

Avondalecare (Kent) Limited

Avondale House

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 ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 28 June and 01 July 2016.

Avondale House provides accommodation and support for up to seven people with mental health needs. The service is located in a residential area in Westgate-on Sea and is walking distance to local shops and the beach. There are good public transport links with bus stops and a train station nearby. At the time of the inspection there were six people living at the service.

The provider had a recruitment and selection policy however this had not been followed to make sure staff were of good character and safe to work with people.

The service is run by a registered manager who was present on the day of the inspection. 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 and associated Regulations about how the service is run.

People told us they felt safe living at Avondale House. Staff understood how to protect people from the risk of abuse and the action they needed to take to keep people safe. Staff were confident to whistle blow to the registered manager and were confident that the appropriate action would be taken. Staff said they would not hesitate to contact other organisations outside the service if they needed to.

Risks to people's safety were identified, assessed and managed. Assessments identified people's specific needs, and showed how risks could be minimised. Accidents and incidents were recorded, analysed and discussed with staff to reduce the risks of them happening again.

There was a comprehensive training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People told us they were consistently supported by sufficient numbers of staff who knew them very well.

People received their medicines safely and told us they received their medicines when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. There were no people living at the service under an authorised DoLS.

People felt informed about, and involved in, their healthcare and were empowered to have as much choice

and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. Staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported especially relating to healthcare treatment. They put these into practice effectively, and ensured that people's human and legal rights were protected.

People were supported to maintain good mental and physical health and had access to health care professionals when needed. Staff had strong working relationships with health professionals, such as, GPs, psychiatrists and the local mental health team.

The registered manager and staff carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Emergency plans were in place so if an emergency happened, like a fire or a flood, the staff and people knew what to do.

People were supported to maintain a healthy and balanced diet. People were involved in cooking and were supported to buy shopping for the service. Staff monitored people's weight to make sure they were staying healthy.

People were said they were happy with the care and support they received. Care and support plans contained information and guidance so staff knew how to provide people's support in the way they preferred. Staff were familiar with people's life stories and were knowledgeable about people's likes, dislikes and preferences.

People were involved with the planning of their care from before they started to live at Avondale House. Care and support was planned and given in line with people's individual mental healthcare needs. People spoke positively about staff and told us they were supportive, kind and caring. Privacy was respected and people were able to make choices about their day to day lives. Staff were respectful and compassionate when they were supporting people.

People, staff and health professionals were encouraged to provide feedback to the registered manager about the quality of the service. People said their views were taken seriously and any issues they raised were dealt with quickly. People told us they did not have any complaints about the service or the support they received from the staff.

People planned their own activities each week and spent time in the local community. People enjoyed group trips to local places of interest and activities in the service, such as gardening and cooking.

People and staff told us the service was well-led. Staff said they felt supported, that the registered manager was approachable and that they worked closely as a team. There was a positive, person centred and open culture at the service. Staff had developed strong links with the local community.

The registered manager coached and mentored staff through regular one to one supervision. Staff were clear about what was expected of them and their roles and responsibilities and told us they felt supported by the registered manager.

Services that provide health and social care to people are required to inform 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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can

see what actions we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The provider had a recruitment and selection process in place to make sure that staff were of good character but this was not followed.

Risks to people's safety were identified, assessed and managed appropriately. People felt safe and were protected from the risks of avoidable harm and abuse.

People received their medicines safely and were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Requires Improvement 

Is the service effective?

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff had the skills they needed to provide people's care in the way they preferred. People were supported to maintain good mental and physical health and had access to health care professionals when needed.

People were supported to maintain a balanced diet with a choice of healthy food that they told us they liked.

Good 

Is the service caring?

The service was caring.

People were happy living at Avondale House. Staff treated people kindly, compassionately and respected their privacy and dignity.

Staff were aware of, and promoted, people's preferences and different needs.

Good 

People were supported to increase and maintain their independence. People's records were securely stored to protect their confidentiality.

Is the service responsive?

The service was responsive

Staff knew people and their preferences well. People's choices and changing needs were recorded, reviewed and kept up to date.

People received the care and support they needed and the staff were responsive to their needs. People were involved in a range of activities each day when they chose to.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

Good ●

Is the service well-led?

