

Mr & Mrs K M Hodgins

# Avery Lodge Residential Home

## 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

Avery Lodge Residential Home is registered to provide accommodation and non-nursing care for up to 14 older people, some with a diagnosis of mental illness. At the time of the inspection there were 13 people living in the home.

This unannounced inspection took place on 3 June 2015. The previous inspection was undertaken on 24 April 2014 and we found that there were two areas where the provider was required to make improvements. These

were in relation to people giving consent before any treatment was carried out and the checks carried out when recruiting new staff. We found improvements had been made in both of these areas. However further improvements were needed regarding consent.

At the time of the inspection there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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. However the providers live in a private part of Avery Lodge and jointly manage the service.

People didn't always receive their medicines as prescribed and safe practices had not always been followed in the storage, administration and recording of medicines.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were not being followed. This meant that people were being restricted from leaving the home on their own to ensure their safety but the correct procedures were not being followed to ensure this was done in line with legal requirements.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way.

People confirmed that there were enough staff available to meet their needs. The recruitment process had recently been changed to ensure that people were only employed after satisfactory references had been

received. Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

People were provided with a choice of food and drink. When needed people were supported to eat and drink and this was done in a dignified manner.

Care plans and risk assessments gave staff the information they required to meet people's needs..

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the manager.

The manager obtained the views from people that lived in the home, their relatives and staff about the quality of the service and if any improvements were needed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

People did not always receive their medicines as prescribed.

Staff were aware of the procedures to follow if they suspected that someone was at risk of harm.

The procedure to follow when recruiting people had been updated to ensure that all of the necessary checks were in place before people commenced working in the home.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff were supported and trained to provide people with individual care.

People had access to a range of health services to support them with maintaining their health and wellbeing.

Some people were not being allowed to leave the home without a member of staff. This was to ensure they remained safe. However the correct procedures had not always been followed to ensure this was done in line with legal requirements.

**Requires improvement**



### Is the service caring?

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind, patient and caring.

People's rights to privacy and dignity were valued.

**Good**



### Is the service responsive?

The service was responsive.

People received care that met their individual needs.

People were confident that concerns and complaints would be dealt with appropriately.

**Good**



### Is the service well-led?

The service was well-led.

The service had an open, person centred culture.

People were asked their views about what the home does well and what could be improved.

**Good**



# Avery Lodge Residential 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 was planned to check 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 inspection took place on 03 June 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted a GP and care manager to obtain their views about the service.

During our inspection we spoke with seven people who used the service, one relative, one deputy manager, the catering manager and the manager. We observed people being supported in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to health and safety.

# Is the service safe?

## Our findings

Although people told us they always received their medicines when they should, we found that medicine administration records (MAR) did not confirm this. We checked the MAR and stock levels for three medicines and found that for one medicine the amounts in stock and the number of signatures did not tally. This meant that although the records had been signed to show that the medicine had been administered it had not been given on three occasions and people could be at risk of ill health due to not receiving medicines as prescribed.

The majority of medicines that were to be taken when needed had written protocols in place for staff to follow, however one medicine that had recently been prescribed for a person who could become distressed had not. The staff we talked with were not aware at what point the medicine should be administered. This meant the person was at risk of not having their medicine at the right time to ensure their health or mental wellbeing.

One MAR chart showed that one medicine to be administered had been hand written, but there was no name or signature of the staff member who had written it or who had authorised it. This meant the person could be at risk of being administered a medicine inappropriately.

There was a medicines management policy in place but it had not always been followed. For example the keys to the medicine storage were not secure. Although medication audits were being completed on a monthly basis, there was no evidence to show that these issues were being addressed.

This was a breach of Regulation 12(1)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living in the home. One person told us, "The general running of the building makes me feel safe." We saw that people were comfortable talking with staff. One person told us, "It's the safest place I've ever lived."

Effective recruitment practices were being followed which meant that prospective staff had appropriate checks to

ensure that they were suitable to work with the people who lived at the home. The manager stated that due to having problems gaining references they had recently changed their recruitment process. Before interviewing potential staff they had to complete an application form including the details of three people who could supply a reference. If the references were satisfactory they would then attend for an interview to ensure they were suitable for the role. Before the person was offered a job a criminal records check had to be received. We looked at the recruitment records for three people and saw that the required checks were in place.

Staff told us, and records confirmed, that staff had received training in safeguarding and protecting people from harm. A safeguarding policy was available and staff told us that they had read it. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm.

Appropriate risk assessments were in place. Risk assessments had been completed with a view to ensuring people's safety so that they could take part in as many activities as possible. For example, to reduce the risk of people getting lost outside of the home they were given an emergency contact card and mobile phone to take with them in case they needed any assistance.

There were emergency plans in place, for example individual evacuation in the event of fire, which provided staff with access to information to keep people safe.

