

Avon Lodge UK Limited

Fairview

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

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. Fairview provides care and accommodation for a maximum of 10 people with a learning disability.

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

On both days of the inspection people in the home were relaxed and well cared for. We saw staff talking with

people in a pleasant and respectful manner. One person said, "I feel safe here. They take good care of us." Another person commented, "I am satisfied with the care. The staff listen to us." Three professionals who provided us with feedback stated that their clients were well cared for and they had no concerns.

Throughout the inspection we saw that people could prepare snacks and meals for themselves. People could go out if they wanted to. Staff respected people's privacy and knocked on bedroom doors to ask for permission before they went in.

Staff had assessed people's needs and prepared appropriate care plans with the involvement of people and their representatives. Staff provided good support

Summary of findings

which met people's physical and mental health needs. There were regular reviews of people's health and the home responded to changes in need. Staff assisted people to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

The provider carefully recruited staff and provided essential training to enable them to care effectively for people. Staff we spoke with had a good understanding of the needs of people. Professionals informed us that staff were able to meet the needs of people.

The home had a safeguarding policy. Staff knew how to recognise and report any concerns or allegation of abuse.

The manager and staff team worked with other professionals to ensure people received appropriate care and support. With one exception, the feedback received from the three professionals we contacted, was positive.

Meetings and one to one sessions were held to ensure that people could express their views. A recent satisfaction survey indicated that people were satisfied with the quality of care provided.

We found the premises were poorly maintained. Suitable window restrictors which can only be released with a special tool were not in place and two bedroom windows on the ground floor which was near to a public footpath were left open. Cleaning chemicals were not locked away in a cupboard. These were a risk to people's safety. Some areas of the home were not fully cleaned and had cobwebs.

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

Some aspects of the service were not safe. The premises were poorly maintained and paintwork in some areas had been damaged. Suitable window restrictors were not in place in two bedrooms. Cleaning chemicals were not locked away in a cupboard. Some areas of the home had not been fully cleaned.

People informed us that they were well treated and they felt safe in the home. Staff we spoke with were aware that they should treat all people with respect and dignity. They were aware of safeguarding procedures and knew how to report any concerns or allegation of abuse.

There were arrangements in place to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). However, not all assessments of people's mental capacity had been carried out.

Risk assessments had been prepared. These contained action for minimising potential risks to people.

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines in the home.

Staffing arrangements were adequate. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work.

Requires Improvement



Is the service effective?

The service was effective. People who used the service said they were well cared for and received effective care from staff who were well supported.

Care plans were comprehensive and the physical and mental health needs of people were closely monitored. People could access community services such as day centres and clubs for people with disabilities.

Appointments had been made with health and social care professionals to ensure they received appropriate support and treatment.

Good



Is the service caring?

The service was caring. People said staff listened to them and their suggestions and choices had been responded to. They confirmed that one to one sessions had been held where they could express their views. We noted that staff spoke to people and supported them in a professional and friendly manner. People or their representatives, were involved in decisions about their care and support.

Good



Summary of findings

Is the service responsive?

The service was responsive. People informed us that staff were helpful and responsive to their needs. The care plans were person centred and took account of their preferences and choices. There was a weekly activities programme and people had opportunities to take part in activities they liked. The home had a complaints procedure and people were aware of who to talk to if they had concerns.

Good



Is the service well-led?

The service was well-led. People living at the home, three professionals and staff informed us that the registered manager was approachable and they were satisfied with the management of the home.

The service had a positive culture and the quality of care provided was carefully monitored. People's views had been sought and regular residents' meetings had been held. Audits and checks had been carried out by the manager and senior staff of the company. The results of a recent satisfaction survey indicated that people were satisfied with the quality of care provided.

Professionals involved in the care of people informed us that people were well cared for.

Good



Fairview

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.

We visited the home on 16th & 17th October 2014 and it was unannounced. We spoke with seven people living at Fairview, eight members of staff, the registered manager and the area manager. We observed care and support in communal areas and also looked at the kitchen and six people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These

included the care plans for five people, recruitment records, staff training and induction records for staff employed at the home. We checked five people's medication records and the quality assurance audits completed.