The service was well-led

Audits were completed on the quality of the service and actions taken when shortfalls were identified.

There was an open and transparent culture where people and staff could contribute ideas for the service.

People and staff were positive about the leadership at the service.

Good ●

Avondale House

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.

The inspection took place on 28 June and 01 July 2016 and was unannounced. This inspection was carried out by one inspector. This was because the service was small and it was decided that additional inspection staff would be intrusive to people's daily routines.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. 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. We asked these questions during the inspection. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

We met all of the people living at the service. We spoke with five members of staff, two assistant managers, the registered manager and the provider. During our inspection we observed how the staff spoke with, engaged with and supported people.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed three care plans. We looked at a range of other records, including safety checks, policies, four staff files and records about how the quality of the service was managed.

We last inspected Avondale House in February 2014 when no concerns were identified.

Is the service safe?

Our findings

Staff files were not held at Avondale House and the registered manager arranged for them to be available for us to review on the second day of the inspection.

Recruitment checks were not consistently completed to make sure staff were honest, trustworthy and reliable to work with people. Recruitment checks, as noted in the provider's recruitment and selection policy, were not in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014. For example, information had been requested on application forms about staff's employment history. Some application forms did not have a full employment history. There were no interview notes in staff files and there was no record to show this had been discussed during the interview. References were not consistently obtained in line with the provider's policy and did not always include the last employer. Staff files did not all contain proof of identity or a recent photograph, health questionnaires or equal opportunities monitoring.

The provider failed to ensure people employed were of good character and had not followed their recruitment policy. This is a breach of Regulation 19(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they made sure people were involved in the interview process of prospective employees. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager commented, "It's about treating people with respect and decency. There's no training for that. We try so hard to recruit the right people. Their attitude is hugely important".

People told us they felt "Very safe" and "Extremely safe" living at Avondale House. People said there was always plenty of staff to offer advice and support when they needed it. Staff told us that discussions about safety with people were "Part of everyday conversations. We make sure people are aware of risks, like going to certain places or meeting certain people". During the inspection staff talked to people about what they were planning to do or where they were going and made sure they knew how to stay safe and what to do if they were worried about anything.

Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of disability or other needs. Staff made sure people had information about risks and supported them in their choices so that they had as much control and autonomy as possible. For example, during our inspection we heard staff talk with people about where they were going and reinforcing what they needed to do to remain safe. Risk assessments detailed the potential risk and gave staff guidance on what control measures could be used to reduce risks and keep people safe. Risk assessments were updated as changes occurred and were regularly reviewed to make sure they were kept up to date.

Some people had behaviours that may challenge others. Occasionally people became upset, anxious or

emotional. Staff knew people well and spoke with and supported them in a caring manner. Staff took time to support people who became agitated. There was clear guidance for staff on what might trigger a person to have a behaviour that was challenging and how to de-escalate behaviours quickly to ensure people were supported in a safe and consistent manner. Staff had completed training on behaviour management. Staff understood how to support each individual's behaviour and protect them from the risk of harm. Staff told us they used de-escalation techniques, such as talking with people and walking with them to a different area of the service, to ensure the welfare and safety of people and staff. It was evident throughout our observations that staff had the skills and experience to manage situations effectively as they arose.

People were protected against the risks of potential abuse. People benefited from living in a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. The provider had a policy for safeguarding adults from harm and abuse which staff followed. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us that they had received regular training on safeguarding people and this was confirmed by the training records we looked at. Staff knew the correct procedures to follow should they suspect abuse.

The registered manager had a copy of the Kent local authority safeguarding protocols for staff to refer to. The registered manager had a clear understanding of what should be reported in line with current guidance. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff reported any accidents, incidents and near misses to the registered manager and the registered manager raised concerns with the relevant authorities in line with guidance. The registered manager monitored and reviewed accidents / incidents and analysed them to identify any trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. The registered manager discussed incidents with staff and used this as a learning opportunity to reduce the risk of incidents recurring.