People told us that they thought there were enough staff working in the home and that, "There's always a member of staff if you need them." We saw that there were sufficient numbers of staff on duty. The manager stated and staff confirmed that the staff team covered any planned or unplanned absence. We observed that staff had time to sit and talk with people and had time to assist people with food and drinks when they needed support. During our inspection we noted that people's requests for assistance were attended to promptly. The manager told us that the staffing levels were determined according to people's needs. She also told us that if people were unwell then extra staff were provided for extra support.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. We discussed the MCA and DoLS with the manager and staff. The manager had applied for a DoLS authorisation for five people living at Avery Lodge. However the manager was not aware of the supreme court ruling in 2014 regarding DoLS and the implications of the ruling. Discussion with the manager showed that there were potentially another three people living in the home who also needed a DoLS authorisation for whom no application had been made. This meant that people were possibly having their liberty restricted without the right procedures being followed.

Although staff were taking action to keep people safe by making best interest decisions on their behalf, the correct procedures had not been followed. For example, staff assisted people to take their prescribed medicines even though they may not understand what they were for or the consequences of not taking them. Staff had not completed mental capacity assessments so that people's best interest decisions could be recorded and followed.

Do not attempt resuscitation forms were in place for the majority of people. However not all the forms had been fully completed and there was no record of when either discussions had taken place with the person or capacity assessments and best interest decisions had been made regarding the decision. This meant that important decisions were being taken without the evidence that the correct procedures had been followed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff told us, and records confirmed, that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. The local GP visited weekly and extra visits were made when needed. The records showed that people had accessed various healthcare professionals such as a dentist, chiropodist and opticians. The care plan folder included a, "Changes to general health form" which was a clear record of when people had any health issues, what action had been taken and what the outcome was. This helped staff monitor people's ongoing health issues and

identified any recurring issues. People's weight was monitored monthly and any change was noted and possible reasons recorded so that action could be taken if necessary.

The home had won an award from Norfolk Independent Care Awards for the training they had provided to staff. A trainer had come into the home once a month to train staff in various subjects including managing challenging behaviour in mental health, moving and handling, falls prevention, understanding personality disorders, safeguarding adults. Staff were also expected to complete training on line each month and provide the evidence to the manager. Where there were gaps in staff knowledge, or they were in need of refresher training, the manager had organised training to address this. New staff completed an induction which included shadowing staff for at least three weeks or until they were confident in their role. Staff told us how the training had improved the care and support people received. For example, after receiving dementia awareness training it had helped a member of staff understand how to respond appropriately to a person who was asking where their husband was (who had passed away).

Staff told us that although they didn't receive formal supervisions they felt supported by the management team. One staff member said, "I feel supported. If I have any problems I can go and talk to the manager." The manager stated that although she did not carry out formal supervisions she regularly worked alongside the staff so that she could monitor their work and suggest ways that they could possibly improve. Staff confirmed that they had recently completed a questionnaire to be used when the manager carried out their appraisal.

We saw people enjoying their lunch. Where appropriate, people were supported at mealtimes. For example, we saw one person being helped to eat by a member of staff. The member of staff did not rush the person and kept checking that they were happy with the food. The catering manager was aware of people's dietary needs and likes and dislikes. He confirmed that everyone was offered a choice of main meal and dessert and if they didn't like one of the main choices on offer they could choose something different. Desserts and cakes were made so that they were suitable for everyone including diabetics. Everyone we talked with told us that they enjoyed the food, that there was plenty available and that they were offered a choice. A few people

## Is the service effective?

said that they preferred it when there were staggered meal times. The manager stated that this had happened before but people had not liked it but that this could be tried again.

# Is the service caring?

## Our findings

People told us that they liked the staff and that they were caring. One person told us, "I enjoy talking to the girls [staff], they do a good job". Another person told us, "Staff know me very well. They sit with me and find out all about me. It makes me feel content." Another person told us, "The staff know how to make a bad day better." One person told us they had only intended to come to the home for three weeks but liked it so much they had stayed three years.

Staff told us that they treated people as they would like a family member to be treated, with dignity and respect. One person told us, "It's lovely here, it's like home from home."

We saw that staff knew people well and treated them in a caring manner. The manager told us that one person had moved into the home after spending time in hospital. During their time in hospital their pet had been given away. The manager found where the pet was and was able to bring it back to their owner to keep in the home. During the inspection the person told us about how happy they were to have their pet back. We also observed the interactions between people and staff. For example, one person was going out and the manager gently reminded them to zip their coat up and the person responded, "I will dear."

Care records had been written so as to encourage staff to treat people with respect and encourage their independence. For example one person's care plan included the support they needed with personal care but also explained what the person could do for themselves. The home had recently won an award at the Norfolk Independent Care Awards for, "Showing respect and dignity when providing social care."

People told us that they either made their own decisions or if they needed support to make decisions this was also given. No one used an advocate at the time of the inspection but details of advocates were available in case anyone wanted to use one.

People confirmed that their privacy and dignity was respected. People confirmed that staff did not enter their bedrooms before knocking and being invited in. One person told us, "Staff always knock on my door, that was my worry before I came here but I do have my privacy. If they knock and I say wait a minute they do wait." Staff were able to tell us how they promoted people's privacy and dignity. They said that they always knocked and waited to be invited in to people's rooms and they asked permission before helping people with personal care and explained what they were going to do. They stated that they always ensured areas of the body were covered up when they provided personal care for people and encouraged people to do as much as possible for themselves.

