

Avondale Care Home Limited

Avondale Rest Home

Inspection report

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Essex
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Avondale Rest Home is a residential care home providing personal care for up to 19 people aged 65 and over. At the time of the inspection there were 18 people living at the service.

People's experience of using this service and what we found

Quality assurance and governance arrangements at the service were not as reliable or effective as they should be in identifying shortfalls in the service. Robust arrangements were not in place to protect people from the potential risk of abuse or harm. Improvements were required to the service's care planning arrangements and ensuring risks to people's safety were identified, recorded and mitigated. Improvements were also required to ensure staff's training was up to date and recruitment practices robust.

People were protected by the services prevention and control of infection practices and from the risk of transmission of COVID-19 and other infectious diseases. The environment was clean and odour free. Sufficient numbers of staff were available to support people and meet their needs. People received their medicines as prescribed.

People were supported to participate in social activities. Relatives felt confident if they complained, these would be taken seriously. Staff felt valued and supported by the management team and received regular supervision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was Good [published November 2019].

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions of Effective and Caring. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Responsive and

Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avondale Rest Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Avondale Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Avondale Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission and they were also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection and sought feedback from the Local Authority. We used all of this information to

plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff, the provider and service's administrator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff member's personnel file in relation to the service's recruitment practices. A variety of records relating to the management of the service, including quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted and received information from five people's relatives about their experience of the care provided for their family member.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from the risk of abuse.
- Although staff were able to tell us about the different types of abuse and what to do to make sure people were protected from harm, they did not follow the provider's or local safeguarding procedures in practice. This referred specifically where an allegation of abuse was disclosed to staff. Staff failed to recognise and respond appropriately as the concerns raised were not escalated to the registered manager, Local Authority or Care Quality Commission. This demonstrated the provider's safeguarding policies and procedures were not embedded, understood or being followed by staff.
- The staff training summary provided to us following the inspection demonstrated only one member of staff had up to date safeguarding training.

This was a breach of Regulation 13 [Safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- People told us they felt safe and relatives confirmed they had no concerns relating to the safety of their family member. Comments included, "I feel my relative is 100% safe whilst in their [Avondale Rest Home] care" and, "I do feel my [relative] is safe and I do not have any concerns about their safety or wellbeing."
- Interactions between staff and people using the service were relaxed and comfortable.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although there was no impact for people using the service, not all risks to people's safety and wellbeing were assessed and recorded. This placed people at potential risk of not having risks to their safety met. For example, the daily care records for one person recorded there were occasions whereby they placed their legs over their bedrails. A risk assessment relating to the use of bedrails and the appropriateness of this item of equipment had not been recorded.
- Personal Emergency Evacuation Plans (PEEPs) were stored within people's care plan folder. This is a bespoke plan for people who may have difficulties evacuating to a place of safety without support or assistance from others. However, not all information recorded was person-centred or accurate.
- At the time of inspection the staff member responsible for the service's fire safety had not received a higher level of fire training. However, the service's staff training summary which was provided to us following the inspection, showed they and the registered manager received 'fire marshal' training two days after our inspection. The provider confirmed other members of staff had also received this training.

- There was no evidence of fire drills having taken place for both day and night staff employed at Avondale Rest Home. This is important as it allows staff to practice evacuation procedures and to ensure they are fully aware of what to do in the event of a fire emergency.
- The service's fire risk assessment could not be located. The purpose of this document is to identify potential fire hazards, people at risk and evaluate the service's fire safety measures. Following the inspection a fire risk assessment of the service was conducted and the provider confirmed they were awaiting the report.

This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Using medicines safely

- On the second day of inspection, homely remedy medicines were not stored safely as these were left on top of the medicines trolley. This was brought to staff's attention and the medicines removed to a place of safety.
- The controlled drug cupboard was being used to store medicines that were not prescribed as controlled drug medication. On closer inspection of these medicines, they were no longer prescribed for the named person but had not been returned to the pharmacy. Prior to the completion of the inspection, the pharmacy had been contacted and arrangements made to address this.
- Although staff who administered medication had received appropriate training, not all staff had had their competency assessed.
- Medication audits were completed at regular intervals, highlighting where the service was compliant and areas for corrective action required. Improvements were needed to evidence if actions recorded had been addressed.
- The Medication Administration Records [MAR] for seven out of 19 people were viewed. Medication Administration Records [MAR] showed people using the service received their prescribed medication as they should.

We recommend the provider consider current guidance relating to medicines management at the service and act to update theirs and others practice.

Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff responded to people in a timely way when support and assistance was required throughout the day.
- Staff told us staffing levels were appropriate and there was enough of them to provide safe care to people living at Avondale Rest Home. As a result of the pandemic the registered manager told us staff had accepted additional shifts when others had had to isolate through 'track and trace'.
- Relatives confirmed staffing levels at the service were appropriate to meet the needs of their family member. Comments included, "I feel there are enough staff" and, "I cannot praise the staff enough, there are always enough staff and they have time for [relative]."
- Most records as required by regulation had been sought to make sure staff were recruited safely. However, a full employment history and the reason for leaving their employment was not recorded for one member of staff. Where agency staff were utilised at the service, profiles confirming their Disclosure and Barring Service [DBS] status and evidence of training attained had not been obtained.

