

Delphside Limited

Avondale Mental Healthcare Centre

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Avondale Mental Healthcare Centre is a residential care home providing personal and nursing care to adults where their primary needs are associated with their mental health. They provide long-term placement, respite and rehabilitation for up to 54 people. There were 48 people using the service at the time of our inspection.

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

People were supported and encouraged to live enriched lives and to be as independent as possible. The highly diverse skills and knowledge across the senior staff and clinical leads had resulted in consistently better outcomes for people.

People spoke highly of the care and support they received and told us how their life had been significantly improved as a result. The development of people's skills and abilities was paramount in the planning, assessing and delivery of care and support. The service was passionate about providing people with the tools needed to live a more independent life and move from Avondale in to more independent living.

Extremely effective relationships had been developed with other health and social care professionals resulting in significant improvements to people's health and well-being. Professionals spoke highly of the standard of care people received and gave many examples of where lives had been positively impacted upon due to the excellent collaborative working.

Staff were provided with the skills they needed to deliver a high standard of care and spoke extremely highly of the training and support they received. The internal 'educator' was passionate about their role. Their continuous visibility and the various methods of training used meant that learning and development needs were quickly identified and addressed.

The excellent standard of learning and development had been extended to university students who also spoke highly of the training and support they received. Being an 'accredited' tutor meant that universities had confidence in the trainer's abilities to assess the work completed whilst the students were on work placement at Avondale.

The extremely positive relationships that had developed between staff and people resulted in positive impacts on people's well-being. People spoke highly of the caring approach of all staff and told us how happy they were to be living at Avondale. They told us they felt listened to and respected by staff and could talk to them about any concerns they had. People told us their lives had got better because of the support staff gave them.

The leadership of the service demonstrated a high level of experience and capability to deliver excellent care; they were extremely knowledgeable and inspired confidence and passion in the staff team. The

management team placed strong emphasis on developing people's abilities and empowering them to become more independent.

People told us they felt safe living at Avondale and that staff were always around to help when they needed it. Staff knew how to recognise abuse and were confident in reporting any concerns. Risks to people had been assessed and detailed plans were in place to manage these whilst supporting people to live as unrestricted a life as possible.

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

Staff supported people to access a range of activities both within the home and in the community. Activities were used as a way to help develop people's skills and independence and promote positive outcomes for people.

The service had been recognised by healthcare professionals for their advanced holistic approach to the planning of end-of-life care and the impact this had, both on people and family members.

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 10 March 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved on the quality of care provided and has been rated outstanding overall.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

This service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

This service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

This service was exceptionally well-led.

Details are in our well-led findings below.

Avondale Mental Healthcare Centre

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.

Inspection team

This inspection was carried out by two inspectors on day one and one inspector on day two.

Service and service type

Avondale Mental Health Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. This means that they and the provider 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service about their experience of the care provided. We spoke with 10 members of staff who held various roles. In addition, we spoke with the registered manager, clinical lead and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two visiting professionals about their experiences of the care people received.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Avondale. Comments included, "Yes, I feel safe. They [staff] keep me safe" and "Yes I feel safe, I would tell them [staff] if I was worried or unhappy."
- Staff received training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident reporting safeguarding concerns.
- Any safeguarding concerns were recorded appropriately and reviewed to ensure the relevant professionals were notified.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed with the involvement of the person and their family members where appropriate. Electronic care records provided detailed information around people's individual risks in order for staff to keep people safe from avoidable harm.
- People were encouraged and supported to take positive risks which allowed them to live as unrestricted a life as possible. For example, staff supported a person who was alcohol dependent by working with them to agree safer levels to consume without negatively impacting on their physical or mental health.
- Each person had a 'fire evacuation priority sheet' that provided information about how to safely evacuate in an emergency.
- Regular safety checks were completed on the environment to ensure it remained safe.

Staffing and recruitment

- Enough suitably qualified and trained staff were deployed to meet people's needs and keep them safe. Staff were proactive at providing support when needed.
- Safe recruitment processes were being used in line with the provider's recruitment policy to ensure staff employed were suitable to work with vulnerable people.