There were enough staff on duty to meet people's needs and keep them safe. People said there were staff there when they needed them. Staff told us there were enough staff available through the day and night to make sure people received the care and support they needed when they needed it. The staff rotas confirmed there were consistent numbers of staff working at the service. Staffing was planned around people's needs and any support they needed for appointments. Some people received support on a one to one basis and this was taken into account when the staff rotas were planned. The registered manager regularly reviewed the staffing levels, and increased the numbers when necessary, to make sure people had the support they required. Housekeeping and maintenance staff were employed by the provider so that support staff could concentrate on providing care and support. A 24 / 7 on call system was in place to make sure staff always had management contact in the case of an emergency.

People told us they were supported to make sure they received their medicines safely and on time. One person said, "The staff remind me when I need to have my medication" and another person commented, "I have to take my medicines at the right time and staff make sure I do". People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. The registered manager completed medicines competency assessments to make sure staff remained confident and competent to support people with their medicines. Medicines were stored securely in a medicines cupboard which met legal requirements and had a good quality lock. The medicine cupboard was clean,

tidy and not overstocked. There was evidence of stock rotation to ensure that people's medicines did not go out of date.

Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. Some people were prescribed medicines to take now and again on a 'when needed' basis. There were guidelines for staff to follow about when to give these medicines and these were reviewed each month by the registered manager. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

People and staff knew how to leave the building in the case of an emergency. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. A business continuity plan contained plans in the event of a major incident, such as, a gas leak or flooding. Emergency contingency arrangements were in place for people to be moved, if needed, to keep people in a safe environment.

Is the service effective?

Our findings

People said the staff were efficient and knowledgeable. One person commented, "The staff support me. I really trust them all". One person had hand written on a card to the registered manager and staff 'Avondale has helped me get better and improved my life'.

Staff completed an induction when they started working at the service. Staff told us they shadowed experienced colleagues to get to know people, their routines and preferences. The provider and registered manager said they were proud of their training and self-education programme. Staff completed face to face training and some was completed on-line. Training courses were relevant to the support needs of people and included mental health matters, understanding autism and coping with aggression. Staff were encouraged and supported to complete additional training for their personal development. This included completing adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff said they felt very well supported by the registered manager and the provider. The registered manager worked closely with the staff team and was supported by two assistant managers. The management team reviewed the effectiveness of the training by observing staff providing care and support to people and regularly reviewing the records staff completed. Staff received feedback from their observations immediately afterwards and at regular one to one meetings with the registered manager. Any changes needed to staff practice were discussed at these meetings and the registered manager supported and coached staff to provide good, effective care and support.

Staff told us they had regular one to one meetings with the registered manager to discuss their learning and development. There were records of these in staff files. These meetings were planned in advance so that staff could prepare and this enabled the registered manager to track the progress towards the staff member's objectives. Staff progress towards changing their practice following any concerns was also discussed and the registered manager quickly identified staff who were not able to provide the service to the standard they required. The registered manager followed the provider's disciplinary process when needed.

The registered manager told us, "Regular communication between the staff team is very important". A ten minute handover was completed on each shift and updated staff on any concerns, people's appointments and people's plans for the day. The provider issued each member of staff with a special mobile phone. These were used to send an email message to all staff every two hours to update them on important information about each person. Staff told us, "The email system we use works really well". The registered manager commented that the system meant everyone was kept up to speed with any changes, causes for concern or reasons for celebration at all times.

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

make 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 so that they can 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). We checked whether the service was working within the principles of the MCA. People living at Avondale House were not subjects of authorised DoLS because nobody needed one.

The registered manager understood their responsibilities under the MCA to submit applications to the 'supervisory body' for a DoLS authorisation when needed. People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time each day. During our inspection people made decisions and were offered choices which staff respected and supported. When people were not able to give consent to their care and support, staff knew they must act in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

The registered manager told us that if people did not have the capacity to make complex decisions, meetings would be held with the person and their representatives to ensure that any decisions were made in people's best interest. At the time of the inspection people living at Avondale House were able to make decisions about the care and support they received. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People were supported to eat a healthy and balanced diet. When people were not eating their meals because their mental health was deteriorating, or they were unwell, staff encouraged people to have regular snacks. When people had concerns with their weight the staff referred them to other health professionals, such as dieticians. One person told us that staff had supported them to lose weight and that it had really helped with their confidence. Staff supported people with their food shopping and, when needed, with the cooking. People took it in turns to cook for others living at Avondale House. For example during our inspection one person had made curry for everyone and also baked a cake. They told us they enjoyed cooking and proudly showed us their chocolate swirl cake with chocolate fudge topping. People grew vegetables in the garden and these were used in the cooking.

