

Greenfields Residential Care Homes Limited Sidney Avenue Lodge Residential Care Home

Inspection report

24 Sidney Avenue
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Sidney Avenue Lodge Residential Care Home is a care home that provides accommodation and personal care for up to eight adults with learning disabilities and mental health conditions. At the time of the inspection, seven people were using the service.

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.

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

The service applied the principles 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.

The home had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed when they moved into the home. Staff were supported through induction, training, regular supervision and annual appraisals of their work performance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them.

Staff were kind and caring and their independence was promoted. People's privacy and dignity was respected. People and their relatives [where appropriate] had been consulted about their care and support needs.

People received person centred care which met their needs and preferences. People were supported to

maintain relationships and engage in activities they enjoyed. The home had a complaints procedure in place. People were supported to make decisions about their preferences and choices for their end of life care.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The service took the views of people and their relatives into account through satisfaction surveys and meetings. There were systems in place to monitor the quality and safety of the service. Staff enjoyed working at the home and said they received good support from the registered manager.

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

Rating at last inspection (and update)

The last rating for this service was good (published 11 May 2017).

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Sidney Avenue Lodge Residential Care 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 Care Act 2014.

Inspection Team

This inspection was completed by one inspector.

Service and service type

Sidney Avenue 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.

Notice of inspection

The 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 local authority and professionals who work with the service. 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 four people and two relatives to gain their views about the service. We spoke with two

members of staff and the registered manager. We also spoke with one healthcare professional.

We reviewed a range of records. These included three people's care plans, risk assessments and medicines records. We looked at four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of the provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us quality assurance records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. A relative told us, "[Person] is safe most definitely!"
- There were safeguarding and whistleblowing policies in place and staff received training on safeguarding adults from abuse. Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns. A staff member told us, "I would report it straight away. I know I can contact social services and CQC."
- The registered manager told us there had been no safeguarding concerns. However, he understood his responsibility in relation to safeguarding and told us he would report any concerns immediately to the local authority safeguarding team and CQC as required.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely. People's care records included risk assessments for areas such as road safety, kitchen safety, finances, medication, smoking and people's specific medical conditions. Risk assessments included information for staff about action to be taken to minimise accidents occurring.
- People had guidelines in place for staff on how to support them where they displayed signs of behaviour that presented a challenge. These identified the triggers and signs which may cause them discomfort and the support that was required by staff to help them to feel at ease. Records showed the home used positive proactive strategies to deal with behaviours that challenged such as giving people space and reassurance, or diverting their attention to something they liked and enjoyed.
- Health and safety checks were completed, including on the home's gas and electrical systems to ensure the environment was safe for use.
- Fire drills had been carried out regularly. Fire alarm and emergency equipment were also tested by the registered manager. People had personal emergency evacuation plans (PEEP) in place in case of a fire or an emergency.
- The service also had a Business Contingency Plan including an emergency contact list to ensure there were arrangements in place to keep people safe in the event of instances such as a power cut, adverse weather, loss of IT and information data or other types of emergency.

Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The atmosphere was calm in the home and staff were not rushed or under any pressure when supporting people. Staffing levels were determined based on people's needs, including consideration of any healthcare appointments and community activities. The registered manager told us they always ensured there was flexibility with staffing levels to accommodate people's needs. Staff told us there was enough staff to meet people's needs.

- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they started work at the service.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed. There was guidance in place for the administration of medicines that were prescribed to be given 'as required' (PRN).
- There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe.
- Medicines checks were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.

Preventing and controlling infection

- The service was clean, and people were protected from the risk of the spread of infection. The provider had an infection control policy which contained guidance on infection prevention and control. Cleaning products and other substances that could be potentially hazardous to people's health were safely locked away.
- We observed staff maintaining the cleanliness of the home. Staff completed infection control training and wore protective personal protective equipment when needed.

Learning lessons when things go wrong

- Systems were in place to promptly respond to accidents and incidents. Records showed actions were taken in a timely manner when incidents occurred. This included notifying relevant healthcare professionals and CQC if needed. Measures were put in place to minimise the risk of reoccurrence of incidents.
- Accidents and incidents were monitored. Any lessons learnt were used to improve the quality of service which were relayed to staff through staff meetings and guidance to embed good practice.

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 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

- Assessments were carried out before people started using the service to ensure their needs could be met appropriately.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans.

Staff support: induction, training, skills and experience

- Staff spoke positively about working for the service and told us they felt supported by their colleagues and management. A staff member told us, "I love working here. I love the people here and it's a very homely feel, like a family. There is good teamwork here. We all work together."
- Staff completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Staff also completed training the provider considered mandatory in areas such as safeguarding, medicines, learning disabilities, infection control, health and safety and food safety.
- Staff were supported through regular supervision. They went through an appraisal process which enabled them to discuss their personal development objectives and goals. A staff member told us, "I like working here. I really enjoy it. They are helping me with my NVQ qualification. They are very supportive."
- Relatives spoke positively about staff. A relative told us, "They are trained staff and know how to deal with [person]." Another relative told us, "The staff understand [person's] needs."

