

Greenfields Residential Care Homes Limited

Sidney Avenue Lodge

Residential Care Home

Inspection report

24 Sidney Avenue
Palmers Green
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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 4 April 2017 and was unannounced. At our last inspection in March 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Sidney Avenue Lodge is a care home for adults with learning disabilities, including those with a dual diagnosis of a mental health condition. The maximum number of people the home can accommodate is eight. On the day of the inspection there were six people residing at the home.

There was a registered manager in post but they were not available on the day of our inspection. The deputy manager, who is planning to become the new registered manager, supported us with the inspection. 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked the staff and they felt safe at the home. They were aware of the risks they faced as part of their care and these risks were recorded and known to staff. Risks had been recorded in people's care plans and ways to reduce these risks had been explored and were being followed.

Relatives were positive about this family run home and the domestic nature of the accommodation. Everyone we spoke with told us the service was very homely and relaxed and everyone knew each other very well.

Staff understood their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff turnover was low and staff were positive about working at the home and told us they appreciated the support and encouragement they received from the deputy manager.

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 told us they enjoyed the food cooked by staff. People were offered choices of what they wanted to eat and any special diets they had were catered for.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences.

People told us that the management and staff listened to them and acted on their suggestions and wishes.

Both people using the service and their relatives told us they were happy to raise any concerns they had with any of the staff and management of the home.

People were included in monitoring the quality of the service. People's suggestions for improvements and preferences about how they wanted to live their lives were respected and acted on.

As the Care Quality Commission was not always receiving statutory notifications about certain changes, events and incidents affecting their service or the people who use it, the judgment for well-led has been rated as 'requires improvement'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered person was not always notifying the CQC about certain changes, events and incidents affecting their service or the people who use it.

Staff were positive about the management and appreciated the clear guidance and support they received.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

People told us the service took their views into account in order to improve.

Sidney Avenue Lodge Residential Care Home

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 checked 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.

This unannounced inspection was undertaken on 4 April 2017 and was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We spoke with four people who used the service to gain their views about what the home was like. We also spoke with two relatives of people using the service. We spoke with four staff, including the deputy manager who is also the registered provider of the organisation.

We looked at five people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including meeting minutes, staffing files as well as health and safety documents and quality audits.

Is the service safe?

Our findings

People told us they liked the staff and they felt safe with them. One person told us, "They treat me all lovely." Another person said, "It's nice. I'm happy." A relative commented, "If anything was wrong [my relative] would tell me."

Staff understood that the people they supported were at risk of abuse because their disabilities made them more vulnerable. Staff knew how to recognise potential abuse and that they should always report any concerns they had to the management team. Staff told us they were confident that the management would deal with any safeguarding issues properly but they also knew that could raise any concerns with other organisations, including the local authority and the Care Quality Commission (CQC).

The deputy manager told us and records showed that there had been two safeguarding issues at the home since our last inspection. Although we saw that these had been dealt with appropriately, the CQC had not received a statutory notification as required by our regulation. The deputy manager told us that this was an oversight and that they would now notify CQC of all incidents that affect the health, safety and welfare of people who use the service. We have addressed this issue in the Well-led section of this report.

Staff understood the potential risks to people in relation to their everyday care and support. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people in connection with their care. These risks included maintaining adequate nutrition and hydration and keeping safe outside the home. People we spoke with understood the risks they faced and told us that staff had talked to them about these risks including making sure they were safe when they were outside the home.

Environmental risk assessments, including a fire risk assessment had been completed and were accessible to staff. Everyone had a personal evacuation plan which gave staff advice about the most appropriate and safe way individuals should be evacuated for the home. We saw that fire safety had been discussed at residents meetings. The deputy manager told us that fire drills were problematic as people were unsettled by the noise and the evacuation. Despite this, records of fire drills showed that people were able to evacuate the home in good time.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. However, we noted that controlled drugs which are medicines that are subject to special legislative controls, were not always being recorded appropriately. These medicines were being stored safely but the stock balance was not always recorded. Although it was possible to work out the stock balance, by counting all the entries, the deputy manager told us he would implement a more accurate way to monitor these medicines. All the people we spoke with told us they were happy with the way their medicines were managed.

People using the service didn't have any concerns about staffing levels. There had been no change to staffing levels since our last inspection. The deputy manager confirmed that there had been no increase in people's level of dependency and we saw that this was being monitored regularly.