Meal times were relaxed and social occasions with people and staff chatting together. Some people chose to eat together and others preferred to eat alone. This choice was respected by people and staff. When people were out during the day staff checked on their return whether they had eaten. Staff supported people to cook or cooked for them when they returned to the service.

The kitchen store cupboards were well stocked. People had their own lockable cupboards to put their favourite foods in. Snacks and drinks were available at any time of the day and night and people helped themselves to what they wanted when they wanted it.

People were supported to maintain good physical and mental health. The staff worked closely with health professionals, such as, the local mental health team, psychiatrists and doctors. The registered manager commented, "We specialise in supporting people with enduring mental health needs. We have a recovery

based and solution based approach. We encourage people to find their own solutions and increase their independence". People told us they regularly met with health care professionals and that staff supported them. One person said, "My mental health had improved loads since I have been at Avondale". The registered manager said people were supported with Care Programme Approach (CPA) reviews with the mental health professionals. The CPA is a system which details the support in place for people with complex mental health needs. People's care and support records showed relevant health and social care professionals were involved with their care. Care and support plans were in place to meet people's needs in these areas and were regularly reviewed.

Staff monitored people's mental and physical health and took prompt action if they noticed any changes or decline. When people's conditions were prone to deteriorate there was clear guidance for staff on what signs to look for and what action to take. Referrals to health professionals were made, for example, when people's mental health had deteriorated staff contacted the doctor and a consultant psychiatrist. Medicines reviews and changes to medicines were made and staff continued to monitor people's progress. On occasions, people were admitted to hospital for further treatment and during this time continued to receive support from staff as often as possible.

Is the service caring?

Our findings

People told us how happy they were living at Avondale House. Their comments included, "This is the first place I have ever felt accepted for being me", "[The staff] help me when I need it and are there if I want to talk. I trust them all and that's a big thing for me to say" and, "If I could stay here forever I would but I know I will have to leave at some point". A member of staff said "People are really happy and well looked after here. People do as much as they can themselves".

People told us they were involved in planning their care and support. The emphasis of giving people choices was reflected in the way people's care and support plans were written. People had their own goals, aims and objectives. Staff told us these were reviewed 'All the time' and that they needed to work flexibly with people to make sure they gave the right support at the right time. One person had written a card to the registered manager and staff and noted 'Avondale had helped me improve my lifestyle like washing, cooking and my confidence'.

There was a strong, visible person centred culture. The registered manager and staff had built strong and trusting relationships with people. This was evident during the inspection as people went into the office to chat with the registered manager and staff whenever they wanted to. People told us the staff were, "Approachable", "Very good" and "Friendly". People said they felt accepted and listened to by staff.

Each person was allocated a 'keyworker'. A keyworker is a member of staff allocated to take the lead in co-ordinating someone's care and support. People said they trusted their keyworkers. A monthly keyworker report was written and used to keep people's loved ones and visiting health professionals up to date with an overview of what people had done and any physical or mental health concerns.

People living at Avondale House were able to make their own decisions. Some people had family members to support them if they needed to make complex decisions about their care and support. The registered manager ensured advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

The registered manager and staff promoted people's differences and spoke with people openly about beliefs, disability and sexual health. The registered manager told us, "It is important to have frank and open conversations. People need to have all the information we can provide them with so they can make educated decisions". One person had noted on a card to the staff 'Avondale accepts me. Avondale understands me'. People told us they trusted the staff and appreciated the support staff gave them.

The registered manager worked alongside the staff and continuously monitored staff practice to ensure a positive and respectful approach was sustained. The registered manager and staff spoke about people with warmth, empathy, compassion and a genuine concern for their well-being. Staff respected people's personal space. People told us staff treated them with dignity and respect. Staff knew people well. They

listened to people, were patient and responded in a considerate and kind way. During the inspection there were many positive interactions between staff and people.