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

- People received the support they needed to eat and drink safely. A relative told us, "They look after [person's] dietary requirements and monitor their weight." Care plans contained information on people's dietary needs and preferences which helped ensure they received appropriate support.
- Records showed people were involved in deciding what they wanted to eat and the types of dishes they would like included on the menu which were provided for them.
- The kitchen and dining areas were fully accessible to people and staff promptly adhered to people's choices and wishes. For example, a person wanted a particular side dish with their evening meal and this was provided for them. We observed food was freshly cooked and staff supported and prompted people only if it was needed. People were not rushed and were left to eat at ease, at their own pace and when they wanted. A person told us, "The food is good here and sometimes we have takeaway!"

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

- The home was suitably adapted to meet people's needs and was fully accessible to people.

- People had en-suite bedrooms. They were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests. Bedrooms had been personalised with people's belongings, to assist them to feel at home. Two people showed us their rooms; they spoke proudly about the pictures they had hung on their walls, family photographs and each had their own TV and music players that they enjoyed. A relative told us, "[Person] has a lovely room and the home is always clean."
- Although the home was suitably clean and tidy, we noted and discussed with the registered manager the décor of the home as it contained basic furnishing and was tired looking. The registered manager confirmed there were plans for refurbishment in the future which will be done in consultation with people using the service.

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

- People were supported to access healthcare services when required. Care plans contained information about people's health and medical needs and the support they required with maintaining good health. A relative told us, "Any appointments, dental or GP, they will deal with that. They are keeping an eye on [person] and their health."
- The service worked in partnership with other services and a range of health and social care professionals to ensure people's health was maintained, such as a GP, dentist, opticians and podiatrists.
- Detailed hospital passports were in place which provided information on people's needs and likes and dislikes to ensure the care and support people received was consistent when using different services.

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.

- Where people had capacity, records showed the service obtained their consent about their care and support. Where people lacked capacity, records showed the best interests decision making process has been followed which included involving relatives and healthcare professionals.
- Records showed the manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place and being met for two people using the service as it was recognised that there were areas of the person's care in which their liberties were being deprived in their best interests.
- Care workers understood the principles of the MCA and told us they asked people's consent before providing care.

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 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

- During the inspection we observed people approached staff with ease and were able to express how they were feeling and what they wanted to do. Staff were patient with people and listened to and supported them appropriately when requested. Relatives spoke very positively about the service. A relative told us, "I couldn't wish for better people to look after [Person]." Another relative told us, "[Person] feels the staff are their friends. The service is fantastic, and [person] is well looked after."
- People's equality and diversity needs were detailed in their care plans and accommodated for. For example, people were supported to attend places of worship to practice their faith. Some people using the service were Greek and staff prepared Greek dishes for them when they wished. Some staff also spoke Greek which helped them effectively communicate with people.
- Staff received equality and diversity training and demonstrated a good understanding of this area.

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

- Records showed people, and relatives and healthcare professionals where required, were involved in decisions about their care. A relative told us, "Every year we have a meeting, but if there was a problem, they will be on the phone to me straight away. We don't have to wait for a meeting." Another relative told us, "Yes, we have meetings. [Person] is present too and we discuss how [the person] is and what needs to be done for them. They always ask for my input."
- People were supported to make day to day decisions for themselves and were provided with choices. During the inspection we observed staff respected people's choices. For example, people could choose where to sit and how to spend their recreational time.
- Resident meetings were held with people which provided them opportunities to speak about the service and express what they wanted. Actions were put in place to accommodate people's wishes in relation to their care and daily lives such as encouraging people to engage in activities they wanted and obtain their views on decorating the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. They were able to spend time the way they wanted. All bedrooms were for single occupancy. People were able to spend time in private if they wished to. They were given a choice as to whether they wanted individual keys to their bedrooms and the home in promotion of their privacy and independence.
- Staff knew how to maintain people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering their rooms.

- Care plans set out how people should be supported to promote their independence. During the inspection, we observed staff provided prompt assistance but also encouraged and prompted people to build and retain their independence where possible. A relative told us, "They encourage [person] as much as can and prompt them to do things for themselves."
- Staff understood the importance of promoting people's independence. One staff member told us, "Most of them can do a lot for themselves. We support them where we can but encourage their independence where possible."

