

Avondalecare (Kent) Limited

# Avondale House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Avondale House is a 'care home' for eight people of varying ages who required mental health support. The premises was located close to shops and the local sea front. At the time of inspection there were eight people living at the service.

### People's experience of using this service:

The atmosphere at Avondale House was warm and friendly. Staff were supportive and encouraged people to live full and active lives and to achieve their goals. One person told us how it felt to live at Avondale House; "It felt unreal, the amount of support since I have been here. I'm a different person." Another commented; "I love living here, it's a really good place, good staff, they are very good, they do their jobs to the absolute maximum."

People had good relationships with staff, who were knowledgeable of their physical and emotional needs, as well as likes, dislikes and interests. Staff were receptive to changes in people's mood and health and sought immediate advice from colleagues and relevant professionals. Contemporaneous and accurate notes were kept and recorded electronically which allowed staff to quickly identify patterns, trends and triggers and put in the necessary measures to maintain people's health and reduce risk.

People felt safe living at the service. The registered manager carried out the appropriate checks to ensure staff were safe to work with people. Staff had the knowledge and skills to protect people from harm and abuse. People were supported by an appropriate number of staff, with the knowledge and skills to support them. People chose how they wanted to be supported and by whom and this was regularly reviewed. Staff understood the principles of the Mental Capacity Act 2014 and were respectful of people and their choices. Peoples information was kept securely, and staff understood the concept of confidentiality.

People were encouraged to be as independent as possible, some were supported to build the knowledge and confidence to travel unaccompanied in the community, whilst others were encouraged to do as much as possible for themselves when having personal care. People were supported to learn and maintain life skills, such as; cooking. Staff promoted healthy eating and exercise, and had begun healthy eating projects, cooking classes and exercise sessions at the premises and within the community.

People told us that they enjoyed the company of staff and were supported to try new experiences and activities. If people had ideas and suggestions for new activities, these were raised at house meetings and actioned by staff. If people had concerns or complaints, they felt comfortable raising these with staff and the registered manager. People were fully involved in their care planning and received information in a way that they understood.

The premises were clean, well-maintained and people's bedrooms were decorated according to each person's style and preference. People were protected from the spread of infection and medicines were

stored and managed safely.

The registered manager and staff conducted regular checks to monitor and maintain the quality of support provided to people. They reviewed trends and patterns and took appropriate action as a result. Staff felt supported by the registered manager who encouraged them to reflect upon their own practice, and that of the service and to think 'outside the box' and share any ideas and/or concerns. Staff used innovative ways to help people to achieve their goals and to promote positive outcomes.

Rating at last inspection:

Comprehensive inspection published 20 July 2016 – Good with a breach around staff recruitment in the safe key question. Found to be compliant following focused inspection published 4 March 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive. We will follow up on identified areas for improvement at the next scheduled inspection.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# Avondale House

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Avondale House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service is also a domiciliary care agency. Domiciliary care agencies provide personal care to people living in their own houses. However, Avondale House did not provide any care and support to people in the community and were not going to in the future.

The service had a manager registered with the Care Quality Commission. 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.

#### What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed three people's care plans. We also looked at a variety of different sources of information

relating to these people, such as; care and support plans, activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs. We asked the manager to send us some documentation via email after the inspection. These were received on the days following the inspection.

On inspection, we spoke with five people and observed interaction between staff, the registered manager and people. We also spoke with the registered manager and three members of staff.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse and people told us that they felt safe.
- Staff knew people well and had the knowledge to pick up on any signs that may indicate abuse.
- Staff told us what they would do if they suspected or witnessed abuse and safeguarding protocols were on display for people and staff to see. Staff understood that they should contact the registered manager, local authority or Care Quality Commission (CQC) if they had concerns.

Assessing risk, safety monitoring and management

- Risks to people were identified and mitigated against. We saw that people had positive behaviour support plans, which described signs and triggers for staff to look out for and action to take to risk reduce and deescalate situations.
- Positive risk taking was encouraged to promote people's independence and to maintain and develop new skills. We saw that activities and outings were planned in great depth and pictures around the home and in peoples support plans showed people smiling whilst taking part in various activities.
- The staff continued to ensure that the premises and environment was safe. We saw that there had been gas, electricity and fire equipment checks and servicing. There were regular fire drills and contingency plans in case of emergencies. Each person had up-to-date personal emergency evacuation plans within peoples file and within a grab bag to be used in emergencies.