Staff told us they enjoyed working at Avondale House. Staff spoke with a real passion for the work they did. The registered manager told us that, after a long time talking about it, when one person had gone out on their own for the first time it had reduced the staff to tears as they were so happy for them. During our inspection people and staff told us what they had been doing. People told us with pride of their 'first time' doing things and how big a step the 'firsts' were. Staff took pleasure in seeing how well people were doing on their road to recovery.

People's confidentiality was respected; conversations about people's support were held privately and care records were stored securely. Care and support plans and assessments were located promptly when we asked to see them. People's care and support plans gave staff guidance on what people could do for themselves and what support was needed. Staff had an in-depth knowledge of people's needs, routines and preferences and supported people in a way that they preferred and had chosen.

People could choose whether to spend time in the community, in their room or in communal areas. When people chose to spend time in their bedroom or in a quiet area of the service staff respected their privacy. Staff checked on people from time to time to see if they needed anything.

Is the service responsive?

Our findings

People told us staff understood the support they needed and staff were responsive to their needs. People said that they received the support they needed when they wanted it. People were very relaxed in the company of each other and staff. Staff had developed positive relationships with people.

The registered manager told us people visited the service when they were thinking about moving there so they could meet the other people living at Avondale House. People said they had met with the registered manager, health professionals and people living there before they moved to the service.

A pre-assessment was completed when a person was thinking about using the service. This was used so that the registered manager could check whether they could meet people's needs or not. From this information an individual care and support plan was developed, with people, to give staff the guidance and information they needed to look after the person in the way they preferred. People received a welcome letter when they moved into the service which noted 'Putting you at the centre of everything we do' and staff told us they believed they put people at the centre of everything they did.

Care and support plans contained information that was important to the person, such as their likes and dislikes, life histories and any preferred routines. Staff said, "We take a holistic approach to everything". Relationships with people's families and friends were supported and encouraged. People were encouraged to be as independent as possible. Staff had a very good knowledge of the people they supported. Care and support plans included details about people's mental and physical health needs and risk assessments were in place and applicable for each person. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support and care.

Care and support plans were focussed on outcomes for people. These were regularly reviewed with people to make sure they were kept up to date. Monthly updates identified achievements and new goals and clearly showed people had been involved in detailing their aims and aspirations.

During the inspection staff were responsive to people's individual needs. Staff noticed if people were becoming unsettled or agitated and were quick to respond, staff spent time with them and offered reassurance. When staff were in the community supporting people they kept in contact with other staff at least every two hours. They updated other staff on people's achievements and often included photographs which showed people enjoying themselves. They made sure all staff were aware of any changes in people's mood or deterioration in mental or physical health to make sure people received consistent support.

Staff chatted to people throughout the day, regularly suggesting ideas to keep people active and supporting them with various activities. People wrote their own activity plan for the week and staff supported people to achieve these. For example, one person's activity planner included, 'Go to buy a newspaper', 'Lunch out', 'Shopping for food' and 'Shopping for myself'. This person told us they had done all the things they had planned to do and were very pleased with their achievements.

Staff at Avondale House told us they felt engaging people in stimulating social activities was very important. The provider had developed the Social Inclusion Centre (SIC). The SIC was situated in the local town and was a place people could meet others and relax or learn new skills. Some people chose to visit SIC on a regular basis and told us they enjoyed going there.

People suggested ideas for group activities. For example, one person had set up a football knockout league and group trips to local wildlife parks had taken place. People who enjoyed gardening were supported to grow vegetables and flowers. The registered manager told us an area at the end of the garden which had previously contained rubble was due to be cleared. They said they were planning to involve people living at Avondale House in designing a 'secret garden'.

People told us they were encouraged to be as independent as possible. Each person had individual responsibilities to help with the day to day running of the service. For example, checking the post and putting out the recycling. People set their own goals and staff told us they supported people to take things one step at a time. For example, one person had wanted to go to the newsagent and buy a paper. Staff supported this person to the newsagent and, over a period of time, suggested the person go in to the shop on their own. They slowly increased their independence and were constantly empowered by staff to have autonomy.

