

Potensial Limited

# Avondale Lodge

## 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

At our last inspection of the service in March 2015 we found a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The periodic hard wire and fixed wire testing had been checked in October 2013 and the certificate for this highlighted further work was needed, but this had not been completed.

We inspected Avondale Lodge again on 21 June 2016. This was an unannounced inspection which meant that the staff and registered provider did not know we would be visiting. This was another comprehensive inspection and also to check whether action had been taken in relation to the breach identified at our inspection in 27 March 2015. At this inspection we found that the registered provider had followed their plan and had taken action to complete the work identified with the electrical testing.

The home had a 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 '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.

Avondale Lodge provides care and accommodation for up to 12 people who have a learning disability. The home is situated in a residential area of Redcar. Avondale Lodge is two Victorian houses which have been linked together. The home is close to the sea front shops, pubs and public transport. At the time of the inspection there were 10 people who used the service.

Duty rotas identified that many people who used the service received one to one support from staff at different times during the week. There were additional staff to support the other people who used the service. We looked at how staffing levels changed on a weekend as fewer people received one to one support. The duty rota identified that two people received one to one support and there were an additional two care staff on duty to support the other people who used the service. The registered manager told us that two people went to visit their family, which meant there were two care staff to support six people who used the service. We asked the registered manager if the staffing levels on a weekend impacted on people's ability to take part in activities and outings as some people who used the service were very dependent. The registered manager told us they did not think staffing levels impacted on people's ability to go out into the community or take part in activities, but would carry out an assessment of people's needs. The registered manager told us they would review staffing levels and if needed these could be increased.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Staff tested the fire alarm to make sure it was in working order and took part in fire drill practices.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as moving and handling; behaviour that posed a risk to themselves or others; scalds; nutrition and hydration and choking. This enabled staff to have the guidance they needed to help people to remain safe.

Systems were in place for the management of medicines so that people received their medicines safely. However, some 'as required' guidance for those medicines people take when needed, was in need of a review as it was over a year old. The registered manager told us they would update this guidance as a matter of importance.

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.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. 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. We saw that staff had received supervision on a regular basis and an annual appraisal.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed on a regular basis and received nutritional screening.

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 appointments. We saw that people had hospital passports. 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 as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service and relatives to identify how they wanted to be supported.

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

The registered 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. People and relatives we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out by the registered manager. We saw where issues had been identified; action plans with agreed timescales were followed to address them promptly.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Recruitment procedures were in place to help ensure suitable staff were recruited and people were safe. People who used the service received their one to one support from staff, however we could not determine if there were sufficient other staff on duty to provide care and support to others.

Appropriate systems were in place to make sure people received their medicines safely. Risk assessments included detailed measures to keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff had completed training which was considered to be mandatory by the registered provider. Staff had received supervisions and an annual appraisal.

People had access to healthcare professionals and services. People had mental capacity assessments and best interest decisions were recorded within care records.

Staff encouraged and supported people at meal times. People were weighed and nutritional screening took place.

### Is the service caring?

Good ●

The service was caring.

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

People had access to advocacy services. This enabled others who to speak up on their behalf.

### **Is the service responsive?**

The service was responsive.

There were activities and outings for people who used the service and people were encouraged to pursue their interests. However, staffing levels on a weekend were limited and impacted on the activities and outings people were able to participate in.

People who used the service and relatives were involved in decisions about their care and support

The service had a system for managing complaints. Relatives told us staff were approachable and they felt comfortable in speaking to them if they felt the need to complain.

**Good** ●

### **Is the service well-led?**

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were asked for their views and their suggestions were acted upon.

Audits of the service were completed to assess and monitor 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 the service on 21 June 2016. This was an unannounced inspection which meant that the staff and registered 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. The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time with four people who used the service. Some people were not able to tell us their views because of their learning disability so we sat in communal areas and observed how staff interacted with people. We spoke with one relative after the inspection. We looked at communal areas of the home and some bedrooms.

During the visit we spoke with four staff, this included the registered manager, the deputy manager and two support workers.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medicine records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

## Is the service safe?

### Our findings

At our last inspection of the service in March 2015 we found a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The periodic hard wire and fixed wire testing had been checked in October 2013 and the certificate for this highlighted further work was needed, but this had not been completed.

At this inspection on 21 June 2016 we checked to make sure action had been taken to complete the work identified in the electrical testing. The registered manager showed us documentation to confirm that the required work had been completed.

We saw records to confirm that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. 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 fire alarm, fire extinguishers, hoists and gas safety.

We also saw that personal emergency evacuation plans (PEEP's) were in place for people who used the service. PEEP's provided staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices for staff were completed and tests of the fire alarm were undertaken regularly to make sure that it was in safe working order.