The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We contacted three health and social care professionals to obtain their views about the care provided in the home.

Is the service safe?

Our findings

We visited bedrooms and communal areas and discussed safety arrangements with staff. Staff we spoke with stated that they had received training in Health & Safety. They were aware of the need to ensure that the premises were safe and people who used the services were protected from harm. There was a contract for maintenance of fire safety equipment. A minimum of four fire drills had been carried out within the past year and one of them was carried out during the night. The fire alarm had been checked weekly and staff recorded that it was working properly. The home had a record of essential maintenance carried out. These included safety inspections of the portable appliances, electrical installations and gas boiler by specialist contractors. We however, noted that the gas boiler was inspected more than twelve months ago. The five year electrical installations certificate had expired. These safety checks needed to be carried out by a qualified professional to ensure that the premises were safe and well maintained. Failure to ensure gas and electrical safety inspections had been carried out put people at risk of living in unsafe premises.

On the first day of the inspection, one bedroom window on the ground floor opposite the kitchen was left open. On the second day another bedroom window on the ground floor at the front of the house was left open. There was a public footpath a short distance from these windows. Both windows did not have effective window restrictors to prevent them from opening fully. This was a potential risk to people's security and safety

One social care professional stated that the premises were not homely and not well maintained. Paintwork was peeling off two doors on the ground floor and in parts of the kitchen. The cover of the boiler in the kitchen was loose. Part of the lino of the kitchen floor was damaged. A tile had broken off under the sink in the kitchen. A garden bench was broken. There were cobwebs behind the door of the lounge and in the kitchen. On the first day of inspection, we saw that three plastic bottles of disinfectant were left under the sink. These needed to be locked away for the protection of people who used the service. These deficiencies may affect the safety and security of people who used the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We examined the record of accidents. Only two minor accidents were recorded. This contained adequate details and was signed by the staff member involved. We however, noted that there was no guidance in the record regarding how to prevent a re-occurrence of the accident(s). The registered manager stated that this guidance would be included in the future.

People who lived at Fairview were safe from abuse because the home had suitable arrangements in place. Staff treated people with respect and dignity. People we spoke with informed us that they were well treated. One person said, "I feel safe here. They take good care of us." Another person commented, "I am well treated. I feel safe. There are enough staff around." Three professionals who provided us with feedback stated that their clients were well cared for and they had no concerns.

Staff had received training in safeguarding people. This was confirmed by the training records and by staff we spoke with. Staff were able to give us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission. All staff we spoke with were aware of the provider's whistleblowing policy and they would said they would report any concerns they may have.

The service had the London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". This helped to inform staff. The service had a safeguarding policy and details of the local safeguarding team were available in the home. The policy also mentioned the need to report all allegations of abuse to the Care Quality Commission. The procedure however, did not mention the role of the DBS (Disclosure and Barring Service) and when the service should refer staff who were involved in abuse for inclusion in their register of people who are not permitted to work in care services. This is necessary for the protection of people who used the service. Staff had assessed the care needs of people who used the service and prepared risk assessments had been prepared. These contained action for minimising potential risks such as self neglect, harm to others and risk associated with travelling on public transport.

Is the service safe?

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines in the home. The temperature of the room where medicines were stored had been monitored and was within the recommended range. We looked at the records of disposal and saw that it was recorded that medicines were returned to the pharmacist for disposal. The manager and staff informed us that no controlled drugs (CD) were stored in the home. The home had a system for auditing medication. This was carried out by area manager. There was a policy and procedure for the administration of medicines. Training records indicated that staff had received training on the administration of medicines. People who used the service said that care staff administered their medicines each day. We noted that with one exception, there were no gaps in the medicines administration charts examined. The manager explained that it was an oversight and he would check with staff and ensured that the gap was filled in.

The kitchen was clean. Fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the correct temperatures. .

The home had adequate staffing levels. There was a minimum of two staff, including the registered manager on duty during the day shifts. During the night shift, there were two staff on duty. One of them was on sleep-in duty. The manager explained that people who used the service did not require a high level of care and some went out on their own during the day. He stated that additional staff would be on duty if required. People who used the service felt there were enough staff and that staff were always available if they needed help. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records check to ensure that staff were suitable.