In the two years since our last inspection only two new staff had been recruited at the home. We checked these two staff files to see if the deputy manager was continuing to follow safe recruitment procedures and to make sure that only suitable staff were being employed. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. The deputy manager told us that someone who used the service also asked questions at staff interviews.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff. A relative we spoke with commented, "I can't fault the staff. I know all of them. They are really lovely people."

Staff were positive about the support they received in relation to supervision and training. Staff told us and records showed that they were provided with the training they needed in order to support people effectively. This included first aid, infection control, food hygiene and safeguarding. A staff member told us they enjoyed the training, which was refreshed each year and commented, "I've learnt a lot."

Staff also gave us examples of how training had improved their working practices. For example, one staff member told us about how a recent training course looking at behaviours that challenge had given them much more confidence and understanding about how to keep both themselves and the person safe.

In addition to this mandatory training, we saw that all staff had either completed or had recently enrolled in a nationally recognised vocational training such as the National Vocational Qualification (NVQ) and the more recent Qualifications and Credit Framework (CQF). These are recognised qualifications for care workers and senior care workers working in health and social care.

We saw an up to date training matrix which detailed the date of staff training undertaken and the date that the training expired. Records showed that staff were up to date with their refresher training.

Staff confirmed they received regular supervision and yearly appraisals and we saw records of these supervisions and appraisals on staff files we looked at. Included in staff supervisions were agreed actions that staff needed to take as a result of the identified goals, comments and suggestions made by people using the service.

Staff told us that supervision was a positive experience for them and that they felt supported by the deputy manager. One staff member told us, "It's very useful. I can reflect on my work."

One of the two newly appointed staff told us about their induction and how the process had helped to build their confidence, working at the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's

rights away and that they must offer as much choice to people as they could.

The deputy manager told us that everyone at the home had capacity to make day to day choices and decisions about their care and he also gave us examples of when 'best interest' meetings had been undertaken. These are meetings that have to be held when a major decision has to be made. All the people close to the person and their health and social care professionals should be at the meeting and the person concerned must have someone to talk on their behalf and in their best interests.

We saw detailed capacity assessments which had been completed by the deputy manager and were decision specific. People told us that the staff did not do anything they did not want them to do. One person commented, "We all have different choices."

The deputy manager understood the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). Although the deputy manager had completed Deprivation of Liberty Safeguards (DoLS) applications to the local authority, these had not yet been sent. We discussed the people that would be unsafe to leave the home unaccompanied and the deputy manager told us he would send these applications as a matter of urgency. The deputy manager contacted us after the inspection to confirm these applications had been sent to the local authority.

People told us they liked the food provided at the home. One person told us, "It's nice; sausage and mash and fish and chips." Another person told us they were on a soft diet due to problems they had swallowing. They told us they liked the food and that staff made sure it was cut up properly. We saw records that confirmed this person had been assessed by a speech and language therapist and staff were also aware of this person's dietary requirements.

All the staff were responsible for cooking the meals and had undertaken food hygiene training. The kitchen had been inspected by the environmental health department and had received the top score of five 'scores on the doors'.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. People and their relatives told us and records we saw confirmed that they had good access to health and social care professionals. One person told us, "My optician is just down the road."

Relatives said that the deputy manager was very good at monitoring people's health and getting the appropriate healthcare professionals to visit them if required. A relative told us, "[The deputy manager] takes [my relative] everywhere." Another relative said, "He went to the dentist recently."

Is the service caring?

Our findings

People and their relatives told us they liked the staff and that they were treated kindly and with respect. One person we spoke with said, "They are all lovely to me." A relative commented, "They are really lovely [my relative] has a really good relationship with them."

We saw that people were very relaxed with staff and it was clear from the calm and friendly interactions between staff and people using the service that positive and supportive relationships had developed between everyone. Staff turnover was low and therefore staff knew people well including their likes, dislikes and life history.

People were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do. People and their relatives told us that staff communicated effectively with them. One relative commented, "We have had a lot of contact with [the deputy manager]." We saw records of regular residents' meetings and that people had talked about the menu, activities, and had made suggestions about general improvements to the home. One person told us, "We had one last year. We talked about the staff, the food, everything."

