

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:
09 December 2016
13 December 2016
19 December 2016

Date of publication:
02 February 2017

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Avon Lodge and Avon Lodge Annex on 9, 13 and 19 December 2016. The inspection was unannounced on day one and three and we told the manager we would be visiting on day two.

The service was last inspected in January 2016 and was rated requires improvement. We found the registered provider had breached five regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment of people, person centred care, cleanliness of the premises, staff training and support, plus governance of the service.

We saw improvements had been made at this inspection. We found the registered provider and the manager were aware of areas which still required improvement and they were open about issues they had faced since the last inspection. This had involved a turnover of staff, two managers, a programme of change and refurbishment. We had confidence the registered provider was now compliant with all regulations and that they were committed to making the improvements still required.

Avon Lodge and Avon Lodge Annex are large three storey Victorian buildings next door to each other and linked by an internal corridor. They are close to local amenities such as a park and shops. Both parts of the service provided support for people with a learning disability and/ or autistic spectrum disorder and people with mental health needs. The service supported younger adults and older people.

Avon Lodge is a registered care home which can provide personal care for up to 13 people. At the time of this inspection eight people lived at the service.

At Avon Lodge Annex the registered provider delivered personal care to people living in their own tenancies at the property. The registered provider had recently made the decision to close this part of the service and people who lived there had been asked to find alternative housing. At the time of this inspection two people remained living in the service but were due to move on during December 2016 and January 2017. Only one of those people who remained at Avon Lodge Annex received personal care support and they moved to alternative accommodation during the inspection. Therefore we did not speak to any people or assess any information during this inspection in relation to Avon Lodge Annex.

The service did not have a registered manager in place. A new manager was in post and successfully registered following the inspection. 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.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety risks could be identified. The building is large and we saw staff had not ensured it was cleaned to an appropriate standard when we visited on day one. The registered provider increased staffing levels

immediately to ensure there was enough staff to complete this task and all other duties.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as mobility and medicines. Care plans contained person centred information about people's likes and dislikes which enabled staff to deliver support how people wanted them to. The registered provider planned to make further improvements to the care plans around managing people's anxiety and behaviour, to give members of staff more direction.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Whether people's social needs were met could not be determined in the records that were available. The manager was working to improve the staff approach to encourage social stimulation and engagement to ensure people received a fulfilled and active lifestyle.

We saw staff had received supervision on a regular basis and had received training the registered provider deemed mandatory to enable them to complete their role. The manager was starting to carry out appraisals of staff to review their performance and provide feedback. The registered provider told us they would seek out specialist training for staff which covered areas pertinent to the needs of the people who were supported.

There were systems in place to monitor and improve the quality of the service provided. A range of audits were carried out both by the manager and senior staff within the organisation. We saw the views of the people using the service were regularly sought and used to make changes. Quality assurance systems needed to be embedded to ensure all actions were completed appropriately and to be effective in identifying areas of concern.

We found safe recruitment and selection procedures were in place and the manager understood their responsibilities when recruiting new employees. The registered provider told us they would develop systems to enable them to understand how many staff were required on shift to meet people's needs. Also, to enable staff to complete all the duties expected of them. The registered provider increased staffing during the inspection because we saw staff could not fulfil all their duties.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if they suspected abuse had occurred.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people to make their own decisions. The manager told us more knowledge around the paperwork required to meet the law was needed for them and the staff.

Appropriate systems were in place for the management of medicines so people received their medicines safely. More robust guidance around when to administer 'as and when required' prescribed medicines was needed to help staff make safer decisions.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. People told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their

nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services. The registered provider had not ensured the use of good practice assessment for some health needs to direct staff when to refer to professionals or to direct the support people needed. The manager started to use these during the inspection.

The registered provider had a system in place for responding to people's concerns and complaints. People said they would talk to the manager or staff if they were unhappy or had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staffing numbers meant the environment was not cleaned effectively and activities provision was limited. Staffing levels were increased during the inspection. The registered provider increased the staffing and said they would implement a system to evidence safe and effective staffing levels in future.

Staff could explain indicators of abuse and the action to take. Care plans included risk assessments appropriate to the person.

People received medication in a safe way. More detail of 'as and when required' medicines was needed.

Is the service effective?

Good 

The service was effective.

Staff had received training and regular supervision. The manager was sourcing specialist training and had arranged for staff to have an appraisal.

People were supported to make their own decisions. Staff were working within the principles of the Mental Capacity Act (2005).