Is the service effective?

Our findings

People who lived at the home received effective care and support from staff who were well supported and had received appropriate training. This was confirmed by people we spoke with. People informed us that they were well cared for and staff were competent and capable. One person who used the service said, “The staff listen to me and my suggestions and they respond quickly if I need help.” Another person said, “I love it here. All of the staff are very helpful and supportive. I have had a review with my community psychiatric nurse.” A third person told us: “The food is nice.” A professional who was contacted by us stated that the care provided by the home to their clients was always good. A second professional informed us that people who used the service were always well dressed and had sufficient indoor and outdoor activities.

We observed that people were dressed appropriately and appeared well cared for by staff who were attentive towards them. They could stay in their bedrooms, walk about freely in the home or go out on their own. We saw people going into the kitchen and preparing snacks or making drinks.

People had their physical and mental health needs closely monitored. There was evidence of recent appointments with healthcare professionals such as people’s psychiatrists, community nurses, dietician and their GP. Staff monitored people’s weight on a monthly basis. We noted that a person who had a problem with their weight had been referred to a dietician for specialist advice. Staff were knowledgeable regarding how to care for people with behavioural needs. This meant that potential problems and risks could be minimised or defused. We noted that staff interacted and responded well towards people. Three health and social care professionals informed us that staff were able to manage people’s care effectively.

The arrangements for the provision of meals were satisfactory. People told us that they had adequate food and they were happy with the meals provided. They said there were monthly meetings where they could make suggestions regarding the meals provided. The manager stated that people could eat out if they wanted to or cook their own food. This was confirmed by people we spoke

with. The kitchen was accessible to people and we saw that people could go into the kitchen to prepare drink and food for themselves. We observed people having their breakfast and lunch on both days and noted that people were enjoying their food.

The home had an attractive and colourful garden where people were able to sit. The manager stated that people enjoyed sitting in the garden and the garden had been maintained with the help of people who used the service. This was confirmed by people we spoke with and by professionals we communicated with.

The service had a service user guide with information about the services provided, staff involved and the activities provided. This ensured that people were provided with information about the home.

The registered manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The home had guidance on MCA and DoLS. These policies were needed so that people were protected and staff were fully informed regarding their responsibilities. Staff knew that if people were unable to make decisions for themselves, a best interest decision would need to be made for them. Staff we spoke with said they had received relevant training. However, one member of staff we spoke with was not fully aware of the procedure to be followed when people needed to be deprived of their liberty for their own safety. We further noted that assessments of mental capacity had not been carried out. These were needed for the protection of people and should include details of who should be consulted if a person lacked capacity to make a decision. The manager stated that the assessments had been carried out for three people by their respective social workers. We however, were not provided with these assessments. He agreed to ensure that all people had assessments of their mental capacity.

Staff we spoke with said they received adequate support and regular supervision. We saw evidence of this in the staff records. The manager carried out regular supervision and annual appraisals. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people’s needs. Staff demonstrated a good understanding of the needs of people and how to meet them.

Is the service caring?

Our findings

We spoke with six people who used the service. They informed us that staff were caring. One person said: “I am well treated. They listen to me.” Another person told us: “The staff take good care of me.”

Staff were encouraging and friendly towards people. All staff we spoke with demonstrated a good understanding of the needs of people and their daily routine. They were also able to tell us about people’s interests.

Staff were aware that all people who used the service should be treated with respect and dignity. They stated that they were reminded of this during their training. The home had a policy on ensuring equality and valuing diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. One person informed us that they were able to attend their chosen place of worship on Saturdays. Another stated that they would like to attend a church service. The manager stated that this would be arranged for them.

People told us that they could express their views and staff responded to their suggestions and choices. Two people informed us that a day trip had been organised to a place they wanted to visit. Another stated that they had gone on holiday to a place they wanted to go.

Staff carried out assessments of people’s care needs with their help. These assessments contained details of people’s background, care preferences, choices and daily routines.