At the time of the inspection there were 10 people who used the service. We looked at duty rotas, which identified that many people who used the service received one to one support from staff at different times during the week. Duty rotas identified there were additional staff on duty to support the other people who used the service. Most days during the week, five people who used the service received one to one care from staff on a morning. Duty rotas showed there were five staff providing this one to one care and an additional support worker and the registered manager who told us they would help support people until they went to their day centres. This meant there was one support worker and the registered manager to support five people. We looked at how staffing compared on a weekend. For one Sunday in June we saw that three people had been identified as having one to one support, however, for one person this one to one support had moved to the afternoon. Duty rotas identified that two staff were on duty in addition to the two staff allocated to provide one to one support. The registered manager told us two people who used the service were with family on a Sunday; this meant that there were two staff to support six people. We asked the registered manager if these staffing levels impacted on people's ability to take part in activities or to be able to go out in the community. The registered manager told us the majority of people liked to stay at home on a weekend as they had been at day services all week. However, if people did want to go out staff would take them. The registered manager told us they would undertake a review of all people who used the service including their hobbies and interests. They told us they would look at staffing levels to ensure there were sufficient staff on duty at all times to meet people's needs. At night there was two waking night staff.

We asked one person who used the service if they felt safe they said, "Yes I do."

The registered manager had an open culture to help people to feel safe and to share any concerns in relation to their protection and safety. Policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that staff were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected. Staff had a good understanding of the correct reporting procedure. Staff were able to tell us about the registered provider's whistleblowing policy and they were confident that any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they were able to describe to us the different types of abuse and what might indicate that abuse was taking place. We saw records which confirmed that safeguarding was discussed with staff during supervision and at team meetings. One staff member said, "[Name of registered manager] is very much on the ball with safeguarding. If there is an incident then she refers to safeguarding immediately."

The two care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling; behaviour that challenged; scalds; nutrition and hydration and choking. Risk assessments detailed measures to keep people safe. For example the risk assessment of one person identified they had behaviours that could pose a risk to themselves or others. Records confirmed the triggers to be the behaviours, which were keeping the person waiting. The risk assessment detailed the person should be the last person to get ready to reduce waiting time. Staff told us how these simple measures reduced behaviours that placed the person and others at risk of harm.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

We saw robust recruitment and selection processes were in place. We looked at the files for three of the most recent staff to be employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had also been obtained. 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 minimises the risk of unsuitable people working with children and vulnerable adults. In addition to this the registered provider undertakes a further DBS check on staff every three years to make sure staff remain suitable to work with vulnerable adults. These checks help to keep people safe.

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We checked people's Medication Administration Records (MARs) and found these were fully completed, contained the required entries and were signed.

We checked records of medicines against the stocks held and found these balanced. The registered manager and staff were able to describe the arrangements in place for the ordering and disposal of medicines. They told us that medicines were delivered to the home by the pharmacy each month and were checked in to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner. The registered manager told us they checked these against the medicines received from the pharmacist. These systems helped to ensure people received their medicines safely.

People were prescribed medicines on an 'as required' basis; however some 'as required' guidelines needed reviewing as they were over a year old. The registered manager told us they would review all 'as required' for



people who used the service as a matter of importance.

The temperature of the room in which medicines were stored was taken on a daily basis to ensure medicines were stored at the correct temperature and did not lose their effectiveness. Medicines were kept securely. Eye drops and liquid medicines which have a short shelf life once open were marked with the date of opening. This meant that staff could confirm that they were safe to administer. At the time of the inspection people had not been prescribed medicines that are liable to misuse, called controlled drugs, however the registered manager was aware of how to store and keep a record so as to readily detect any loss.

## Is the service effective?

### Our findings

People we spoke with during the inspection told us that staff provided good quality care and support. One person said, "I like it here." A relative we spoke with said, "They know how [name of person who used the service] works and what she likes and what she doesn't like." They also said, "The staff are brilliant."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. We saw that staff had undertaken training considered to be mandatory by the service. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. The registered manager explained how training in these subjects was considered 'mandatory' and was renewed every one, two or three years (dependent on the training). One staff member said, "We do mandatory training on about 12 different courses. I have just done my first aid practical, which is every three years." They also said, "I am just starting my NVQ 3 in care. We are encouraged with our training and definitely encouraged to improve."

The registered manager told us all staff had undertaken training to support people with behaviour which may pose a risk to themselves or others, but they had identified that this training needed reviewing to make sure staff had completed the right training for the people they supported. The registered manager told us they had been on positive behaviour support training and that all staff were to attend this training in the near future. They told us how this training gave staff a greater understanding of how to support people with behaviours which meant they, or others around them, were at risk of harm.

