Care Network Solutions Limited

Avon Lodge and Avon Lodge Annex

Inspection report

24-25 Harlow Moor Drive
Harrogate
North Yorkshire
HG2 0JW

Tel: 01423562625
Website: www.milewood.co.uk

Date of inspection visit:
22 February 2023

Date of publication:
15 May 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Avon Lodge is a care home providing accommodation for up to 12 people who require personal care and nursing care, some of whom may be living with mental health issues and or a learning disability. At the time of our inspection there were 11 people using the service.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support
Support plans were not always up to date to contain the most recent information to support people with their care and support needs or allergy needs. People who required positive behaviour support plans with managing their behaviour did not have up to date plans to support this.

The service did not support people to have the maximum possible choice, control and independence over their own lives. Consent was not recorded in people's support plans and people were not always encouraged to plan for aspirations and goals.

The service did not give people care and support in a well-equipped, well-furnished and well-maintained environment. Parts of the home were not maintained, there was damage to the environment that had not been addressed in a timely manner.

Medicines had not been managed effectively. Storage of medicines was not always safe. Staff competencies to administer medicines were reviewed. People's preferences with their medicines were followed in a way that promoted their independence and achieved the best possible health outcome.

Right care
The service didn't always act to protect people from poor care. The service reported concerns to the appropriate places. However, some incidents involving people who use the service had not been reported or when reported, not acted upon. Staff had training on how to recognise and report abuse.

People were not always supported by person centred practices; support plans did not contain personalised plans or outcomes for people with achievable goals. Practices and use of the environment were not always person centred and were for staff/manager convenience for example using the dining room for staff training and carrying out interviews in the home.

People were encouraged to take positive risks; however, risk assessments were not always in place. Some restrictive practices were in place for people without the appropriate decision-making records. Accidents and incidents had not been recorded or reviewed consistently and we could not be assured people were receiving appropriate care and support.

Right culture
People did not always lead inclusive and empowered lives because of the lack of person centred support. The quality assurance processes in place were not always effective and failed to identify and address shortfalls in a timely manner.

People did not always receive good quality care, support and treatment because management over site was not always effective. Safe recruitment processes were followed to ensure suitable staff were employed.

We have made a recommendation regarding carrying out pre- assessments of peoples support needs and record keeping around this.

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

Rating at last inspection and update
The last rating for this service was good (published 27 August 2021)

Why we inspected
The inspection was prompted in part due to concerns received about the quality of care being provided to people. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well-led sections of this focused report. You can see what action we have asked the provider to take at the end of this focused report.

The provider acknowledged the shortfalls found during this inspection. They took some action following the first day of inspection to begin to address some of the shortfalls found regarding the environment and fire safety.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avon Lodge on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, medicine management, safe care and treatment, safeguarding and provider oversight and monitoring at this inspection.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service well-led? The service was not well led. Details are in our safe findings below.	**Inadequate**

Avon Lodge and Avon Lodge Annex

Detailed findings

Background to this inspection

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

Inspection team
This inspection was undertaken by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Avon Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Avon Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the registered manager was no longer working at the service. A temporary manager was covering the service and recruitment for a new registered manager had recently taken place.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 2 people who used the service and 6 relatives about their experience of the care provided. We spoke with 5 members of support staff and the manager and area manager.

We conducted a tour of the service and looked at a wide variety of records. These included multiple care and medicine records, monitoring documentation, staff files and audits used to monitor the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse
- Systems in place to safeguard people from the risk of abuse were not robust.
- Systems in place had not always been followed by staff and management.
- 3 previous concerns were not raised as safeguarding alerts with the local authority or investigated this was raised with the manager to address.
- Staff knew how to look out for signs of abuse and how to act upon any concerns they might have. Staff told us, they had completed safeguarding training and would know how to report abuse if they saw it. However, a lack of oversight of incidents meant these were not always picked up or raised with local authority.

Failure to report safeguarding concerns is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- Accidents and incidents were not always managed effectively.
- People we spoke with gave us mixed feedback about being safe, one person told us, "I feel safe, but sometimes feel ignored, I am independent."
- Accidents and incidents and some incidents between people who used the service were not recorded effectively to enable any monitoring.
- Risk assessments for individuals were not always in place or updated for people who could possibly be a risk of harm. Which meant appropriate action had not always been taken in response to risks.
- Some of the fire doors were not adequate and needed attention. This was addressed during and shortly after our inspection.

Failure to assess, monitor and mitigate risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
- Medicines were not always managed safely.
- Sharps used for administering medicines were not disposed safely. We found over filled and open sharps bins that were accessible to people who use the service and no risk assessment in place.
- Medicines were not always stored appropriately, room temperatures were above the recommended temperature of 25 degrees.

● Liquid medicines and creams were opened, with no dates added to ensure they were in date and still effective for use. Some creams were out of date.
● The medicines trolley in the office was not clean and there was no Personal Protective Equipment or sanitiser available. This was a potential risk of cross contamination when administering medicines.
● Homely remedies (shop bought pain relief) were stored in the medicines trolley, and these had been accessed by staff without a policy in place for such use.

This lack of safe, clean storage and use of medicines demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines that were administered as and when required were recorded appropriately when administered.
● Medicines Administration Records (MARs) were completed and there were no gaps in administration records.
● Staff were trained to administer medicines and had their competency checked to do so.

