

Potensial Limited

# Avondale Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

Avondale 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.

Avondale Lodge is an adapted building in Redcar and Cleveland. It is an established service for up to 12 people who live with a learning disability. Each person had their own bedroom on the ground and first floor with access to several communal areas on the ground floor. At the time of inspection, there were 10 people using the service.

This inspection took place at 6:30am on 10 December 2018. We attended the service early because we needed to review staffing levels at night, review the number of people up early in the morning and speak with night staff

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The manager started working at the service in June 2018 and became a registered manager on 7 September 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

We carried out an inspection on 15 and 18 August 2017, where we rated the service as inadequate. There were concerns relating to all areas of the service. We imposed conditions that required the provider to ensure the registered manager was competent to work at the service, staff had the necessary skills to effectively use positive behavioural support interventions and that there were sufficient staff on duty. The provider complied with these conditions.

We carried out a further inspection of the service on 19 December 2017 following concerns received in relation to the safety of people using the service and the overall quality of the service. Although we found improvements, concerns around many areas of the service remained. The service continued to be rated inadequate.

At inspection on 20 March 2018, we found the service had made significant improvements. We removed the conditions which we imposed. We contacted the provider following the inspection and told them they needed to continue with the improvements to be rated Good. We also told them that they needed to have a registered manager in post.

Concerns were raised again on 13 June 2018 and we inspected the service once more. We rated the service to be inadequate. There were insufficient staff on duty and people had not received their one-to-one hours. Staff were not following the correct procedures to keep people safe, were not actively managing risks to people and staff were not supported to deliver safe care. Financial records were not transparent and a safeguarding alert was upheld for financial abuse. People did not have maximum choice, did not engage in meaningful activities and care records did not support staff to deliver good care. There was a divided staff team and staff had not raised their concerns. There were delays in addressing action plans which impacted upon the decline of the service.

At this inspection, we found the service had significantly improved, however the service needed time to show that the improvements in place could be sustained.

Lessons had been learned since the last inspection. The service was now safe for people and staff to use. Staff knowledge of safeguarding and managing incidents had improved. Staff were responsive to people's behaviours and dealt with before they escalated. The building had been maintained and the cleanliness had improved. There were enough staff on duty and people received their planned one-to-one hours. Medicines were safely managed.

Staff were supported to deliver care and support to people. This was supported by thorough assessments of people. People were given choice in all areas of their lives and their opinions were respected. 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. Menu's did not reflect national guidance and we suggested the registered manager reviewed them. People were involved with health and social care professionals and referrals for additional support had been completed when needed. An improvement plan was in place for the environment.

People were supported by a staff team who knew their needs well. People's privacy and dignity was maintained when support was offered to people. Staff involved people in planning and reviewing their care. Advocacy services were involved when needed. People were supported to maintain contact with those people important to them.

People received person-centred care. Significant improvements had been made to care records, these were in the process of being reviewed and some areas for improvement had been identified by the registered manager. People were involved in activities which were in-line with their interests. Information about how to make a complaint was on display and we could see the small number of complaints made had been addressed appropriately.

The registered manager and the staff team had worked together to make significant improvements at the service. Training and policies had been embedded. Audits carried out had been effective in driving change and sustaining the improvements in place. The service had been supported by health and social care professionals to drive improvement; the registered manager and staff had been open and transparent with them. All staff were supportive of the registered manager. The registered manager understood the requirements of their role and notifications about incidents taking place at the service had been submitted.

## 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.

Staff were proactive in delivering safe care to people.

There was evidence to show lessons had been learned since the last inspection.

There were enough staff on duty and people received their planned one-to-one hours.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People had maximum choice about their day to day lives. Best interest decisions had been made, but not consistently recorded.

Staff were supported to deliver safe care to people.

An improvement plan was in place to continue with the updates to the environment.

**Good** ●

### Is the service caring?

This service remained good.

People knew people's needs well and were dignified in their approach.

People were involved in all aspects of their care.

Good relationships were observed between people and staff.

**Good** ●

### Is the service responsive?

The service remained good.

Significant improvements had been carried out with care records.

People were involved in activities which matched their interests.

**Good** ●

Complaints had been resolved appropriately.

### **Is the service well-led?**

The service was well-led.

The registered manager had demonstrated critical thinking and analysis which had significantly improved the overall quality of the service.