Staff understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff knew which individuals wanted to attend places of worship and organised this on a regular basis. Following recent discussions with some of the people at the home the deputy manager was in the process of accessing a dating site specifically for people with a learning disability.

The deputy manager and staff understood about issues relating to equality and diversity and told us that they made sure no one was disadvantaged because of, for example, their age, sexuality, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. The deputy manager understood the legal implications of this legislation.

People had access to an independent advocate and the deputy manager gave us examples where people had used advocacy services when they needed someone to act on their behalf and speak up for their rights.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

People and their relatives confirmed that the staff were respectful and thought about their privacy.

Is the service responsive?

Our findings

Staff we spoke with understood the current needs and preferences of people living at the home and this matched information detailed in their individual care plans as well as what people told us.

Care plans were centred on the individual and gave staff clear and detailed information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. We saw that care plans had been reviewed and updated where required and with the involvement of the individual where they had wanted to be included in this. People told us that they were happy with their care and that they were involved in making decisions about how they were being supported.

Yearly reviews of people's care and placement took place and people and their relatives confirmed they were involved in these meetings. A relative told us, "I've gone to reviews."

Where people's needs had changed, the necessary changes to the person's care plan had been made so all staff were aware of and had the most up to date information about people's needs.

People who used the service and staff told us about the various opportunities to take part in meaningful activities and volunteering in the home and outside. One person we spoke with told us, "I've got a bus pass I go out when I want." They also told us they helped out in the home. They said, "I do housework and make teas for people."

On the day of our inspection most people were attending day centres, volunteering or just out and about. We met one person who was coming back home after volunteering at a local café. They told us they enjoyed working there and we could see that they were happy when they spoke of this.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. Everyone said they would speak to any of the staff or the deputy manager and we saw information about how to make a complaint on a notice board in the home.

One person commented, "I'd go to [the deputy manager] if I was worried." Another person told us, "I'd talk to the boss." Relatives told us they had no concerns or complaints about the home. They said that any concerns they had raised in the past had been dealt with appropriately. One relative told us, "I haven't got any complaints [my relative] understands everything that is going on. He would tell me."

There had been no formal complaints recorded in the last 12 months. We saw records that showed people were asked on a regular basis if they had any concerns or complaints both in residents meetings and in one to one reviews of their care. We saw that any minor issues or concerns had been addressed by the deputy manager.

Is the service well-led?

Our findings

Staff were positive about working at Sidney Avenue Lodge and told us they really appreciated the homely atmosphere and the guidance and support they received from the deputy manager. One staff member, commenting about the deputy manager said, "He understands us." Another staff member told us that the deputy manager had made a number of improvements and updates to the service whilst still being mindful of the need to retain the family atmosphere.

People who used the service and their relatives were also very positive about the deputy manager and the way he managed the service. One person told us, "He's a good man."

People who used the service and their relatives told us the deputy manager asked how they were and if there was anything they needed or if they had any suggestions for improvements. A relative told us, "He does include me."

There were records of regular meetings organised for people who used the service. We saw that people were able to comment on the service and asked if they had any concerns or suggestions for improvements. For example, the deputy manager told us about refurbishment plans for the home which, included people's suggestions and input. The dating site was also a suggestion made by people who used the service.

There were a number of different systems that the deputy manager used to monitor and improve the quality of care at the home. These included surveys for people using the service and a survey for relatives. Results of these surveys were collated by the deputy manager and an action plan was developed to make sure people's suggestions were acted on. The results of the last surveys were very positive.

The deputy manager also carried out regular audits including health and safety, staff training, cleaning, and care records. An action plan was also developed where any issues had been identified.

We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building that we saw were satisfactory.

The deputy manager, who is also the registered provider, had taken over the management of the service from his father, who is the registered manager of the home. We spoke with the deputy manager about applying to be the registered manager as his father had less input into managing the service. He told us that he was undertaking an advanced management qualification and thought he should apply to the Commission after this course was completed. As he was in charge of the home and seen by everyone as the manager, we asked the deputy manager to apply to the Commission as soon as possible to become the registered manager.

As detailed earlier in this report, the deputy manager had not been sending the Commission notifications about safeguarding allegations, as required by our regulations. All care providers must notify us about

certain changes, events and incidents affecting their service or the people who use it. These events include safeguarding alerts and information about applications to deprive someone of their liberty. Because of this omission the rating for this outcome can only be 'requires improvement'.