

Potensial Limited

Avondale Lodge

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Avondale Lodge on 27 March 2015. This was unannounced which meant that the staff and provider did not know that we would be visiting.

Avondale Lodge provides care and accommodation for up to 12 people who have a learning disability. Avondale Lodge is two Victorian Houses which have been linked together. All bedrooms are for single occupancy and have ensuite facilities which consist of a shower, toilet and hand wash basin. There are communal lounge and dining areas. The home is situated in a residential area of Redcar close to the sea front shops, pubs and public transport.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. However we saw records which

Summary of findings

confirmed that the periodic hard wire and fixed wire testing in October 2013 highlighted recommendations for action but the registered manager was unsure if these had been carried out.

We saw that staff had received supervision on a regular basis. We saw that staff had received an annual appraisal.

Staff had been trained and had the skills and knowledge to provide care and support to people who used the service. Staff and relatives told us that there was enough staff on duty to provide support and ensure that people's needs were met. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. However best interest decisions were not always clearly recorded in care plans.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people. When people became anxious staff supported them to manage their anxiety and also provided reassurance.

We saw that people were involved in planning the menus and were provided with a choice of healthy food and drinks. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Assessments were undertaken to identify people's care, health and support needs. Risks to people's safety had been assessed by staff and the records of these assessments had been reviewed. Plans were in place to reduce the risks identified. Person centred plans were developed with people who used the service to identify how they wished to be supported. However there was much duplication in care plans which made care files very bulky and difficult to read.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. Relatives told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines.

Checks of the building and maintenance systems were undertaken. However the periodic hard wire and fixed wire testing in October 2013 highlighted recommendations for action. The registered manager was unaware if the recommendations highlighted had been actioned.

Requires improvement



Is the service effective?

The service was not always effective

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. However staff had not received training in nutrition and hydration. Staff had received regular supervision and an annual appraisal.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, best interest decisions were not always recorded within care plans.

People were provided with a choice of nutritious food. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. We found that people had a hospital passport.

Requires improvement



Is the service caring?

This service was caring.

People and relatives told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good



Summary of findings

People were treated with respect and their independence, privacy and dignity were promoted. People were supported in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis. However information within care plans was often duplicated.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities

The registered manager told us that all concerns and complaints were taken seriously. Relatives we spoke with told us they were confident their concerns would be dealt with effectively and in a timely way.

Good



Is the service well-led?

The service was well led

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

Good



Avondale Lodge

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.

We inspected Avondale Lodge on 27 March 2015. This was unannounced which meant that the staff and provider did not know that we would be visiting. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We did not ask 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.

A number of people who used the service had complex needs and difficulty with communicating. However we were able to speak with three people who used the service. We spent time observing others. After the inspection we spoke with two relatives. We also spoke with the registered manager, a team leader and a support worker. Before the inspection we contacted the local authority to find out their views of the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We looked at two people's care records, three recruitment records, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, and communal areas.

Is the service safe?

Our findings

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire alarm and fire extinguishers. This showed that the provider had developed maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

However, we saw records which confirmed that the periodic hard wire and fixed wire testing in October 2013 highlighted recommendations for action (this testing is needed every five years). We asked the register manager what action had been taken in respect of this. The registered was unaware if the recommendations highlighted as a result of the testing had been highlighted.

We found evidence of a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [Now Regulation 12 (1) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.]

A relative we spoke with said, “This place gives you a feeling and a sense of calm. When X (person who used the service) goes back on a Sunday after spending time with me he wants to go back. This certainly makes me feel better and that he is safe.”

During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with told us about the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. A staff member we spoke with said, “We talk about safeguarding all of the time. We have always been encouraged to speak up if we are unhappy about something we have seen or heard.”

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw staff had received safeguarding training in 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy

that had been reviewed in April 2014. During the last 12 months there has been four safeguarding concerns raised. Appropriate action was taken by the registered manager and staff at the service to ensure safety and minimise the risk of reoccurrence.