Staff had discussed end of life wishes with people and their relatives. They had used the "thinking ahead" documentation provided by the Dying Matters organisation so that there were clear records of people's preferences if their health deteriorated. They were told they could change their mind about anything at any time and the records could be updated for them. One person had asked a member of staff to help them explain to their family what their wishes were.



# Is the service responsive?

## Our findings

Most people told us that they had signed their care plans to say that they had read and agreed with what was written in them. One person told us they hadn't seen their care plan but that they didn't want to. Another person told us, "Staff know me well, they understand what I need."

We looked at three people's care plans. Although the care plans were not dated there was a sheet showing that they had been reviewed and updated where necessary. People's daily records were very detailed and provided clear information of what support people had received. This made it clear to see if support was being given in line with the care plans and where appropriate what progress had been made. The care plans contained information about people strengths, what support they needed, their likes and dislikes. Although the care plans contained the basic information needed we discussed how they could be improved further with the manager.

Staff knew and understood people's needs. One person told us that staff supported them to go outside every hour for a cigarette. They told us that staff knew what made them happy. We also saw one person repeatedly asking where their daughter was. Staff responded in a kind and sensitive manner and reassured them. This prevented the person from becoming more anxious. One person had previously been visited by the community psychiatric nurse (CPN) three times a week as their mental health was unstable. However as the staff had got to know the person and their interests they had been able to use this information to avoid the person becoming anxious and to avoid them needing extra support from the CPN.

People accessed activities on their own and also with the support of staff. People were supported to take part in activities that interested them. For example, one person attended a bingo session at a local church. Two people told us that they enjoyed going shopping and to the pub on their own but they also enjoyed playing pool in the home. The manager and staff had recently organised a "Spirit of the blitz afternoon" which people confirmed they had enjoyed. We saw that people were offered a choice of what music they wanted to listen to. A religious leader regularly visited the home and held a service for those that wished to attend. One person told us they enjoyed playing "board games". Another person told us, "The bottom line is it's my home. I can do what I want. If I want to go out for the day I can."

People were supported to build appropriate relationships with others. For example, as some people had lived in the home a number of years they chose to socialise together and enjoyed each other's company in the home. People were also supported to invite family and friends to visit them. One relative told us that they were always made to feel welcome when visiting the home and could visit at any time.

People told us that if they were not happy with anything they would speak to a member of staff or the manager. People and staff were aware of the complaints procedure and staff said that if they received any complaints they would speak with the manager or the person in charge of the shift. Although a few concerns had been raised no complaints had been received by the manager during the last year. The manager had recorded verbal concerns and had investigated them appropriately and taken any action needed. The complaints procedure was on display in the main hallway of the home.

# Is the service well-led?

## Our findings

The providers lived on site and were also the managers. Staff told us that the managers were approachable and they could talk to them at any time. One of the managers was present during the inspection.

We discussed the breaches of regulation that we found during the inspection with the manager and she stated that she would ensure that the necessary action would be taken to ensure compliance with the regulations.

The manager told us and staff confirmed that she had an “open door policy” and that she wanted both the people who used the service and the staff to be able to ask any questions or raise any issues at any time. Staff meetings had been held and the manager stated that she used these to discuss proposed changes and improvements. Staff told us that they could also add to the agenda. One staff member told us, “I enjoy my job. You can go home and know you’ve made a difference to someone’s day.”

The manager stated that when she interviewed potential staff she stressed to them how important it was to treat people with dignity and respect. The manager had organised an annual training plan including values based training. The manager stated that the whole team had completed equality and diversity training the previous month and had learnt, “That doesn’t mean treating everyone the same, but treating everyone as an individual.” The manager stated that new staff would be completing the new care certificate training as part of their induction. She also said that she expected all of the existing staff to complete it as well.

The manager had recently sent quality assurance questionnaires to the people that lived in the home, their relatives and the staff. The results had been collated but an action plan for any areas that could be improved was still being compiled.

Various audits were being regularly completed including medication, daily notes, housekeeping and food and hygiene. The manager showed us an audit form that she had developed which included personal care, personal equipment and the environment. She stated that she planned to start using this in June 2015 to ensure that people were getting the support they required.

The manager stated that she regularly worked with staff so that she could monitor their work. She said that when she saw something done in a different way she could discuss it with staff so that they could agree the best way of doing things.

The manager attended provider forums and meetings so that she could keep up to date with any legislative changes and best practice topics.

The manager had developed strong working relationships with other professionals such as the GP and community psychiatric nurse so that people and staff received any support that they needed in a timely manner.

There were strong links with the local community as people used local shops, health centres and social and leisure activities such as the pub and bingo.

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

Regulation 12(2)(g) HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

How the regulation was not being met: Medicines were not always being safely managed.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11(3) HSCA 2008 (Regulated Activities) Regulations 2014 Need for consent.

How the regulation was not being met: Capacity Assessments have not been completed as required by the Mental Capacity Act 2005.