Action plans were in place to sustain improvements.

The staff team were supportive of each other and worked alongside health and social care professionals.

**Requires Improvement** ●

# Avondale Lodge

## **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 checked 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.

We carried out an unannounced inspection on 10 December 2018. Two adult social care inspectors carried out this inspection.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We also contacted Redcar and Cleveland local authority Commissioning team and South Tees Clinical Commissioning Group. Since the last inspection we had continued to attend serious concerns protocol meetings with Redcar and Cleveland local authority which included health and social care professionals involved with the service. We used the information shared with us as part of our inspection planning.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three-people using the service. We also spoke with the area manager, registered manager and three care workers.

We reviewed two care records, two staff recruitment and induction records, three supervision and appraisal records and the training records for all staff. We also reviewed records relating to the day to day running of the service.

We carried out observations of practice during inspection in communal areas. We also visited people in their room with their permission.

# Is the service safe?

## Our findings

At the last inspection, the service was in breach of four regulations and we rated the safe domain as inadequate because people did not receive safe care. Risks were not managed, incidents were not routinely recorded and there were not enough staff on duty. The service was not clean and water temperatures were below safe temperature limits.

At this inspection, we found that the breaches in place from the last inspection had been addressed, however the provider and registered manager need to demonstrate that the improvements can be sustained in order to rate this domain good.

At this inspection, we found significant improvements had been made and the service was now compliant with all regulations. We rated the service as good. It was clear that lessons had been learned since the last inspection. Training had taken place and staff were now proactive in managing the risks to people. Staff and professionals spoken to prior to inspection told us people were safe living at the service. One person told us, "I like it here. I am safe."

Risk assessments clearly indicated the risks to people and the action staff needed to take to reduce the risk of harm to people. Staff were aware of the guidance in place to support people. Where people had specific moving and handling recommendations in place, these were followed. The number of incidents had reduced. Where incidents had taken place, staff dealt with them appropriately, ensured they were reported and recorded promptly and we found action had been taken to reduce the risk from reoccurring. Accidents and incidents were routinely recorded and this had allowed for extensive analysis to take place. One staff member told us, "Dealing with incidents is much clearer now."

During inspection, we observed staff were effective in utilising distraction techniques to manage incidents of distress, this had led to a significant reduction in the number of incidents taking place at the service. We saw staff spotted the signs and symptoms of behaviours much earlier and implemented effective distraction techniques. Involving people in activities had also had a positive impact on these incidents.

Staff told us communication had significantly improved which had supported staff to ensure people were safe. They also told us this meant that they did not miss any important information. One staff member told us, "We have proper handovers which are more thorough."

The financial discrepancies identified at the last inspection had been thoroughly investigated and resolved. Systems had been reviewed and measures put in place to minimise the potential for people monies to mismanaged. Staff understood the potential risks to people and were aware of the procedures which they needed to follow. They were now proactive in managing the potential risks of abuse to people and the overall number of safeguarding alerts had reduced.

The registered manager had carried out extensive analysis of staffing to determine the number of staff needed to cover core and planned one-to-one hours. This was reviewed each month. There were now

enough staff on duty at all times to deliver safe care to people. Active recruitment was taking place to reduce the number of agency staff used. Where recruitment had taken place, robust procedures had been followed. Two checked references were in place and a disclosure and barring services check had been undertaken. This is a specific check to make sure potential staff are safe to work with vulnerable people.

Medicines were safely managed and robust systems were in place to monitor them. The medication room had been moved which had allowed a more thorough oversight of people's medicines. An action plan in place from a medicines optimisation team had been addressed and signed off at the following visit by the clinical commissioning group (CCG). The cleanliness of the service had significantly improved. One staff member told us, "We have new cleaning rotas. We all know what we are doing now."

Water temperatures were within safe temperature limits. Health and safety certificates were up to date and showed the service was safe for people and staff. Fire safety checks were up to date. Some areas of the service were cold during inspection and we asked the registered manager to take action to address this. They arranged for a plumber to attend to review the heating pressure and room thermometers were put in all rooms to review temperatures.

## Is the service effective?

### Our findings

At the last inspection, we rated this domain as requires improvement because staff had not been supported to deliver safe care and support to people. There was a lack of effective support for people's nutritional needs and the environment needed to be improved. The service was found to be in breach of three regulations.