Staff 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. One staff member said, "[Name of registered manager] is really good at supervision. We get our official supervision, but if you have any concerns in between you can talk to her she is good like that." We saw records to confirm that staff had received an annual appraisal. Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff. The registered manager told us that induction packages were linked to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that staff had attended training within the last 12 months on the MCA. We saw records to confirm this. Staff we spoke with understood their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care. Staff sought consent from people who used the service on many occasions during the day. For example one staff member asked permission from a person to go into their room and get some craft work to show to us.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us 10 DoLS applications had been re-applied for, of which all had been granted with no conditions attached. We informed the registered manager that we had received notifications when DoLS had initially been applied for but none since. The registered manager told us this had slipped their mind and they would submit notifications to CQC as a matter of importance.

During the inspection we looked at the care records of two people who used the service. We saw that there were decision specific mental capacity assessments in place for areas such as health, care and support and finance. For the majority of these we saw that best interest decision meetings had taken place and the outcome of these recorded within the care plan. For example there was a best interest's decision meeting for one person who was at risk of self harm. It was clearly recorded in the persons care plan the measures to reduce the risk of self harm and that it was in the person's best interest that staff placed an audio monitor in their room so they could hear if the person was up and about.

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 verbal communication. The registered manager told us how two people who used the service sometimes liked to go shopping with staff. Menus provided a varied selection of meals. One person who used the service was on a special diet and staff showed us a list of the approved food they could have. Since the last inspection of the service the registered manager has introduced 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. We saw that all but one of the people who used the service were weighed on a monthly basis and that staff kept a careful watch on any weight gain or loss. At the time of the inspection people who used the service did not require the input of a dietician; however the registered manager was aware of how to make contact should one be needed. One person refused to be weighed, however staff kept a careful watch on the portion size they had at each meal time and recorded this.

At lunchtime people were provided with a choice. One person couldn't decide what they would like to eat so staff asked them if they would like to go to the kitchen so they could actually see what was available. The staff member supported the person to the kitchen to assist with their decision making.

People told us they liked the food provided, one person said, "I like cakes." A relative we spoke with said, "Food, if they didn't like it [name of person] would definitely let me know."

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and nursing service. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. The registered manager told us the service had appointed an oral health champion. They told us that their role was to make sure toothpaste had the right amount of fluoride in it, that toothbrushes were changed regularly and to support new staff in the effective

brushing of people's teeth.

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 they were supported by kind and caring staff. One person said, "It's nice." Another person said, "I like it [Avondale lodge]." A relative said, "[Name of person] is very happy. The staff are great and know exactly what she needs."

During the inspection we spent time observing staff and people who used the service in the lounge and dining area. Throughout the day we saw staff interacting with people in a very caring and friendly way. On one occasion a person who used the service put their head on the shoulder of staff and the staff member responded by leaning towards them. The staff member showed clear interest as they talked with the person about their past and interests and at the same time showing much respect.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example at times people were in need of reassurance and affection and staff provided this. Staff took time to talk and listen to people. This showed that staff were caring. One person who used the service was going out and staff noticed their top was marked. Staff discreetly encouraged the person to change their top before they went out in the community. On another occasion staff discreetly wiped the mouth of a person.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. They also told us the importance of enabling people to make choices and encouraging independence. We observed that staff were discreet when asking people if they wanted to go to the toilet or needed any other support. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

Staff were seen to be encouraging and supportive. We were having some difficulty in understanding a person who used the service; however staff respectfully encouraged the person to speak whilst discreetly telling us what the person was saying. This showed that staff were respectful.

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. Staff told us they enjoyed supporting people. One staff member said, "This is really good place to work with good, caring staff."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. However, most people chose to congregate in the same area which did become overcrowded at times. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

Staff said that they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. The relative of one person told us how staff had promoted independence since they moved into the service. They told us how the person was independent with their washing with minimal support from staff.

We looked at the arrangements in place to ensure equality and diversity and how the service supported people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. A relative of a person who had recently moved into the service told us how they were made to feel welcome by all staff on their visits to the service.

At the time of the inspection there was one person who used the service using an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

## Is the service responsive?

### Our findings

Staff and people told us that they were involved in activities and outings. One person said, "I like to go into town." Staff told us how this person regularly went out into town on their own. They told us how this person liked to visit the local travel agents and look at brochures. They complimented the local travel agent who regularly welcomed the person and gave them brochures according to the time of year, for example at Christmas they had a brochure for Lapland.