Staffing and recruitment

- People told us that there were enough staff to support them. One person told us: "There is a nice amount of staff to look after everybody." Another told us; "The staff give us 24-hour support, 7 days a week."
- Staff rotas were flexible. A member of staff told us; "The rotas depend on appointments or activities, we can up the support at [Avondale or sister service], it depends on the business and client need."
- Staff continued to be recruited safely. The appropriate checks were carried out to ensure new staff were safe to work with people.
- People had a say in who should deliver their care and support. People were involved in the recruitment process, sitting in and asking questions during interviews. The registered manager told us; "We recently had to turn someone down, even though they had a good CV, people did not like them, so they were not hired."

Using medicines safely

- People continued to be given the medicine they required safely. Many people stored and administered their own medicine. This was overseen by staff to ensure they were storing and managing the medicines safely.
- Staff carried out checks to ensure that any medicine errors were quickly identified and rectified.

- People had access to 'as needed' medicines, such as; over the counter medicines. However, people also received medicines to support their mental health needs and there was little written guidance on how and when such medicines should be given to people. Yet, only experienced members of staff administered medicines and they knew people well and were receptive to their signs and triggers. When people received PRN medicine, this was recorded electronically so staff could look out for any patterns or trends. Since the inspection, the registered manager had introduced a new PRN protocol along with a PRN administration sheet.

#### Preventing and controlling infection

- People continued to be protected against the spread of infection. We saw that the premises was clean and cleaning schedules ensured that different areas were routinely cleaned.
- We saw that people took part in cleaning and maintaining the home, one person told us how they liked to Hoover their room, another had cleaned their room on the morning of the inspection.

#### Learning lessons when things go wrong

- When accidents and incidents occurred staff completed an Accident, Incident and Notifiable Concerns (AINC) report, which were analysed for patterns and trends by the registered manager and staff.
- Staff told us about incidents that had occurred in the past and how they had found correlations between the incidents and dates of importance to people. As a result, they had ensured that people had more one to one support during these times and had introduced activities tailored to people and their emotional needs.



# 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

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support continued to be delivered in line with current legislation.
- Each person had their own individual care plan which showed how the person wanted to be supported. Records included information and guidance about the person's physical and mental health needs.
- Records showed that care planning considered any additional support that might be required to ensure people did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.
- Staff used best practice tools and guidance gathered from a variety of professionals to assess and monitor people's needs to ensure that they could be met. Staff also had smartphones which were used to record what people were doing, how they felt, reviews and feedback and any incidents or concerns. These were then fed back to staff and the registered manager to review and reflect upon.

Staff support: induction, training, skills and experience

- People told us that staff had the knowledge and skills to support them.
- Staff underwent appropriate training to meet the needs of people living at Avondale House. Following training sessions, staff were sent reminder 'brain sparks' emails, testing what they had learnt from the training. New staff underwent a thorough induction programme followed by a period of shadowing experienced members of staff before they were able to work with people alone.
- Staff told us that they felt supported by the registered manager and provider. They felt comfortable talking to the registered manager to discuss ideas and concerns, but also had formal supervisions. The registered manager also conducted 'observations' between supervisions, where they monitored staff's practice and gave feedback at the end of the day.
- Members of staff told us how the registered manager invested time and support developing them, introducing them to different roles and responsibilities within Avondale House and enrolling them on accredited training programmes. One member of staff told us; "[Registered manager] has been developing me on the operations and the business side. I have done all sorts within the home which has been good for my knowledge."
- The registered manager also facilitated interactive and engaging staff meetings, which were used as learning days and discussed areas such as; person-centred planning, oral health and hygiene and developments in best practice.

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

- People continued to be encouraged to maintain a varied and healthy diet. Staff were running a 'healthy

eating' scheme, where they supported people to learn about food, where food comes from and the importance of healthy eating. We saw a 'healthy eating' board displayed in the kitchen, with pictures of food and new recipes they were trying together in their cooking and baking classes.

- On the day of inspection, we saw people preparing their own meals individually and some with the support of staff. One person told us that they had started cooking recently, and we saw them making soup for the first time. The member of staff told us that the person had come to them expressing a desire to learn to cook new things. They now meet up three times a week, the member of staff said; "It's nice and relaxed, we listen to old music and learn new things."