The registered manager told us that the water temperature of showers, baths and hand wash basins were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw that water temperatures were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire alarm and fire extinguishers. This showed that the provider had developed maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people who used the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Staff had assessed risks to people’s safety. Risk assessments had been developed and were reviewed on a regular basis. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls and crossing roads. This enabled staff to have the guidance they needed to help people to remain safe. Staff we spoke with told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people’s behaviour that challenged. A relative we spoke with after the inspection told us about the care plan of a person who used the service and the action that staff took to reduce the person’s agitation and anger. They told us how the plan worked really well and that this had contributed to the person’s wellbeing. They said, “They seem to do very well. X (person who used the service) used to get quite angry but they put a plan in place and X is much better.”

We spoke with staff about one person who used the service who went into town independently. They told us how on

Is the service safe?

assessing the person's safety they had always used the same route into town so that the person didn't get lost. They said that even when staff and people who used the service go into town now they still use the same route. They told us how the person only liked to be out for an hour at a time. They told us if they were out for any longer they would suspect there may be a problem and as such would take appropriate action. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

The three staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. At the time of the inspection there were 11 people who used the service. One person received respite care the other 10 people were permanent. Staff told us how staffing levels fluctuated dependent on need. Records looked at confirmed this to be the case. During the day there were generally five staff on duty of which two staff

were providing one to one support. On an evening there were three staff on duty with additional staff providing one to one support. On night duty there were two staff on duty. A staff member we spoke with said, "There is plenty of staff on duty all of the time. Many of the service users get one to one time. I enjoy working here."

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make 'best interest' decisions. However best interest decisions were not always clearly recorded within care plans. We pointed this out the registered manager at the time of the inspection who said that they were in the process of a care plan review and that care plans would be updated to reflect best interest decisions.

We spoke with people about the service they told us that they had confidence in staff to provide a good quality of care and support. One person said, "I like them." A relative we spoke with said, "I can't find any fault with them in fact we couldn't manage without them."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training which included: safeguarding vulnerable adults, fire, first aid, equality and diversity, health and safety, infection control diet and nutrition and medicines administration. We viewed the staff training records and saw staff were up to date with their training. Further training for diet and nutrition for those staff in their induction period was booked for 2015.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw that staff had received an appraisal. One staff member said, "X (the registered manager) is really good and is always there to support you if needed." We were told that there had been some new staff appointed recently and that induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

At the time of the inspection 10 people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation.

Staff told us that menus and food choices were discussed with people who used the service on a weekly basis. We saw that there were pictorial menus to help those people choose who had limited communication. We were told how staff supported people to maintain their weight and worked with dieticians to do this. We saw that people were provided with a varied selection of meals.

We saw that staff monitored people's weight for losses and increases. However, one of the people's records we looked at indicated they had not been weighed since December 2014 (Their weight prior to this had been stable). We asked the staff what risk assessments or nutritional assessments had been used to identify specific risks with people's nutrition. Staff told us that they closely monitored people and would contact the dietician if needed. However, staff had not completed nutritional assessment documentation for some time. A discussion took place with the senior care assistant about the Malnutrition Universal Screening tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital. We saw that people had been supported to make decisions about the health checks and treatment options. One relative that we spoke with during the inspection told us that staff regularly contacted them to seek their views in relation to health screening and appointments. One relative said, "They have actually just contacted me this morning to talk about an appointment. They always let me know when X (person who used the service) goes to the dentist or is to

Is the service effective?

have bloods taken.” Another relative said, “They had to take X (person who used the service) to the dentist to have some teeth out. They were very good at keeping X calm. It was me who was a nervous wreck.”

People had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

People who used the service told us that they liked the staff and were happy. One person said, "They are nice." A relative we spoke with said, "X (the registered manager) has that calming quality. She always speaks softly and never raises her voice. In fact all of the staff are like that."

Staff supported people in making the decision to use the service. Prior to people coming to stay, people were given the option to come for day visits and overnight visits to help make an informed decision about whether they wanted to move in. The visit also enabled staff to determine if they could meet the person's needs and make sure that other people who used the service were happy for the person to live with them.

During the inspection we sat in the communal dining room so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with encouragement. Staff treated people with dignity and respect. Staff made sure that people were appropriately dressed. When we arrived one person who used the service was eating their breakfast independently. They were unable to do this without getting food around their mouth. When the person had finished their breakfast the staff member washed their face and hands. This showed that staff promoted dignity. Staff were attentive and showed compassion. When one person who used the service became distressed staff sat next to them and talked to them. The person reached out to get hold of the staff members hand and staff responded by holding it. We saw that staff provided reassurance to people when they needed it. We saw that staff took time to sit down and communicate with people in a way that people could understand. This showed that staff were caring.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from

discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. The atmosphere was lively and busy with 11 people living at the service. Staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time. When one person returned from day services they chose to sit in the quiet areas of the service whilst others chose to sit elsewhere.

