

Pro-Care Disperse Housing Ltd

Pro-Care Dispersed Housing Ltd Avondale Lodge

Inspection report

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Blackpool
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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

Avondale Lodge provides care and support for a maximum of seven people who live with mental health conditions. At the time of our inspection, six people lived at the home. Avondale is situated in a residential area of Blackpool close to local shops. It offers seven single room accommodation on two floors. Additionally, there is a dining room and communal lounge.

At the last inspection on 12 August 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

During this inspection, we asked people if they felt safe at the home and they responded positively. A variety of environmental and personal care risk assessments had been implemented to reduce the risks of unsafe or inappropriate care. The home had on display at the entrance their safeguarding policy to inform people who to contact should they have concerns.

The registered manager and staff demonstrated they protected people from unsafe management of their medicines. For example, the management team completed regular audits and medication risk assessments to check procedures were robust.

We saw from records and people's comments the management team recruited staff carefully and safely. One person who lived at Avondale said, "The new staff member is really good. She's fitted in so well." We found evidence in staff files that all employees received training to assist them in their roles. Avondale had a full complement of staff and there were sufficient skill mixes to assist each person safely, quickly and competently.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People told us they enjoyed their food and had choice around what to eat. Staff received food hygiene training and completed records to evidence regular kitchen cleaning took place.

We observed staff demonstrated an in-depth awareness of each person who lived at Avondale. People said they always found staff were caring and they enjoyed living at the home. They said the management team planned support collaboratively with them and their relatives.

People told us staff were consistently responsive to their needs and engaged with them in ways that helped to improve their lives. Care records contained detailed information about each person's backgrounds, current status and their support preferences.

The management team completed regular quality assurance audits to ensure staff met the expected outcomes of care provision. They held regular 'resident' meetings to check for concerns and to involve those

who lived at Avondale in its development. Staff told us they felt the management team were supportive in their work.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 September 2017 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Avondale. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Avondale.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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.

Additionally, we spoke with a range of individuals about this home. They included two people who lived at Avondale. We further discussed care with the house manager and registered manager.

We looked around the building to check environmental safety and cleanliness. We also spent time reviewing records. We checked documents in relation to two people who lived at the home and the only staff member who had been recruited since our last inspection. We looked at records about staff training and support, as well as those related to the management and safety of Avondale.

Is the service safe?

Our findings

We asked people if they felt safe at the home and they responded positively. One person said, "I feel safe in their hands."

The home had on display at the entrance their safeguarding policy to inform people who to contact should they have concerns. Staff received training and were able to describe good practice about protecting people from potential abuse or poor practice. One staff member told us, "These guys are vulnerable, so you need to know what you're doing."

The management team completed risk assessments to protect people from potential harm or injury. Assessments covered, for example, nutrition, access to the kitchen, medical conditions, mobility, cognitive impairment, fire and environmental safety, self-neglect and medication. We saw in-depth records assisted staff to reduce potential risks to people who lived at Avondale. The management team regularly updated records to ensure control measures continued to keep everyone safe. The house manager told us there had been no incidents or accidents since our last inspection. They demonstrated a good awareness of reporting procedures and control measures to reduce the potential for accidents to occur.

We found the home was clean and tidy and staff received related training. They put their learning into practice by, for example, washing their hands before cooking or administering medication. Window restrictors were fitted to protect people from potential injury. The service's electrical, gas and legionella safety certification was up-to-date to maintain everyone's safety and welfare.

We looked at records of the one employee recruited since our last inspection. Documentation included a detailed outline of the staff member's full employment history, skills and experience. Additionally, the registered manager obtained references and criminal record checks from the Disclosure and Barring Service prior to the employee's commencement in post. This meant Avondale had a full complement of staff and there were sufficient skill mixes to assist each person safely, quickly and competently. People told us they felt staffing levels were adequate. One person said, "There's always a staff member around if you need to talk."

We found medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed medication was administered one person at a time and the staff member was patient and explained the purpose of each medicine. The management team completed regular audits and medication risk assessments to check procedures were robust. Consequently, the registered manager and staff demonstrated they protected people from unsafe management of their medicines.

Is the service effective?

Our findings

When we discussed staff training with people, they told us staff were effective in their duties. One person who lived at Avondale said, "The staff are very experienced." Another person commented, "Oh yes, the staff are really well qualified with all our medical conditions. They're very experienced at what helps us."

We found evidence in staff files that all employees received training to assist them in their roles. This included the Mental Capacity Act 2005, health and safety, safeguarding, care planning, food hygiene and first aid. Staff learning was underpinned by regular supervision for staff to review their personal and professional development. One staff member told us, "Yeah, we're well trained here. I'm doing my level 3 in health and social care."

Care records we looked at held information to evidence people had signed consent to demonstrate their agreement to care. We observed staff checked for each person's consent whenever they supported them. They demonstrated a good understanding of related principles and assisted people in ways that matched their agreed care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). None of those who lived at Avondale required a DoLS and we saw people were able to come and go as they pleased. Staff had related training and showed a good understanding of related legislation.

We found care records contained risk assessment to protect people from the risks of malnutrition and other associated hazards, such as choking. Staff provided a variety of meal options and supported those with special diets, such as vegetarians. People confirmed they enjoyed their food and had choice around what to eat. One person said, "The food is very good. If I don't like it they always make something else." Staff received food hygiene training and completed records to evidence regular kitchen cleaning took place.

Staff worked closely with other healthcare professionals in meeting people's changing needs. For example, they engaged closely with GPs, social workers, care co-ordinators, mental health specialists and community services. Where new treatments or other issues arose, we found the management team had updated the person's care plan.