During the inspection one person told us how they enjoyed doing arts and crafts with staff. The registered provider had set up a competition and each month people who used the service from Avondale Lodge and other homes in the organisation submitted entries for judging. One person was very proud as they showed us their winning entry. The person and staff member told us how they were working on another entry and as the person was interested in doing horoscopes their entry for June was a picture of a crab to symbolise the zodiac sign for Cancer.

Seven of the 10 people who used the service accessed day services for one to five days during the week and the remaining three people were funded for one to one time for individual activities. During the inspection staff supported one person to go to the hairdressers to have their hair cut. The registered manager told us people liked to visit the local park, cafés and the owl centre.

The relative of one person told us how the person had an active social life. They told us the person was out at day services five days a week and for three nights a week they went to a local club for people who have a learning disability. Some people who used the service visited their relatives on a weekend and had overnight stays.

For the Queen's birthday the service celebrated with a party and buffet and one person had particularly enjoyed this as they liked royalty. Staff observed that one person who used the service became very engaged when football was on the television. They told us how this person now has a season ticket for Middlesbrough Football Club and attends all home games with staff.

Although activities and outings had taken place, we saw that staffing levels reduced on a weekend, which meant activities and outings on a weekend were limited. The registered manager told us they would undertake a review of staffing as already mentioned earlier in the report.

During our visit we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. Care records contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. The relative we spoke with told us they had been involved in making decisions about care and support and developing the care plans.

Care plans were person centred and contained very detailed information on how the person liked to be

cared for and their needs met. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them. Care plans clearly stated how people wanted to start and spend their day what they needed help with and the support needed from staff. One plan of care for a person with communication difficulty clearly detailed their non-verbal communication. For example if the person raised their hand or arm when staff approached them then this meant they were declining the activity. Staff told us the importance of leaving the person alone immediately as prolonged attempts to engage with the person would cause distress. This helped to ensure that people were cared for and supported in a way that they wanted to be.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. There was also an easy read complaints procedure; however the registered manager told us many people who used the service were not able to understand this. Staff told us many people had used the service for a number of years and staff could determine from their body language if people were unhappy. The registered manager told us they spent time with people on a daily basis to make sure they were happy and their needs were met. A relative we spoke with said, "All the staff are very good. They communicate very well with us [family]." They told us all staff, including the registered manager, were very approachable and they felt able to raise any concerns they may had. They told us they hadn't needed to raise any serious concerns but did mention that the person might be having too much sugar and staff were quick to rectify this.



## Is the service well-led?

### Our findings

The service has a registered manager who has worked at the service for a number of years and who became registered manager in January 2011.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found that the registered manager understood the principles of good quality assurance and completed regular audits of all aspects of the service, such as infection control, medication and health and safety. They took these audits seriously and used them to critically review the service and when they found areas which could be improved upon action plans were developed, which clearly detailed the improvements needed and when this was completed.

Staff and a relative told us the culture in the home was good and the registered manager was approachable. One staff member said, "[Name of registered manager] is a very good leader. She is open and positive and she listens to you." We asked the staff for an example when the registered manager had listened to staff and acted. They told us that it was Christmas time and staff were aware that more people who used the service were at home on a Thursday. People had expressed interest at going to the Metro Centre together to shop and see the lights. Staff asked the registered manager if this was possible and the registered manager had informed staff it was a brilliant idea and to go ahead and arrange this. Staff told us they felt they could approach the registered manager with anything as they were so encouraging and supportive. Staff told us the morale was good and that they were kept informed about matters that affected the service.

When we spoke with the registered manager they had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They told us how they strived to continuously improve the care and services provided to people. On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way.

The registered manager told us there were weekly house meetings where people were encouraged to share their views. They told us menus for the week ahead were discussed alongside activities and outings. Previously relatives meetings hadn't taken place, however the manager recognised the need to formalise their discussions with relatives and had set up three dates in which relatives meetings were to take place for the remainder of the year.

We saw records to confirm that staff meetings had taken place on a regular basis. We saw that discussion had taken place about care plans, record keeping, safeguarding, complaints and issues and other areas relevant to the needs of people who used the service. Staff told us meetings were well attended and that they were encouraged to share their views and speak up.

A senior manager in the organisation visited the service on a monthly basis to undertake a quality audit.

This audit involved spending time with people and staff, in addition this included looking at care records, complaints, meeting minutes and medicines to make sure safe practice was followed and everything was up to date

We were shown records which confirmed that the registered provider completed surveys with people who used the service, stakeholders and staff. However, this survey collated the result for all homes in the organisation so we were unable to break down the individual results for Avondale Lodge. This was pointed out to the registered manager.