

Care Network Solutions Limited

Avon Lodge and Avon Lodge Annex

Inspection report

24-25 Harlow Moor Drive
Harrogate
North Yorkshire
HG2 0JW

Tel: 01423562625
Website: www.milewood.co.uk

Date of inspection visit:
04 April 2019
10 April 2019

Date of publication:
14 May 2019

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

About the service

Avon Lodge is a care home that was providing personal care to nine people with a learning disability and or autism at the time of the inspection. Some people also had mental health needs.

Avon Lodge is a large home, bigger than most domestic style properties. It is registered for the support of up to 12 people. Nine people were using the service when we inspected. This is larger than current best practice guidance for people with a learning disability and or autism. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the local residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going out with people.

Avon Lodge Annex is supported living, where people live in their own individual tenancies. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. The people who lived at Avon Lodge Annex did not receive a regulated activity of personal care when we visited. We therefore did not inspect this part of the service.

The two services are next door to each other.

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

Significant improvements had been made to people's safety and wellbeing since the last inspection. The provider had worked to recruit a registered manager who had made a positive impact on the staff morale and service culture. This had led to people experiencing better care and feelings of wellbeing.

The registered manager and provider were committed to making further improvements and strengthening their quality assurance process. We have made a recommendation about the provider's accident and incident process. We have made a recommendation to ensure each person's information and communication needs are fully met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were supporting people to develop their skills, so they could use their own kitchens independently. People were keen to do new things and enjoyed the time staff spent with them both in the service and when going out into the community.

The principles and values of Registering the Right Support other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by the promotion of choice and control, independence, inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were well supported and had received additional coaching to enable them to carry out their role effectively. Staff were caring and understood people's likes, dislikes and preferences. They worked with people to ensure they received support how they wanted it.

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

Rating at last inspection and update

At the last inspection the service was rated requires improvement (published 8 October 2018) and there were multiple breaches of regulation. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Good 

Avon Lodge and Avon Lodge Annex

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. This inspection was planned to check 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

One inspector carried out this inspection.

Service and service type

Avon Lodge 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.

Avon Lodge Annex provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; CQC can look at people's support when they receive personal care. People did not receive personal care when we visited so we did not look at this part of the service.

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 on day one. We told the provider we would be visiting on day two.

What we did before the inspection

We reviewed information we had received about the service from the provider and other agencies 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 (PIR). 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. We used this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 corroborate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited the service and one relative.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and the providers procedures did not always pick those issues up. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured staff had the skill and competence to care for people safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments containing best practice guidance were not always used for areas such as falls management. The registered manager agreed to use them in future.
- People were supported with skill and professionalism by staff when they exhibited distress or anxiety. This enabled people to be in control and have choices to guide them through their anxiety. Staff intervened in a personalised way, which they knew worked for each person. Care plans and risk assessments reflected positive behavioural support.
- Positive outcomes for people had been achieved because of this approach. One person's incidents of anxiety had reduced significantly. They were observed smiling and actively engaging in their activities in a relaxed way. Their overall wellbeing had improved.
- The environment and equipment had been assessed for safety. Where specialists had assessed the environment for safety and made recommendations, the provider had not ensured all actions had been completed. The registered manager and provider reacted immediately and work was completed soon after the inspection.

Learning lessons when things go wrong

- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible. Records to fully evidence action taken were not robust.

We recommend the provider review their accident and incident process and records to ensure it meets the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this topic area.

- There were enough staff on shift to enable people to do the things they enjoyed. People received care and support in a timely way.
- People and their relatives told us they felt the service was safe. A relative told us, "Last year I felt my family member was neglected. This year I feel all staff are very nice. The service is better staffed now. I feel safe leaving my family member there."
- The provider operated a safe recruitment process.

Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were thorough and people's goals or expected outcomes were identified. Care plans were regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, staff understood how to support a person with diabetes to make positive food choices. This had led to the person's diabetes being better controlled.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff had the support, training and skills required to deliver effective support consistently. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 18.

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively.
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal.
- A mentoring and coaching approach had been used to provide guidance to staff on the standards expected and to check they understood knowledge received. Staff told us this had supported them to feel confident in their role.

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

- Staff supported people with their menu planning, shopping and meal preparation. This was carried out in a way which ensured the person developed or used their skills to develop or maintain independence and confidence.
- People's weight and diet were monitored to support good health.

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

- Where people required support from healthcare professionals, this was arranged and staff followed guidance provided by such professionals. People had received support to maintain their health with regular access to GP's, dentists and other services. People also received an annual health check in line with best practice for people with a learning disability.
- Information was recorded and ready to be shared with other agencies if people needed to access other

services such as hospitals.