Using medicines safely

- Medicines were safely stored and managed by appropriately trained staff. Regular checks were completed to ensure they remained competent to safely administer medicines.
- Medicine administration records (MARs) were completed accurately.
- Staff had access to relevant guidance for people who received medicine 'as required' (PRN) to ensure medicines were only administered when needed.

Preventing and controlling infection

- Staff received training and had access to relevant guidance and information to ensure effective infection

prevention and control.

- The service was visibly clean and well maintained. Staff worked closely with infection control professionals and sought guidance and advice to manage risks associated with personal hygiene and infection control.

Learning lessons when things go wrong

- A record of accidents and incidents was maintained and reviewed regularly by senior staff and managers to look at patterns and trends. Relevant action was taken, and referrals made to appropriate professionals to help prevent them from reoccurring.
- The registered manager had previously identified a pattern in medication errors. The service sought advice from external professionals to look at ways to prevent them from occurring in the future. The action taken has resulted in no further errors being identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A holistic approach was taken to assessing, planning and delivering high quality care and support. The services' internal team of healthcare professionals with diverse skills and knowledge had provided consistently better outcomes for people. For example, one person's physical and mental health needs had greatly improved resulting in no hospital admissions for over 2 years and a better quality of life.
- There was a significant improvement to people's lives due to the excellent collaborative working with external health and social care professionals. For example, staff worked closely with various external agencies to develop one person's independence and improve their social skills resulting in them moving to more independent living.
- People had developed daily living skills following 'functional' assessments completed by the services' occupational therapist. Individual goals were set, and intense support and encouragement given which had resulted in positive outcomes. One person told us, "My life has got better since moving here. They [staff] have helped me to be more independent and have more confidence in myself."
- People had been supported to develop the skills needed to live a more meaningful life. This was achieved through continuous assessments and consistent care from highly skilled staff. For example, staff used various methods to establish what triggered severe anxieties for a person accessing the community. Coping mechanisms were put in place and now this person accesses the community alone and is able to complete tasks they were previously unable to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- As a result of excellent working relationships between staff and health and social care professionals, there had been significant improvements to people's health. For example, consistent interventions both physically and mentally resulted in a quicker diagnosis and extremely positive changes in one person's health.
- Joint-working and flexible care-planning had resulted in reduced hospital admissions for a number of people and a better quality of life. One professional told us "The work staff have done with [person's name] is outstanding and has been the main factor in them staying out of hospital."
- The service was highly praised by professionals for their detailed and accurate records and the information they provided. One professional told us "This service is excellent at providing accurate information. It helps me to make decisions easily and means more effective and responsive care for people."
- The service had worked closely with a local hospice and completed a nationally recognised programme aimed to enhance the quality of care given at the end of people's lives.

Staff support: induction, training, skills and experience

- The service recognised the importance of continuously developing staff skills, competence and knowledge to ensure high quality care.
- Staff spoke highly of the quality of training they received and the skills they had been supported to develop in order to carry out their role to the best of their abilities. Comments included; "The training I have had has been amazing, [trainer] is so supportive and always there to help" and "I am able to do my job to a high standard because of the training that I have had."
- The services' 'internal educator' was dedicated to delivering training based on people's individual needs and worked collaboratively with senior staff, managers and external health professionals to achieve this.
- People received a high standard of care and support due to the variety of methods used to continuously assess and develop staff skills and competence. Continuous visibility from the 'educator' meant that learning and development needs could be quickly identified and addressed.