At this inspection, we found significant improvements had been made and the service was no longer in breach of regulation. Staff had implemented, understood and followed recognised guidance for supporting people who lived with a learning disability. These had been incorporated into the detailed assessments of people, which have been carried out and reviewed by the registered manager.

Staff were now consistently supported to carry out their roles safely by the registered manager. Completed induction records were in place to show staff were competent to carry out their role. Staff supervision, appraisal and training was up to date. During our observations, we saw staff followed their training when providing care and support to people. Staff told us they valued the support from the registered manager. Staff were also given the opportunity to ask questions relating to practices at staff meetings and meetings included time to look at specific areas, for example safeguarding. Staff told us they were better equipped to carry out their roles.

People were supported with their nutritional needs and support from health professionals had been accessed, when required. These included people at risk of choking. We found these guidelines were available in people's care records and in the kitchen. From speaking with staff, we found they understood and followed these recommendations. We asked the registered manager to review the menus at the service to make sure they were in-line with national guidance on what made up a healthy diet.

People were actively involved with health and social care professionals and were invited for annual health checks and screening appointments. They were supported to attend appointments and care records showed where people had declined to attend and the reason for this. Communication and hospital passports were in place. This meant important information was available if people needed to go to hospital.

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.

Information relating to people's DoLS was available in their care records. Staff knowledge of the MCA (2005) had improved. Information relating to consent and decision making needed to be integral to all care records. Best interest decisions had been made, but had not been routinely recorded.

Improvements to the premises had taken place since the last inspection. This included repairs, updates to the décor and new flooring. Further improvements were planned and these included updates to people's bedrooms, a new bathroom and replacement of furniture in the lounge. A improvement plan was in place to support this.

## Is the service caring?

### Our findings

At the inspection in March 2018 we rated this domain as good and this rating had not changed. We did not review this domain at inspection in June 2018 because no concerns had been raised in this area.

People received safe care and support from a staff team who knew them well. The training and support which staff had received meant they were responsive to people when their needs changed and staff recognised when people needed immediate support. For example, there were more staff on duty who knew people well and they were able to respond when people's behaviour changed and when they appeared anxious or upset. We observed positive relationships between people and staff which included friendly banter. The time people spent together was more meaningful and staff were upbeat in their approach to people. Staff recognised the small changes in people which showed they needed additional support, for example, when appetite had reduced or when people had started to isolate themselves. Staff knew where people liked to sit, what their favourite personal items were and the hobbies and interests important to them. The knowledge staff had of people supported them to be dignified in their approach to people at all times. Any support was carried out in a discrete manner.

Staff told us they enjoyed working at the service and no longer felt pressure to work additional hours. This had a positive effect of their work and relationships with people. One staff member told us, "I like to help people, take them out and making their lives better. It's important to support people to live as independently as they could be." Another staff member told us, "I come to work happy and go home happy. When I'm at home, I'm not worried about work. This has had a really positive effect on my health." One person told us, "It's nice here. I like the staff."

People were involved in all aspects of their care and were encouraged to make their own decisions. Staff spent time with people to review their care plans and to make sure the care was in line with what people wanted. People were asked how they wanted to spend their time and one-to-one hours were planned with people. This meant people could make plans to visit family or attend local events or participate in more regular activities. Care records showed when people had made changes to their care and gave the reasons for this. Staff delivered support in a way which promoted people's independence, for example, staff prompted people to carry out activities of daily living themselves and provided encouragement when needed. People were asked to become involved in different aspects of the service and were able to be involved in preparing and cooking food.

Care records contained information about people's preferred communication methods. Staff told us it was important to spend time with people to discuss information, to make sure they understood what they were being told. Information in easy read formats were available and we saw easy read information relating to fire and complaints was displayed in communal areas. Staff were aware how to access advocacy services for people. This is a means of accessing independent advice and support to aid decision making.

Staff supported people to maintain contact with those people important to them. Visitors were able to attend the service at any time and staff supported people to visit their families in the local community.

People were given the privacy they needed during their visits. Staff also supported people to visit relatives in the community or at relative's homes. One person told us they were looking forward to visiting a relative. We observed they were very happy about this.