Preventing and controlling infection
● We were somewhat assured that the provider was using PPE (Personal Protective Equipment) effectively and safely. Staff were not always disposing of PPE safely. This was due to a lack of clinical waste bins.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. There had been recent IPC audits completed.
● We were assured that the provider was able to meet shielding and social distancing rules when required.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff where required.
● We were assured that the provider's infection prevention and control policy was up to date.
We have also signposted the provider to resources to develop their approach.

Visiting in care homes
● Visits to Avon Lodge were in line with government guidelines. No restrictions were in place and visits took place during the inspection process.

Staffing and recruitment
● There were enough staff to support people to keep people safe.
● There had been a large use of agency staffing but ongoing recruitment was reducing this.
● Safe recruitment processes had been followed to ensure appropriate people were employed by the provider.
● Appropriate health and safety induction check had been completed before staff and agency workers commenced working at the home.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
- The principles of the MCA were not always followed. Where people lacked capacity DoLS applications had been submitted. However, some had expired or were no longer required and there were limited records for tracking this.
- Where people were supported by restrictive practices in their best interests these decisions were made but not always recorded appropriately or supported by support plans for staff to follow.
- Where people could consent to care there were no consent records in their support plans.

Failure to ensure maintain accurate, complete and contemporaneous records demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
- The environment within the home was not always appropriately used to meet people's needs and did not follow best practice within right support, right care, right culture.
- Some of the communal areas were not fully accessible to people during our visit due to staff using them for training and interviewing candidates for potential employment.
- People's sensory needs were not always met by the environment; the home was loud, busy and at times over crowded due to the numbers of staff attending training held in the home. One person told us, "I don't like noise and it is loud, I get woken up."
- People were able to personalise their bedrooms and communal areas however some soft furnishings to make a homely environment were not present such as curtains.

Failure to ensure people access a person-centred environment and culture demonstrates a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care.
● Pre-admission assessments were not always present in people's support plans. These assessments are required to ensure the service could meet people's needs.

We recommend that the provider includes these assessments and the necessary record keeping regarding this.

● Other healthcare professionals worked with the people who used the service and referrals were made where needed, people had regular contact with healthcare professionals.

Staff support: induction, training, skills and experience.
● Staff had been provided with training to meet people's needs.
● Where staff training had expired in the areas such as, Positive Behaviour support, there were sessions booked in for staff to attend.
● Staff received supervisions with the manager. Staff told us they felt supported by the current temporary manager.
● Staff told us they were supported following any incidents, but this support wasn't recorded.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support
● People received effective support to maintain their diet, however, records regarding allergies were not updated
● A variety of food was on offer to people. However, feedback from relatives was mixed one relative told us, "A more balanced diet would be better."
● People were supported to maintain a healthy weight.

Inadequate

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not always ensure they had effective oversight of the service.
- The quality assurance processes in place were not always carried out therefore did not give oversight of the service.
- Support plan reviews had not always been completed and had not picked up issues found during inspection.
- Medicine audits were not always carried out or effective therefore, not highlighting issues or ensuring best practice was followed.
- Accidents and incidents were not recorded or reviewed to identify lessons learned or to reduce the risk of reoccurrence. Support for staff following incidents was offered but not always recorded.
- There was a lack of systems in place for health and safety, including checks of window restrictors and water temperatures.
- A lack of oversight meant people's DoLS or best interest decisions were not tracked, safeguarding procedures were not always followed and risk assessments were not in place.

Failure to operate effective systems and processes to assess, monitor and improve the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been no recent engagement with people or their relatives to gather their views on the service.. All the relatives we spoke with told us they had not received a questionnaire or been asked for their views. One relative told us, "Not for a long while, we got invited to a meeting once that was cancelled."
- Professional visits to the home or people's visit to healthcare professionals were not recorded effectively therefore there was no oversight of this contact.

Failure to seek and act on feedback to continuously improve the service demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were able to maintain contact with their friends and relatives via visiting and telephone.
- The provider took immediate action to seek people's views following our inspection.

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

● The culture of the service was not always person centred.

● People's support plans did not always contain guidance to enable people to progress, plan or achieve outcomes.

● People's support plans were not individualised, 2 we viewed for different people had the same objectives.

● Some people's person-centred information such as hospital passports did not contain up to date information.

● Positive behaviour support plans were not adequate for people who needed them. They did not contain enough detail or guidance for staff to ensure people were safe to express themselves.

● Support plans for people were not being reviewed or followed through. This meant outcomes for people were not always met.

Failure to provide person-centred care to reflect people's preferences and meet their needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The provider agreed with the shortfalls found during inspection and took some immediate action.

● The provider took on board the inspection feedback and discussed plans of how they would communicate with people and relatives about the inspection findings and action they were going to take as a result.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not supported by appropriate person centred approaches to meet their needs or reflect their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Lack of oversight failed to ensure Medicines were managed or stored safely, people didn't have risk assessments in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding procedures were not always followed to ensure people were protected from harm.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Lack of management oversight meant a failure to operate effective systems and processes to assess, monitor or act on feedback to continuously improve the service.

The enforcement action we took:

warning notice served to the provider.