Adapting service, design, decoration to meet people's needs

- There was a purpose-built rehabilitation unit which provided staff with the equipment needed to support people in developing daily living skills. One person living in the unit told us "My life is better, I have learnt to wash my own clothes, do my own meals and washing up. I have learnt to do all the things I would need to do in my own home."
- People's rooms had been decorated in the way they chose and contained items important to them. One person told us "I have my own weights bench, I use it every day. They [staff] know it is important to me."
- Communal spaces both inside and outside the home were available for people to access whenever they chose. This helped to encourage socialisation and provided people with the opportunity to spend time alone when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- The mealtime experience was observed to be relaxed and enjoyable; people ate and left the dining room at their leisure and were supported by staff where needed.
- People spoke positively about the food provided. Comments included; "Great food. Have lots of choices" and "I like all the food. We get plenty to eat and drink."
- People's dietary requirements were clearly documented, and both care and kitchen staff had good knowledge of these and any support people needed.
- Staff ensured people were given plenty of choice regarding their meals. Kitchen staff met with people regularly and completed surveys to obtain their food preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had supported people to develop important skills that meant previously authorised DoLS were removed. This had resulted in them living a happier and more independent life free from restrictions.
- Where people were subject to a DoLS authorisation, these had been applied for appropriately and a record was maintained to show when DoLS needed reviewing.
- The service recognised the importance of respecting people's choices and supported them to have control over their day-to-day lives.
- Staff understood when feelings of anxiety or agitation could result in people not consenting to certain aspects of care or support and used appropriate methods to help manage these situations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The promotion of people's independence was absolutely paramount in the delivery of care and support. One person told us "They [staff] have helped me to be more independent and have more confidence in myself."
- Staff were highly motivated to support people in developing their independence and many positive outcomes had been achieved as a result. For example, staff worked closely with one person to improve their mobility following a road traffic accident. Their care and support had resulted in this person becoming more independent and living a more meaningful, happier life.
- People's future goals and aspirations were central to the care and support they received, and staff worked hard to help people achieve these. For example, one person had expressed the wish to eventually move to more independent living. Staff have worked hard with this person to help them develop the independence needed to achieve this.
- Staff were excellent at recognising when people were distressed and provided extremely sensitive and respectful support to help manage this. The approach staff took helped create a calm and relaxed environment which helped to reduce the anxieties that people experienced.
- Staff provided extremely compassionate and respectful support to people who's mental health had an impact on their personal hygiene. The approach taken by staff helped to ensure people's dignity.
- Staff respected people's choices and supported them to live the life they chose. Comments included "They [staff] respect me" and "Staff help me with my make-up. I like to wear it every day."
- Information held about people was kept confidential; Staff required secure log-in details to access electronic care records and only discussed people's care in private.

Ensuring people are well treated and supported; respecting equality and diversity

- The care and support staff provided had resulted in people having a happier, healthier and more productive relationship with those close to them. For example, consistent support and improvements in one person's physical and mental health meant they were no longer reliant on their father's support. A stronger relationship has now been developed between them.
- There was a strong, visible person-centred culture and staff were highly motivated to provide kind and compassionate care. Staff had developed strong, caring and respectful relationships with people and those close to them.
- People spoke highly about the caring nature of staff. Comments included, "The staff are brilliant," "I like them all [staff], they are all great," and "I like living here because I have friends and the staff are really kind."
- One person told us how staff went out of their way to support him with various hospital admissions which

had helped to reduce the anxieties they experienced when attending. They told us "I can't speak highly enough of them [staff]. They make sure someone is always there to take me to hospital. [Staff name] comes in on her days off to take me which makes me feel so much better."

- Letters and cards sent to the service by family members provided positive feedback about the care and support given by staff. Comments included; "[Relative name] has never been so well looked after, thank you for the loving care you afforded him" and "You make each individual resident feel valued and cared for. You see their needs and make life pleasant and fun"

Supporting people to express their views and be involved in making decisions about their care

- The service was passionate about ensuring people were empowered to express their views. Staff actively supported the involvement of advocates for those unable to do this for themselves.

- A visiting professional told us that staff regularly advocated for people who were unable to express their own views. They told us, "They [staff] are proactive in terms of advocating for people especially in relation to 'Do Not Attempt Resuscitation' (DNACPRs). In some cases, they had had these overturned."

- People told us they felt listened to and that staff cared about what they said. One person told us "They [staff] listen and care about what I think."

- People were given the opportunity to share their views about the care and support they received through regular reviews and discussions. People told us they felt involved in the decisions made. One person told us "They [staff] talk to me about everything about me."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- The service recognised the importance of promoting social inclusion to improve people's quality of life and supported people to access various community groups and organisations.
- Consistent support and encouragement had resulted in people becoming more confident to access the community independently. People were taught skills and coping mechanisms to help manage anxieties associated with social settings.
- The service was passionate about working with people to help them move into more independent living settings and increase independence. Community groups were used to help achieve this by developing the skills required to gain employment in the future.
- People had access to a range of other activities both inside the home and in the community that were based on individual needs and preferences. People's views about activities were gathered through surveys and regular discussions.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service and staff displayed a person-centred culture which was embedded into assessments and care plans and evidenced in the care and support people received.
- People's individual needs, preferences and future wishes and expectations were central to the delivery of care and support which was evidenced in the positive outcomes that people experienced.
- People's needs choices and preferences were regularly met and reviewed to continue providing flexible, tailor-made care and support.

