in a planned fire drill and a missing lock on a door for safety was put in place. These were addressed following inspection.
- People were supported to take positive risks. This increased their independence.

We recommend the provider reviews the support which staff need to improve their consistency to manage and oversee risk.

### Staffing and recruitment

- Improvements to recruitment procedures to manage risk were needed. A key risk assessment was missing from one staff recruitment record. The policy had not been robustly followed. This was addressed during inspection and the provider was carrying out an investigation.
- There were enough staff on duty to provide safe care for people. Staff had the right skills to deliver the support people needed.

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

- The care people received kept them safe. A relative said, "We are confident [person] is safe because they get well looked after. We never worry about this." Staff were responsive to any potential risk of abuse and had taken timely action to minimise the risk of harm.
- Staff had followed the right procedures to safeguard people from abuse. Comprehensive investigations had been completed and information shared with the relevant professionals.

### Using medicines safely

- Good practices were in place to support people with their medicines and topical creams. Regular reviews had taken place. Medicines to manage behaviours which challenge were rarely used.

### Preventing and controlling infection

- The service was clean. Staff followed good infection control procedures.

### Learning lessons when things go wrong

- Accidents and incidents were regularly reviewed and analysed. Improvements were carried out when needed. Where key incidents took place, a lessons learned approach needed to be more formally recorded. Staff needed to be more confident to challenge practices when they were not effective.



# 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 remained the same. 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

- People were supported during transition periods. Staff worked together with professionals and relatives to make sure people's experience of moving into or out of the service was positive.
- People had access to assistive technologies to promote their independence. Care needs were continually reviewed to ensure people received the right care for them.

Staff support: induction, training, skills and experience

- Staff had the right knowledge and skills to support people. Regular supervision and training had been completed. Staff worked together to share their knowledge and supported one another which strengthened the delivery of care.
- The support staff received during their induction supported them to develop good relationships with people. This led to consistency in people's care.

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

- People received good support with their diet. They were involved in menu planning and available options matched people's preferences. People were supported to prepare their own meals.
- The risks of choking and malnutrition were managed. Staff had sought support from health professionals and their recommendations had been followed.
- People were positive about the menus. Comments included, "Lunch was nice, I ate it all." And, "Staff do a nice dinner."

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

- People were supported with their health and well-being. A relative said, "When [person] was unwell, staff arranged an appointment with the GP straight away." Staff knew people's needs well and ensured people had access to the support they needed. Recommendations from health professionals had been followed and regularly reviewed.
- Improvements to support people with oral health were needed. People had regular contact with a dentist. Records which reflect national guidance needed to be put in place. Support for people with prescribed toothpastes needed to be more consistent.

We recommend the provider reviews how people are supported with their oral health care, in line with national guidance.

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

- The environment had been updated. This included updates to flooring, furniture and decoration throughout the home.
- The design and decoration of the home supported people to move freely. There were a variety of communal spaces for people to use.
- An improvement plan was in place to support continual updates with the environment. The outside areas need to be developed to allow people to spend time in them.

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.

- People were supported to make their own choices. Staff regularly asked them for permission before support was given. Records demonstrated how people made decisions. Where additional support was needed, records reflected this.
- MCA records were in place for two people when not required. These were removed during inspection. This was a procedural issue within the home.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- People were treated with kindness and compassion. Staff knew people well and ensured they received the right support. A relative said, "Staff know [person] really well. They are tuned into them." Staff responded quickly when people needed additional support.
- Relatives were supportive of staff. They were described as 'amazing.' Staff were united in their approach to the care which people received. One staff member said, "We all stand together and work together as a team."

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

- People were supported to make decisions about their care. They were listened to and changes made as a result. Independent support with decision making had been organised for people who needed it.

Respecting and promoting people's privacy, dignity and independence

- Care was continually dignified. Staff were respectful to people at all times. Staff supported people to develop and maintain relationships. A relative said, "The staff are great and we feel we can come her anytime. It's very welcoming."
- People were supported to be independent. Good procedures were in place to enable people to live their lives in the way they wished whilst managing their safety.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 which met their needs. Care records supported the delivery of good care. People's care needs were regularly reviewed.
- Staff were aware of people's personal routines. These were clearly outlined in the care records. These routines were very important to people; they helped to reduce anxiety and supported people to feel safe.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of people's communication needs. They spent time getting to know people and learning how to communicate effectively with them. People's communication needs were clearly outlined within care records.
- Information in an easy read format was on display at the service. People were supported to understand information provided to them, such as correspondence.

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 had good links with the community. They attended day centres and social clubs to undertake activities. People also visited shops and restaurants in the local community.
- People and staff visited areas of local interest together. Recently, they had visited a Sea Life centre in Scarborough and visited Saltburn-by-the-Sea. People also had been on short breaks to Blackpool. Activities at the home were more limited.

Improving care quality in response to complaints or concerns

- Information about how to make a complaint was on display at the home. No complaints had been made. Relatives said they would be able to raise a concern if they needed to and felt they would be listened to. One said, "Any concerns are dealt with straight away. I'm quite happy to speak with the staff and they will listen to me."
- Staff said people would make them aware if they were unhappy. They would then be supported to address the concern.

End of life care and support

- Staff had received training in end of life care. They were confident they could meet people's wishes because they knew people well and had good relationships with relatives. Care records to support people's end of life wishes needed to be put in place.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were committed to working at the service. They worked together to support each other and to share knowledge to enhance their skills to support people. A positive culture of improvement was in place. One staff comments included, "I feel the service has really improved. The management listen to what staff have to say. Staff support each other and morale is good."
- All staff had good knowledge and skills to deliver the best care to people. The care which people received led to good outcomes.
- Staff were open and transparent. They demonstrated a willingness to learn and to take on feedback to continually improve the service.

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

- Quality assurance measures were effective. Improvements in quality monitoring procedures had led to an increase in the overall quality of care which people received.
- Staff were more responsive to risk. People had greater control in their care and were supported to take positive risks and lead fulfilled lives.
- Information relating to accidents and incidents was reviewed to understand how risks could be better managed. These were discussed in meetings with staff to embed change. Notifications about incidents taking place at the service had been submitted when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were well known in their local community. They attended community events and visited local amenities.
- Feedback from professionals, staff, people and relatives was used to develop the service. Action plans from professionals had been used to drive improvement. Staff communication with professionals had improved and relationships had strengthened.