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

- People continued to be supported to live healthy and fulfilling lives. Staff had supported people to take part in a 'get active challenge,' where people took daily walks together or with a local walking group or exercised with staff at home. Staff then noted people's activity and celebrated their achievements. A person told us; "I like walking, walk all over the place."
- Staff knew people well and could identify when people were unwell or needed additional support. We saw that when concerns were raised, staff immediately liaised with the registered manager and appropriate professionals.
- To ensure staff were kept up-to-date and aware of changes, these were recorded through the online reporting system, in the communication book, as well as by group phone messages and during staff handover meetings in the morning and evening. These meetings enabled staff to plan how they would allocate support in line with people's needs.
- There was guidance in people's care plans which described how people liked to be supported, and how a person's health needs should be safely managed. For example; one person had trouble swallowing. Staff had made referrals to the dietician and speech and language therapists who had provided guidance on how best to support the person and to reduce the risk of choking. Staff told us how this person should be supported to eat and drink and this was in line with the guidance within their support plan.
- When people visited health services or were admitted to hospital, staff accompanied them and took information about the person, their health needs and medicine records to enable the quality of support provided to people to be transferred across services.

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

- The premises continued to meet the needs of people.
- The environment was clean and well-maintained. New carpets had been installed and redecoration had taken place. People's rooms were decorated to their taste and adorned with their personal belongings. One person had their own art work displayed in their room and an activity board which was updated regularly.
- Community areas displayed pictures of people taking part in different activities and these were regularly updated. We also saw that for people who had difficulty remembering routines, there was personalised guidance on the wall for them to refer to. We saw people using them during the inspection.
- The garden was in the process of being redesigned to create a sensory area for people to sit in.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Nobody living at Avondale House was under DoLS but staff understood what DoLS meant for people and if and when they would consider applying for them.

- Staff had a good understanding of the MCA and issues around capacity and consent. Staff respected people's opinions and choices, whatever they were, but also understood signs to indicate that a person's capacity may have changed.
- When people's capacity was in question, the registered manager carried out mental capacity assessments in relation to specific questions or decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they felt cared for and supported by staff. One person told us; "I've lived here for many years. I like it, I want to be here, the staff do a really good job." Another commented, "Think the staff care about me, I am friends with them, they try and help me, they are good to the others too."
- Staff knew people well and demonstrated a person-centred approach to supporting and caring for people. It was clear when talking to the registered manager and staff that they knew each person's likes, dislikes, life histories and emotional triggers. We saw staff interacting kindly with people; talking to them about their interests and laughing and joking together.
- When people were unwell or unhappy, staff swiftly identified the change and worked together with people, colleagues and professionals to put in the right support. One member of staff told us that a person had become particularly unsettled and anxious, so they spent more time with the person to try to understand the cause. Once they had found the cause for the anxiety; a question the person did not know the answer to, staff conducted research and managed to find the answer. As a result, the persons anxiety reduced.
- People were encouraged to maintain relationships and live as independently as possible. One person was supported to attend a family wedding. Staff produced a holiday package for the person and their family, which was written in a way that the person would understand, containing guidance and information about the trip, finances, clothes and so forth. A staff member told us; "He went away and had a brilliant time. Safe, happy. We had a backup plan if there were any concerns."

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

- People decided how they wanted to be supported. Each person had a key worker. A key worker is a staff member who takes a lead in a person's care and support. People met with their key workers regularly and they discussed how they would like to be supported.
- People had communication passports, which described people's communication needs and preferences and gave guidance for staff on how these should be supported and promoted.
- Staff used communication aids to help people to understand how they communicated their emotions and how these could be perceived by others.
- People had access to advocates. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights. Staff had recently supported a person to make a complaint about the care they were receiving from an agency and had introduced an advocate who was working with the person to take the complaint further.
- People also had various opportunities to raise ideas and suggestions through reviews and meetings. One person told us; "We have a forum, bring up anything there, like different activities we want to do." We saw that many of these suggestions had been actioned.