We looked at the building and grounds and found they were appropriate for the care and support provided. One person said staff had been adaptive to their deteriorated mobility and they agreed to move to a ground floor bedroom. They told us, "It's been a great move for me because my toilet and shower are now next door to my room."

Is the service caring?

Our findings

People we spoke with said they were happy and comfortable living at Avondale. One person told us, "I've been here a long time, so if I didn't like it I wouldn't still be here." Another person added, "The staff are dedicated, caring and kind."

Throughout our inspection, we observed staff demonstrated an in-depth awareness of each person who lived at Avondale. They approached people with a calm and respectful attitude, whilst maintaining eye contact and an interest in what they were doing. One staff member explained good care was about how staff worked with those who lived at the home. They added, "We only want staff who will fit right in. It's a complex job that requires you to have the right attitude." People said they always found staff were caring and they enjoyed living at Avondale. One person commented, "The staff go above and beyond. When we need anything they just go and get it."

Staff met with individuals before they were admitted to the home to ensure they were fully involved in all aspects of their care. We found care records held information to demonstrate this continued throughout their stay, such as regular one-to-one meetings. Medication care planning we looked at demonstrated a collective approach was undertaken to ensure, for example, people received medicines when they wished to. Those who lived at Avondale confirmed the management team planned support collaboratively. One person told us, "The staff talk about my care with me regularly." We further noted staff helped people to retain their self-determination. This person added the management team had helped them to obtain a mobility scooter. They said, "It's great, I can go out whenever I want now."

Care records and the service's aims and objectives, provided to people on admission, outlined how staff supported them with their cultural and spiritual needs. This included objectives such as, 'To reduce and eliminate inequalities experienced by service users due to their illness,' and, 'To be sensitive to the differing cultural and spiritual needs of service users.' We observed this in practice and saw staff documented information in care records to maintain people's human rights. For example, they checked their sexual orientation and any relevant support requirements. Information, including contact details, about advocacy services was available in the entrance hall. Consequently, people could access this if they required support to have an independent voice.

Is the service responsive?

Our findings

People told us staff were consistently responsive to their needs and engaged with them in ways that helped to improve their lives. One person who lived at Avondale stated, "When I spend time with the staff I feel better." Another person commented, "They're also no nonsense and set me right when I need a kick up the backside. They're good that way."

People's care records were based around their pre-assessment information, ongoing details and personalised support. We found staff worked collaboratively in establishing and reviewing the person's goals. Our observations demonstrated staff had an in-depth awareness of each person and supported them with a person-centred approach that matched their care plans. They met with individuals on a regular one-to-one basis to involve them in the update of their care. Staff had signed and dated records we reviewed to evidence who had completed them and when.

Care records contained detailed information about each person's backgrounds, current status and their support preferences. Areas covered included people's food likes and dislikes, preferred names, activities, important family relationships, communication and their spiritual requirements. This ensured people received care that was provided with a person-centred approach.

The service's aims and objectives, provided to people on admission, outlined Avondale's aim to, 'Involve service users in care planning, utilise community-based activities, fostering independence, training and employment.' The house manager told us they had worked with those who lived at the home to develop a working community environment. They added, "I'm really enjoying seeing the guys come down together and engaging as a community." Although a formal programme of activities was not in place we observed regular events were provided dependent upon what people felt like doing. These included music and karaoke nights, games and movie buffets. Those who lived at Avondale were additionally supported to undertake their own pursuits. One person said, "Yes, I have plenty to do. I'm an avid reader and love learning about new things. The staff really give up their own time to make sure we have good activities."

The management team told us they had not received any complaints in the last 12 months. We saw relevant information was provided at the entrance to assist people to make a complaint if they wished. This detailed, for instance, timescales and the various stages taken. People said they had been informed about procedures related to making a complaint. One person stated, "I would have no hesitancy in telling [the house manager] and I know he'd deal with it quickly and professionally."

Is the service well-led?

Our findings

Those who lived at Avondale and staff said they felt the home had good leadership and was well organised. One person told us, "The managers are very good, we get to talk with them a lot." Another person added, "[The management team] are very good and approachable."

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We observed the registered manager approached people with kindness and care, whilst demonstrating a good awareness of their requirements. One person said, "We all live and work closely together. It's a tight community." Staff told us they felt the management team were supportive in their work. One employee commented, "[The registered manager] is good. He's always at the end of the phone if you need him."

The management team held regular 'resident' meetings to check for concerns and to involve those who lived at Avondale in its development. One person told us, "We have regular resident meetings. Where things go wrong now and then, we also sit down with the staff as a group and talk it through." Additionally, the management team assisted people to reflect upon their experiences of care through regular satisfaction questionnaires. The process further assisted each individual to consider their care needs and whether support planning met these. We found feedback was very positive about the home. One person who lived at Avondale stated, "The staff help us talk about anything, whether it's about an issue in the house or if we've got any ideas about making our lives better."

A variety of policies was on display in the entrance hall to assist people to understand related procedures. These included visiting, borrowing and lending money, the home's business continuity plan and safeguarding. To underpin this and ensure staff met the expected outcomes of care provision, the management team completed regular quality assurance audits. These included arrangements to monitor environmental and fire safety, infection control and medication. Where issues were identified, we found records contained an outline of the concern and actions taken to ensure control measures continued to maintain everyone's safety and wellbeing.

The management team said they worked closely with care co-ordinators, other health and social care organisations and the local authority commissioners. This ensured staff and the management team had access to evidence-based, best practice for the benefit of people who lived at Avondale.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.