Care plans were up to date and had been regularly reviewed with people and professionals involved. Staff organised one to one sessions weekly and the views of people regarding their care were recorded.

Staff held monthly meetings where people could make suggestions regarding the running of the home and activities they wanted organised for them. The minutes of meetings had been recorded and we noted that two suggestions made by people had been responded to. One related to a holiday and another to a day trip to The New Forest.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. The care records of people contained details of their daily routine and activities programme.

The home’s Provider Information Return stated, “Staff are inducted on service users changing needs and circumstances and are closely monitored to ensure they inculcate the culture of understanding, kindness and compassion for vulnerable service users. Staff are attentive listeners to service users’ needs and requests. Service users’ choices and preferences are primordial and forms the centre of daily decision making at Fairview.” People we spoke with confirmed that staff listened to them and their suggestions had been responded to.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People who used the service had a care plan that was personal to them. The care plans contained information about people's preferred routines, likes and dislikes as well as their needs. We looked at three care plans and saw they had all been prepared to meet individual needs. For example, with the agreement of a person who needed to reduce their weight a care plan was prepared which included relevant activities. Another person who wanted to work had a care plan which included part time work outside the home.

The manager informed us that one to one sessions took place each week. He stated that the home regularly conducted one to one meetings with service users in order to identify current needs such as food choices and preferences. He added that this could be evidenced by their food order list and receipts of food purchased. He stated that when people had requested having a meal out at a particular restaurant, this was facilitated by staff. This was confirmed by people we spoke with. People also

informed us that outings and holidays had been organised following suggestions made by them and this included trips into London, the seaside and abroad. We saw documented evidence of one to one sessions where people could talk about their progress and discuss any problems they may have with their key worker. People who used the service confirmed that these sessions took place.

The home had a complaints procedure. This procedure was included in the service user guide. People we spoke with knew who to complain to if they were dissatisfied with any aspect of their care. However, all people we spoke with said they were satisfied with the care provided and they had no complaints. We examined the complaints record. One complaint was received. This had been promptly responded to..

During the inspection a professional we spoke with made a complaint regarding communication difficulties experienced with the home. The manager agreed to record this as a complaint and informed us soon after our visit that he had responded to the complaint.

Is the service well-led?

Our findings

People who used the service and professionals who provided us with feedback stated that they were happy with the quality of care provided. One person stated, "I can talk to the manager if I am unhappy. The staff are very supportive. They do an excellent job." Another person said, "yes, I have completed the survey form." A professional informed us that the manager was always professional and knowledgeable. In addition, with one exception, they stated that liaison and communication regarding people who used the service was consistently very good.

During the inspection we found the area manager, registered manager and staff were welcoming towards us. Information requested was readily available. . The registered manager informed us of good practice whereby he constantly checked to ensure the home had followed expected standards and met legal requirements. He provided us with evidence that he had prepared a folder with evidence of how the home had complied and what it was doing to meet the expected standards and regulations.

The manager informed us that there was a good staff team and they worked well together. This was confirmed by staff we spoke with. They informed us that the manager was approachable and they felt supported in their roles.

The manager kept a records of regular formal staff supervision and appraisals. Regular staff meetings had

been organised and the minutes were available. These indicated that staff had been provided with guidance regarding the care of people and updated regarding the management of the home. New staff had been provided with a comprehensive induction programme and staff we spoke with stated that they found this useful and informative. There was a clear management structure at the home. During our inspection we spoke with the registered manager and the company's area manager. Both were aware of their roles and responsibilities. The area manager carried out regular visits to ensure that people were well cared for.

Audits and checks of the service provided had been carried out. These included medication and nutritional audits. Meetings had been held where people could express their views about the service. These meetings were chaired by an independent person who visited the home. People informed us that they could make suggestions and staff listened and were responsive towards them. The registered manager stated that quality assurance surveys were done annually. He provided us with the results of the last survey. The report indicated that people who used the service and their representatives were satisfied with the services provided. The area manager was present on both days of the inspection and assisted us by providing information requested.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15(1)(c) |

This section is primarily information for the provider

Enforcement actions

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