- A relative told us they were pleased with the improved support their family member had received around their health. For one person, staff had successfully supported appointments with health professionals that they previously would have refused. This person's overall wellbeing had improved because of this.

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

- People were pleased with the decoration of the service and had been involved in choosing new furniture and colour schemes.
- Some people had access to their own personal kitchen areas to enable them to become more independent.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make certain decisions, these had been made in people's best interests. Records to evidence those decisions were not always complete. The registered manager agreed to do this following the inspection.
- Where people were authorised to be deprived of their liberty staff had taken action to ensure any conditions were carried out. For example, staff had supported one person to access medical appointments appropriately.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and the good relationships they had with staff impacted positively on their feelings of wellbeing. One person told us, "I am well looked after, we have all good staff now."
- People were actively listened to and their choices respected. A relative told us, "I can tell my family member is happy by their reactions and face that they are happy."
- Where people were unable to express their needs and choices, staff had started to understand their way of communicating. Staff observed body language, eye contact and used symbols to interpret what people needed.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people, such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them, and to develop social networks in the community.
- People were supported to focus on their independence in all areas of their lives. Staff told us they were keen to work with people to agree new goals around their independence, particularly for people to use their own kitchens.
- People were prompted and reminded of their responsibilities with regards to housework and living together and this supported harmonious shared living.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

At our last inspection the provider had not ensured people received person-centred care and support based on their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 9.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. New staff had started to develop relationships with people since the last inspection and they had begun to understand more about people's likes and dislikes. People felt comfortable with staff and this had led to them spending more time with staff and enjoying each other's company.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- We spoke with staff about their person-centred approach. They told us, "We do what people want, seek their opinion, give opportunity to choose. I go where they want to go. I respect their choices. We are supporting them to do their own things."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented in a way people could understand whether this was through pictorial or easy read formats.
- People's communication needs were identified and staff had started to implement reasonable adjustments where appropriate around their learning disability and or autism. At times people were not able to communicate effectively to share their views or choices. Staff did not have a communication plan to use to overcome this. This created frustration and anxiety for people on a small number of occasions.
- More work was required to individualise and implement communication plans for each person, to ensure staff were supported to meet people's communication needs.

We recommend the provider researches and implements best practice in relation to effective

communication and the accessible information standard .

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 develop and maintain friendships and relationships. This included spending time with relatives where possible.
- Access to activities enabled people to live an ordinary life and gave them opportunities to meet new people. People told us they enjoyed the new range of outings and in-house activities that had been arranged since the last inspection. We saw people were alert and actively involved where they chose this. One person told us, "I feel less isolated here because staff spend time with me."
- Access to education, voluntary roles and work was promoted. People enjoyed learning and working. One person told us going to work helped them feel busy. One person had recently won an award for the good work they had done at a local farm.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to by the new registered manager. The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- Work to gather people's preferences and understand any religious or cultural needs had started. The registered manager told us each person and their family would be consulted too.

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.

The service was consistently well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had not ensured systems to ensure quality and safety were operated effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality. The provider had re-structured to enable them to introduce a quality compliance role to strengthen the quality assurance process. The person employed to do this was due to commence their role.
- Regular checks were completed by expert companies, the staff, registered manager and provider to make sure people were safe and that they were happy with the service they received. Significant improvements had been made, however further work was required to ensure checks always picked up and promptly addressed action that needed to be taken. For example, where safety checks highlighted works to be completed. Further work to review the quality assurance system was being undertaken by the provider.
- The registered manager had ensured they communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care.
- Staff told us they felt listened to and that the registered manager was approachable.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff told us, "Hand on heart the atmosphere is more relaxed and operates more smoothly. Mainly because the registered manager is here on a day to day basis and staff confidence has increased."

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 had displayed an open approach and listened to staff, people and their relatives when things went wrong. They had been honest and worked in partnership to make improvements. Staff, people and their relatives were happy with this approach and told us the registered manager was

approachable.

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

- People and their relatives had completed a survey of their views and met frequently with staff to discuss the service they received. Feedback had been used to continuously improve the service. For example, one person felt the appearance of the outside entrance was poor. The registered manager had involved the person in choosing new plants for the entrance.
- There was a skilled workforce and the registered manager empowered people and staff to speak up freely, raise concerns and discuss ideas.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care. A visiting professional told us, "The service is cleaner and a lot nicer, staff introduce themselves and are talking with us more. More familiar faces when we visit. All our team has seen improvements. The registered manager is key to making the improvements."

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Such links supported the service to develop and provided additional safeguards to people the service supported.