Many people who used the service were unable to talk to us because of complex needs. Because of this we spent time observing how staff interacted with people. Staff showed that they were able to communicate with people effectively and were aware on people's needs. We saw that people were encouraged and supported with decision making throughout the day. One person decided that they wanted to go out for their lunch and staff supported them to do this. Staff took time to tell them what they were doing and helped them put on their shoes and coat. We saw that this person frequently smiled at the staff member which showed they were content.

Before the inspection we asked representatives of the local authority for their views on the service and care provided they did not raise any concerns in relation to the care and support provided at the service.

Staff told us how they respected people's privacy. Staff told us how they always covered people up when providing personal care and always knocked on doors before entering. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

Is the service responsive?

Our findings

Staff, relatives and people told us that people were involved in a plentiful supply of activities and outings. Staff told us that people liked walking, going out for meals, shopping, football, reading stories, hand manicures and visiting the beach. A relative we spoke with said, "X (person who used the service) is always out. Different friends of mine see her out and about and always go and have a chat with her. They always tell me how happy she was." Another relative said, "He goes out regularly. I often bump into him in the town. He likes the life boats and spends time there."

Staff and relatives told us how people who used the service and staff had enjoyed a holiday in 2014 to Skegness. We were told how discussions were taking place about a holiday for this year.

One person told us they liked arts and crafts. They told us that they liked police cars and that staff were helping them write a letter to the police.

During our visit we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment person centred plans had been developed with people who used the service. Person centred planning provides a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect them. Care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People and relatives told us they had been involved in making decisions about care and support and developing the person centred plans.

Although plans were person centred there were too many of them and a lot of the information was duplicated in

different areas. For example the care plan for one person who used the service contained the same information in the section on emotions, mental capacity, consent and decision making. This was pointed out to the registered manager who agreed that care plans needed to be reviewed and reduced in size.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service.

Staff told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff told us they had undertaken training in first aid. We saw records to confirm that this was this training was up to date. Staff we spoke with during the inspection confirmed that this training had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

The registered manager told us that people who used the service and relatives were given a copy of the complaints procedure (including easy read) when they moved into the service. The registered manager told us that they spoke with people who used the service and relatives on a day to day basis to make sure that they were happy. A relative we spoke with said, "X (the registered manager is really easy to talk to. I wouldn't hesitate in pointing out something I wasn't happy with." We looked at the complaint procedure, which informed people how to make a complaint. The procedure gave people timescales for action and who in the organisation to contact. This meant that staff at the service were responsive to complaints.

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously.

Is the service well-led?

Our findings

People who used the service, relatives and staff that we spoke with during the inspection spoke highly of the registered manager. They told us that they thought the home was well led. A staff member we spoke with said, "We have a manager and a deputy and there always tends to be one of them around. They are both easy to approach." A relative we spoke with said, "X (the registered manager) is brilliant. You can talk to her about anything at all. I have known her a long time and always offers you a shoulder to cry on when needed."

The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of team work and leading by example. They told us that people who used the service always come first. They told us the importance of being honest, open and transparent. They told us that they had an open door policy in which people who used the service, relatives and staff could approach them at any time.

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work.

We found that the registered manager and staff understood the principles of quality assurance. The registered manager

recognised best practice and developed the service to improve outcomes for people. The views of people who used the service and staff were sought at both regular meetings and in surveys.

Staff told us the morale was good and that the registered manager kept them up to date with matters that affected the service. They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on the environment and health and safety. We saw records of audits undertaken which included infections control, medicines, care records, operations and health and safety. These are designed to help to ensure that the home was run in the best interest of people who used the service. We noted that the systems were not always effective as the registered manager was unaware if action had been taken in relation to the recommendations highlighted during the periodic hard wire and fixed wire testing in October 2013. Best interest decisions were not recorded with care files of people who used the service.

The registered manager told us that senior management carried out monthly visits to the service to monitor the quality of the service provided. We saw records of these visits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who used the service and others were not protected against the risks of unsafe care and treatment, by means of ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.