## Is the service responsive?

### Our findings

At the inspection in March 2018 we rated this domain as good and this rating had not changed. We did not review this domain at inspection in June 2018.

People received care and support in-line with their individual needs, wishes and preferences. Some people had bespoke care packages in place and staff were up to date with these. This included very specific moving and handling techniques. All staff understood the support people needed and from our review of the care records and observations we confirmed this to be the case. Significant improvements had been made to care records. These were in the process of being reviewed by the registered manager as part of the quality assurances process at the service. One staff member told us, "The care records are much clearer now."

Extensive work had been carried out to the delivery of activities for people since the last inspection. One staff member told us, "Activities are totally different; much more structured with more choice. It's done in a way people get to choose what they want to do."

People were involved in regular activities which were meaningful to them. One staff member told us, "Activities boards are completed every day. We are now aware of what we can focus on each day." Staff had been consistent in their approach to activities and spent time with people to plan their time. People continued to attend day centres. Outside of this people went swimming, attended local football matches and participated in community events. Whilst at the service, people spent time listening to music, reading, singing, playing games and carrying out craft activities. When people wanted to spend time alone in their rooms, staff respected this.

People told us they knew how to make a complaint. They told us they preferred to speak with staff informally. From our review of complaints and from speaking with the registered manager, we could see that these had been addressed fully and actions put in place to reduce the need for similar complaints. When we spoke with people, they told us they were happier living at the service and would speak to staff informally if these had an issue. Information about how to make a complaint was available at the service in written and easy read format.

## Is the service well-led?

### Our findings

Since the last inspection, the provider had shared an action plan with us each month to show the progress which the service was making to become at least good. At this inspection, we found significant improvements had been made and the breaches from the last inspection had been addressed. The provider and registered manager need to continue with the improvements and demonstrate that the improvements can be sustained in order to rate this domain good.

A registered manager was in post and staff worked alongside them to deliver a good standard of care to people. The staff team was united in their approach. One staff member told us, "It's 110% better now. I wouldn't be here otherwise. Looking back at the way we worked, we are lucky nothing [untoward] happened. [Registered manager] is very good. They are confidential and we can approach them." The registered manager told us they had consistent support from the provider.

The registered manager and staff had taken on board feedback and addressed all areas of improvement. They were open and honest with staff. The concerns identified at the last inspection had been addressed by way of audits, staff meetings, training and supervision. Feedback from health and social care professionals involved in the service was acknowledged and used to drive improvement. The number of accidents and incidents had significantly reduced. Where safeguarding alerts had been raised, the registered manager had taken appropriate action to ensure the risk of reoccurrence was low.

Audits had been carried out by the registered manager and these had supported the improvements at the service. These included care records, infection prevention and control and health and safety. Where needed action plans were in place and showed when they had been addressed. These were shared with staff to demonstrate where improvements needed to be made. One staff member told us, "We have audits for everything. That seems to work." The provider also carried out regular visits to service to complete their own audits. The outcomes of these audits mirrored the action plans which they had sent to us each month.

The registered manager had good oversight of the service. They told us, "It was very challenging to start with, working on an action plan where everything needs to be addressed straight away. The action plan has significantly reduced. The culture has changed and the service is moving forward. Staff are more willing to come up with their own ideas to develop the service."

We found staff were supportive of the registered manager and told us they were always available for them and responded quickly when they were on-call. Staff told us this had been reassuring to them. Since coming into post, the registered manager had demonstrated critical thinking and clear analysis which had supported them to continually improve the service. It was clear that the staff team had reflected on the changes at the service over the last 18 months, had embraced change and had moved forward. People received safe care at all times. Staff spoke with us about the training they had received which had allowed them to move away from unsafe practices. All staff were united in their views that the service was much safer.

Regular meetings were held for people, their relatives and staff. Information was shared about the changes taking place, feedback was given to share feedback and areas for improvement discussed. Records showed everyone was kept up to date. Staff told us they had confidence in the registered manager taking issues forward for them. For example, staff felt that an additional staff member was needed from 7am and the registered manager was discussing this with the provider.

People were actively involved in their local community, attending local markets, libraries and community resources. Over the coming Christmas period, people planned to attend an event switching on the Christmas lights and a local Pantomime.

The registered manager understood their role and responsibilities. Formal notifications about specific events taking place at the service had been shared with CQC.