## Respecting and promoting people's privacy, dignity and independence

- People were encouraged to live as independent and fulfilling lives as possible. We saw people coming in and out throughout the inspection, visiting shops and cafes locally. People were supported to do as much as possible for themselves. A member of staff told us; "One person requires a lot of prompting with personal hygiene, would be very easy to do it all for them, but we get them to run the bath and be in control of their own care as much as possible."
- Staff told us that promoting people's life skills, confidence and independence was key to their role and this was evident when talking to people and reviewing peoples progress since joining the service.
- People told us staff respected their privacy and maintained their dignity.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People living at Avondale House were supported how they wanted to be supported.
- Before moving to the service, a pre-assessment gathered information about each person's physical and emotional needs to ensure that they could meet their needs. The admission process also captured people's spiritual, sexual and cultural needs and these were revisited formally and informally to ensure people's different needs continued to be met.
- Care plans were thorough, person-centred and detailed people's likes, dislikes and preferences. The way in which care plans were recorded had recently been revamped to encourage people to engage. The registered manager told us they were to; "Cover more information, to be more colourful, more interactive, so people can fill out things with you."
- The registered manager and staff had also recently developed a 'recovery and reward' board game which they will use, alongside a loyalty rewards card in reviews and meetings to encourage people to engage and achieve their goals. The board game and new care plan were very new, so we will follow up how well it is working at the next inspection.
- People took part in a range of different activities and outings, which depended upon their interests and requests at resident's forums. One person told us; "There are lots of things to keep you busy. The staff have been up to the football with me." Others told us about activities they had taken part in, such as; gardening, trampolining, craft and music groups.
- People were encouraged to learn and grow as individuals; some attended college and groups such as the provider's social inclusion club, some volunteered with local charities, whilst others attended staff training sessions.
- In some instances, staff identified where people needed educational support and worked with professionals to access them. For example; one person was offered sexual support and sex education.

Improving care quality in response to complaints or concerns

- People told us that they felt confident raising any concerns or complaints. One person said; "If I had any concerns I would speak to [registered manager]. It depends if I want a private chat or not. They have come over on the weekend and taken me out when I am feeling down."
- We saw that there was an easy read complaint policy on the wall and also in people's care plans. Any concerns were fully investigated by staff and the registered manager.
- People also raised concerns, ideas and suggestions in key worker meetings and house forums, which were explored by staff.

End of life care and support

- The registered manager understood their responsibility to ask people about their end of life preferences

and approached the subject sensitively, appreciating the variety of ages and conditions being supported at the service.

## 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were central to how Avondale House operated. The service received by people was tailored to them and their changing needs and care planning fully involved people.
- There was a family atmosphere, which was supportive, inclusive and encouraging. One member of staff told us the motto shared by staff; "Help, support, recover, to live an independent life."
- The registered manager understood their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager led by example. They were dedicated to ensuring people living at the service received the best possible care and were innovative in doing so, developing different approaches and ideas to support people and staff.
- People and staff praised the leadership at Avondale House. One member of staff described the management as; "Very professional, family run, nothing is too much trouble, they will help with anything."
- Staff were passionate, knowledgeable and had warm relationships with people and colleagues. One told us; "We are a small, close knit team, we work so closely together. If there are any issues we sort things out straight away. We pride ourselves on our homely, personalised ethos."
- The registered manager and provider encouraged staff to think creatively and reflect upon the service and how it could be improved. This led the registered manager to develop a 'Spark file,' where staff would note down suggestions and ideas for service improvement that the registered manager would review and act upon. A member of staff told us; "I'm quite hot on the décor of the house, things can get worn. We recently redecorated the lounge, asked for a new television, storage for activities and a new sofa. Which has been done. It's a nicer place to be together now."
- The provider and registered manager analysed the service's performance annually and developed new initiatives to trial at the start of the new year, for example; the new eight step care plans. On a daily basis, staff and the registered manager carried out a series of daily, weekly and monthly checks to monitor and maintain the quality of the care provided to people. The registered manager also conducted spot checks and 'observations' on staff to ensure they continued to have the knowledge and skills to support people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were active within the local community, taking part in local walking groups and volunteering at a nearby community garden.



- Feedback was sought from people, staff and health professionals. This information was collected and analysed for patterns, trends and areas for improvement. Staff meetings were held regularly, which gave staff further opportunity to raise ideas and concerns.
- Staff worked with the local community, developing car parking schemes to ensure neighbours had enough space to park. The registered manager had also developed a complaints policy for neighbours and people in the local community, enabling them to share any concerns or complaints they might have. Any complaints were dealt with thoroughly and professionally by the registered person's.

#### Continuous learning and improving care

- The registered manager felt supported by the provider and they worked closely together to work on service improvement and development.
- The service kept up to date with best practice. The registered manager attended local best practice forums and spent time researching the latest and best practice. We saw that research had been disseminated to staff through staff meetings and correspondence.
- The registered manager had recently been invited to assist the local authority to develop a positive behaviour support training programme for other mental health providers in Kent.

#### Working in partnership with others

- Staff worked closely with health and social care professionals. When people needed specialist support, referrals were made without delay and specialist guidance was cascaded to staff and used to provide people with the most appropriate support for their needs.
- The registered manager also worked with local groups, charities and organisations. People were supported to attend different groups and educational centres. The registered manager worked with local groups, charities and organisations so staff kept up to date with new groups and activities that may be of interest to people.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.