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 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 personalised care that was responsive to their needs. People told us they liked living at the home. Relatives spoke very positively about the service. A relative told us, "The service is very good, and they look after [person] excellently." Another relative told us, "[Person] is in a good place. They are really happy. [Person] has got everything they need and has good people around them."
- People's care plans were person centred. They contained detailed information on the support each person needed with various aspects of their daily life such as personal care, health, eating and drinking and oral health. People's care preferences were reflected in their care plans which also included information such as their habits, daily routine, likes and dislikes and things that mattered to them most.
- Staff were very knowledgeable about people's personal and individual needs. Records showed there was a handover after each shift and daily records of people's progress were completed each day to ensure staff were aware of any changes to their conditions or support needs.
- Records showed care plans were regularly reviewed and when a person's needs changed, their care plan had been updated accordingly and measures put in place if additional support was required.

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 were supported to follow their interests and maintain links with the wider community. They independently enjoyed various activities such as going to day centres, arts and crafts, music sessions and day trips in accordance with their choices. During the inspection, a person was supported to go to the shops and when they came back they happily showed us the magazines which they enjoyed reading and bought themselves.
- Records showed and our observations confirmed that people went out and enjoyed various activities and community outings themselves without restriction. One person told us about the bus routes to the local station and the various trips they made in the community. Throughout the inspection people came and went from the home as they pleased. A relative told us, "[Person] always has a lot to talk about; what they have been up to and what's going on. [Person] is very happy and has a good social life." Another relative told us, "[Person] goes everywhere and knows more places than me! [Person] has a good life here."
- People were able to visit family and friends, receive visitors and were supported and encouraged to maintain relationships with people who were important to them. One relative told us, "[Person] is coming to see me next week. [Person] sees us regularly. They get on a bus and spend the day here with us". Another relative told us, "[Person] came to my house for Christmas! The service always knows where [person] is when they are out and about."

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.

- People's care plans contained information which showed how they communicated and how staff should communicate with them. A relative told us, "They [staff] communicate with [person] very well and never in a way that would upset them."
- Information was available in a pictorial format for people who required this, but most people were able to understand verbally what was said to them and able to communicate their wishes.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. The registered manager told us there had been no complaints since the last inspection. The service had a complaints policy and procedure in place which provided guidance on actions staff would take if they received a complaint.
- One relative told us, "There have never been complaints." Another relative said, "I have no complaints whatsoever. There is nothing to complain about. I am grateful to have such people looking after [person]."

End of life care and support

- No one at the service was receiving end of life care at the time of our inspection. People's end of life support preferences were detailed in their care plans to ensure these could be met if, and when needed.

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 remained the same. 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; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who knew of his regulatory responsibilities and had notified the CQC of any significant events at the service. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- The registered manager understood his responsibility under the duty of candour and was open, honest and took responsibility when things went wrong. For example, we noted written communications to people and their relatives showed the registered manager provided apologies and reassurances that action was being taken including measures to minimise the risk of any reoccurrence of such events and any issues were promptly resolved.
- There was a system in place to assess and monitor the quality of the service. The registered manager completed audits and checks covering areas such as medicines, care documentation and staffing. Where issues were identified, action was taken to improve on the quality of the service. For example, an action plan was in place to address areas in relation to menu items, activities and the décor to the home which showed what action was being taken and completed.
- People and relatives spoke positively about the registered manager and staff. A person told us the registered manager was really good and if they had any concerns, they could tell him. A relative told us "[Registered manager] and the staff have been amazing. He always calls if there is anything we need to know. I can get hold of him anytime of the day." Another relative told us, "They are really good people. They are a good home. [Registered manager] is excellent."
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. A staff member told us, "If there is anything, I can speak to the manager anytime and he helps me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The home received feedback from people and their relatives about the service through surveys. Feedback from surveys was analysed and an action plan was in place to ensure improvements were made where needed. Records showed positive feedback about the service had been received. Comments from people included, "They are offering me what I need," and, "I like living here." A relative commented, "I believe the staff to be exceptionally patient, caring and professional towards the service users. I believe all [person's]

needs are met and carefully considered, and I like the attention to detail that the home provides to my [person], they always seem happy and part of a family with a friendly atmosphere."

- The service promoted an inclusive and open culture, and management staff recognised staff contributions in a positive way. One staff member told us, "The manager is really good, and he helps us. If there are things we are not doing right, he will calmly explain it to us and help us improve."
- The registered manager understood the importance of effective leadership and led by example to ensure staff felt respected, valued and supported. He also worked alongside staff to support people. He told us this helped him understand any challenges staff may face so he could improve care practices in the home and ensure staff were continuously supported.
- Team meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A staff member told us, "Yes we can speak out and share our ideas."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care. A healthcare professional told us the registered manager demonstrated a good understanding of people using the service and they had not had any concerns when carrying out annual reviews of the service.