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 communication needs and difficulties were considered as part of the assessment and care planning process.
- Staff used alternative methods to effectively communicate with people who were identified as having communication needs or difficulties. For example, pictorial cards.

End of life care and support

- Staff worked collaboratively with other healthcare professionals and took an advanced holistic approach

to the planning and assessment of end-of-life care to ensure both physical and mental health needs were considered.

- A visiting professional told us, "The approach they [the service] take to end-of-life care has meant that people with a terminal illness have been able to remain at Avondale rather than being moved to other services."

Improving care quality in response to complaints or concerns

- The service kept a record of any concerns or complaints made and action taken to address them.
- People had access to information about how to make a complaint and felt confident raising any concerns. One person told us "I can go to any of them [staff] if I have a problem."

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 improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were absolutely at the heart of the service. The management team's primary focus was to develop people's skills and confidence and provide them with the tools needed to live more independently. This was evidenced in the many examples where people's lives had significantly improved.
- People and family members told us lives had changed for the better since moving into Avondale. Comments included; "My life has improved because they [staff] have taught me to do things for myself. They have also helped with my mental health, I feel more settled now" and "[Relative] has never been so well looked after. He is getting better every day."
- The registered manager was passionate about improving people's quality of life and it was clear staff shared this vision and were proud to work for the service. They told us, "I love my job, it is so rewarding" and "Our aim is to support people to move on and be more independent."

Working in partnership with others

- Professionals spoke highly of the management and staff and described their approach to people's care as "outstanding". Comments included; "They [the service] have a unique insight into people's care needs. They give people a quality of life. Staff have turned people's lives around. This would be my first port-of-call" and "This service is excellent, they have improved people's lives. They are the best organised in terms of medical care."
- The registered manager and staff were passionate about raising community awareness around mental health and used various ways to do this. For example, staff extended their skills and knowledge by providing training to external organisations such as GP surgeries, schools and sports teams.
- Students from local universities provided extremely positive feedback about the high-quality training and support they received whilst on work placement at Avondale. One student commented, "[Staff name] has been an extremely supportive educator. Their facilitative leadership style empowered me to develop my skills and knowledge."
- Due to the high level of support, excellent training and positive experiences, some students had applied for full time posts and been recruited into the service.

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

- Equality characteristics were fully considered, not only with people using the service but staff also. One staff member told us, "They [provider and manager] created a bespoke role for me that suited my physical

needs. I get to train staff but also still be a nurse. What they have done for me I can never thank them enough."

- Through regular correspondence, the registered manager communicated her appreciation of the hard work and commitment of all staff and the huge impact they had on people's lives.
- The service enabled constructive engagement with staff, people using the service and family members in order to provide care that was person-centred and promoted positive outcomes.

Continuous learning and improving care

- Staff were highly complementary of the registered manager's drive to continuously improve the service for everyone involved. One staff member told us, "Avondale as an employer are committed to service improvement, they have a culture of equality and support for staff. [Manager] drives transparency and reflective practice focused on improving standards of support."
- Staff were encouraged and supported to develop their skills and knowledge. A member of the training team told us "They [provider] have invested in my on-going training and development as an accredited tutor in various subjects. It has meant I can work with local universities and sign students off as having completed their work placements with us."
- Systems were in place to ensure that regular reviews and analysis of key aspects of the service were completed. Information gathered was used to provide more relevant person-centred care.

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

- The registered manager was supported by a deputy manager, clinical leads and a team of senior staff who were all compassionate, inclusive and effective.
- Strong working relationships had been developed amongst all managers and senior staff who showed a high level of experience and capability to deliver excellent care.
- Following specific events the provider ensured they acted with integrity and communicated effectively with families and professionals.
- The registered manager understood their role and submitted notifications to CQC as required.