We recommend the provider consider current guidance relating to their staff recruitment procedures, including agency staff utilised at Avondale Rest Home.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules.
- We were assured the provider was facilitating visits for people living in the home in accordance with current guidance. Visitors temperatures were taken, and they were tested for a negative result using rapid lateral flow tests.
- We were assured the provider was admitting people safely to the service and using Personal Protective Equipment [PPE] effectively and safely. Relatives confirmed they had observed staff wearing appropriate PPE, such as masks, gloves, aprons and using hand sanitiser.
- We were assured the provider was accessing testing for people using the service and staff and promoting safety through the layout and hygiene practices of the premises. Most staff had been vaccinated against COVID-19.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Although we found no evidence that people had been harmed, not all people using the service had a care plan in place detailing their assessed needs and the delivery of care to be provided by staff. The lack of up-to-date information placed people at potential risk of receiving inappropriate care and not having all care and support needs met. However, staff knew people well and were able to talk to us about each person's individual care and support needs.
- Where people could be anxious and distressed towards others, information relating to known triggers and specific guidance for staff on how best to support individuals was not robust. Where information was recorded relating to specific incidents, evidence of staff interventions to demonstrate the support provided and outcomes was not always recorded.
- At the time of our inspection, the service was not actively supporting anyone at the end of their life. The registered manager informed us they would support people with end of life care and work with health care professionals such as the palliative care team, people and families to support good end of life care.
- We saw that several people had 'Do Not Attempt Cardio Pulmonary Resuscitation' [DNACPR] decisions in place. This recorded the person's wishes, or a decision made on their behalf by a healthcare professional in discussion with relevant family members that in the event of a cardiac arrest they were not to be resuscitated.

We recommend the provider consider current guidance relating to care planning and act to update their practice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about their communication needs.
- Staff were aware of how people communicated. We saw staff adapt how they interacted with people depending upon their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families and friends. Relatives confirmed they had started visiting the service following restrictions posed due to the COVID-19 pandemic.
- During both days of inspection, people were actively supported to participate with social activities to meet their needs.

Improving care quality in response to complaints or concerns

- The provider's complaint procedure was visible and accessible to people who used the service, and others.
- Arrangements were in place to respond to any complaints raised with the service. Relatives told us they felt comfortable to raise any concerns with the registered manager and were assured they would be dealt with.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider's arrangements to assess and monitor the service required improvement as there were missed opportunities to mitigate risks to people's safety.
- The quality assurance and governance arrangements in place were not reliable or effective in identifying shortfalls in the service. Though audits were in place, they needed to be used more effectively, as they failed to pick up the issues identified as part of this inspection within the 'Safe' and 'Responsive' sections of this report. For example, the staff training matrix was not up-to-date and suggested not all staff had received both mandatory and specialist training. Risks for people using the service were not always assessed and recorded. A complete record of a person's care and support needs was not maintained for all people using the service. Safeguarding concerns were not escalated by staff to the registered manager, Local Authority or Care Quality Commission.
- Effective arrangements were not in place to ensure that the requirements of the Mental Capacity Act 2005 were followed, and decisions made on behalf of a person who lacks capacity robustly recorded. The provider failed to ensure that an incident which resulted in restrictive practices for one person were proportionate and discussed with the Local Authority.

This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- Relatives trusted the registered manager and staff. All relatives contacted and people using the service, stated they had a good experience of Avondale Rest Home.
- People and those acting on their behalf confirmed they knew who the registered manager was. Relatives praised the management of the service and the overall level of care provided for their family member. Comments by relatives included, "I cannot find a single fault with the care and support given to my family member" and, "I do think the service is well managed. I know who the manager is and any queries I have raised, have been dealt with straight away."

- The registered provider held the registered manager position in this and its 'sister' service. They confirmed that time was spent each day at each service, and they were supported by a deputy manager and an administrative manager.
- The registered manager understood their regulatory role to report incidents and events to the Care Quality Commission.
- Staff were clear about their roles and told us the registered manager was approachable, supportive and helpful. Staff confirmed they received regular supervision.

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

- Meetings for people using the service and staff were periodically held despite the prevalence of COVID-19 since March 2020. This enabled people using the service to have a 'voice' and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Due to COVID-19 a recent survey had not been conducted at the service to seek people's views. The registered manager confirmed this would be undertaken in due course. However, relatives confirmed they were kept up to date about what was happening at the service.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations to support care provision and joined-up care.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks for people must be assessed, recorded and mitigated to ensure their safety and wellbeing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People using the service must be protected from the risk of abuse and/or harm. Suitable arrangements must be made to report and investigate any allegations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Improvements must be made to the service's governance arrangements to assess and monitor the quality of the service provided and to ensure lessons are learned and improvements made.