People said that they felt listened to, their views were taken seriously and any issues were dealt with quickly. People commented that they did not have any complaints about the service or the support they received from the staff. There were regular meetings for people when they were asked if they had any concerns or complaints and were reminded how to raise any worries. The complaints process was displayed in the service and the provider's website had a section for people to raise any compliments or complaints which people could complete anonymously if they chose to.

The registered manager made sure that any complaints or compliments were shared with the staff. Staff listened to people's views and made changes to the service in accordance with people's comments and suggestions. When a complaint was received the registered manager followed the provider's policy and procedures to make sure it was handled correctly. Action was taken to rectify complaints when needed. There had not been any complaints in the last 12 months.

People had completed a questionnaire about the Care Quality Commission (CQC). The registered manager told us it was important for people living at Avondale House to be involved in the inspection process and wanted to ensure people were not anxious if CQC inspected. There was information for people about the safe, effective, caring, responsive and well-led they should receive. Staff had made sure everyone understood who CQC were and what they did to make them feel at ease and reduce anxiety. During the inspection people knew why CQC were there and spoke candidly with us.

Is the service well-led?

Our findings

People knew the staff and management team by name. People told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. There was an open and transparent culture where people and staff could contribute ideas for the service. People told us that they felt the service was well-led and that they could rely on the staff to help and support them. People said, "[The registered manager] is brilliant. I know I can turn to them or any of the staff if I need to talk" and "The staff help me all the time. They know me and know when I am having a difficult time".

The registered manager and provider were role models and led by example. They promoted a positive and inclusive culture with people and staff. The management team and staff created a person centred, open, inclusive and empowering environment and people told us that they trusted the staff and were able to rely on them, particularly if they were 'in a bad place'.

The registered manager was visible and had an 'open door' at all times. There was a clear and open dialogue between the people, staff, the provider and registered manager. Staff spoke with each other and with people in a respectful and kind way. The registered manager knew people well, was sensitive and compassionate and had a real understanding of the people they cared for. The registered manager monitored staff on an informal basis and worked with staff each day as a cohesive team to ensure they maintained oversight of the day to day running of the service.

Staff were encouraged to question practice and to suggest ideas to improve the quality of the service delivered. Staff told us that they and the management team all worked closely to make sure people received the support they wanted and needed. Staff commented, "There's no hierarchy", "Everybody is part of the running of the home".

The registered manager and staff were clear about the aims and visions of the service. The philosophy of the service concentrated on recovery. Staff said, "People are the centre of everything we do at Avondale. It's all about bringing people in and helping them find the solutions to get back on track" and, "The aim for people is rehabilitation".

The registered manager said, "We are so proud of people when they leave here and move into their own place in the community. Although it is sad when people leave it gives us an overwhelming sense of achievement. I am unbelievably passionate about what we do and so are the team". Staff understood the culture and values of the service. Staff told us that teamwork was really important. Staff told us that there was excellent communication between the team and that they worked closely together. One member of staff commented, "We couldn't do this job properly if the communication wasn't really good". Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs. Staff told us that they were happy and content in their work and that the management team was very supportive.

The registered manager welcomed open and honest feedback from people. Weekly 'house forums' were

held and people talked openly about the general running of the service, the staff, the food and group outings. People were following the football and had suggested decorating the lounge for the duration of the championship. Staff supported people to make flags and banners which were hanging from the ceiling. People and staff were actively involved in developing the service including deciding on how areas of the service should be decorated and what should be changed in the garden. People were supported to have good links with the local community. Staff told us that they encouraged people to use the local library and shops and that people were well known by local shopkeepers. People told us that they often walked to the local shops and cafes and they enjoyed being able to do this.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident they could raise concerns with the registered manager and that action would be taken.

There were strong links with the local community. The registered manager told us they had built a strong relationship with Porchlight. (A local charity which helps people get support with their mental health and supports people to play an active role in their local community and achieve their full potential). They also worked closely with Catching Lives. (A local charity which helps people take positive steps towards personal recovery and independent living).

The registered manager and staff worked closely with key organisations, other local mental health service providers and health professionals to support care provisions and to promote joined up care. These included local GPs, community nurses, the community mental health team and psychiatrists.

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.

The registered manager had systems in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Personal care	The provider failed to ensure people employed were of good character and had not followed their recruitment policy.