People were supported to maintain good health and nutrition. Good practice health assessments were not in use but were introduced during the inspection.

Is the service caring?

Good 

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service.

People were supported to be as independent as possible and to

maintain their skills.

Is the service responsive?

The service was not always responsive.

People were involved in decisions about their care and support needs. Care plans contained person centred information about how people wanted to be supported. Care plans for people who displayed anxiety were being developed

People had opportunities to take part in activities, but staff were not proactive in ensuring people's social needs were met.

People told us if they were unhappy they would tell the manager and staff.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There was a manager in post who following the inspection was successfully registered with the CQC

Quality assurance systems needed to be embedded to ensure all actions were completed and to identify areas of concern. The provider and their team were committed to achieving and maintaining improvement at the service.

Staff told us the manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Requires Improvement ●

Avon Lodge and Avon Lodge Annex

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 inspected the service on 9, 13 and 19 December 2016. Day one and three were unannounced and we told the manager we would be visiting on day two. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service. This included information we received from the local authority safeguarding team, whistle-blowers and statutory notifications since the last inspection. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening.

We sought feedback from the local authority and Healthwatch prior to our visit. Healthwatch is an independent consumer champion who gathers and represents the views of the public about health and social care services in England. The local authority informed us improvements had been made at the service since our last inspection.

The registered provider was not asked to complete a provider information return (PIR). This is a form which asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were eight people who lived at Avon Lodge. We spoke with seven people. We spent time in the communal areas and observed how staff interacted with people and some

people showed us their bedrooms.

During the visit and following the visit we spoke with the manager, area manager, operations director, registered provider and three staff members. We also spoke to a professional who visited the service regularly.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

We did not use the Short Observational Framework for Inspection (SOFI) because people were able to speak with us during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. On this inspection the expert by experience was asked to use a tool to help people with a learning disability to understand the role of the Care Quality Commission (CQC) and what feedback we would like about the care they received. People who used the service told us they consented to trialling this process with us.

Is the service safe?

Our findings

At the inspection in January 2016 the registered provider had not assessed the risks to people's health and safety or done all that was reasonably practicable to mitigate such risks. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw improvements had been made which meant the registered provider had ensured risks were assessed and acted upon to keep people safe. This meant the registered provider had achieved compliance with regulation 12.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as access to the community, behaviours which may challenge the service and mobility. This enabled staff to have the guidance they needed to help people to remain safe.

We saw records to confirm checks of the building and equipment had been carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We saw personal emergency evacuation plans (PEEPs) were in place for each person who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken.

At the inspection in January 2016 the registered provider had not ensured the premises were cleaned or properly maintained. This was a breach of Regulation 15 (Premises and equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. By the end of this inspection appropriate systems and standards were in place to evidence the registered provider had achieved compliance with regulation 15.

We saw the building was undergoing a major refurbishment when we visited. Risk assessments had been put in place to manage the works safely for people. We saw the dust which inevitably accumulates during any works was being managed by staff and workmen.

We looked at how cleanliness was managed across the rest of the building. The manager had put in place a cleaning rota for staff to follow. The manager had prompted staff on numerous occasions at team meetings about cleaning; internal audits had also monitored the standard of cleanliness.

On day one of our visit we found this was not effective enough to ensure people lived in a clean environment. For example we saw one person's bedroom had not been deep cleaned for some time. The environment is very large and staff had full responsibility for cleaning alongside cooking and personal care duties. We saw two staff were on shift and this meant they could not complete all of their roles effectively. Staff told us it was difficult when they had to also support people. A visiting professional told us they had prompted staff in the past on numerous occasions to clean people's rooms or bed linen.

We discussed this with the manager and operations director and on day two of the inspection a new cleaning rota had been implemented which gave more direction about the standards expected. Staffing levels had been increased by the registered provider to ensure enough staff were on shift to fulfil all roles expected of them. A thorough clean had also been completed and the environment was appropriate.

We looked further at the arrangements in place to ensure safe staffing levels. During our visit we saw the staff rota. We saw since the reduction in support required by people who had lived in Avon Lodge Annex the staffing had been reduced to two staff per shift. One of those staff also slept on the premises to provide support should people require this overnight.

We saw people had little activity or access to the community with staff support. People were seeking staff support but staff were not always around to respond to their needs. For example on day one, we saw a person was upset in the communal hallway and staff were not aware because they were busy elsewhere. Staff told us it was not possible to complete all their roles with cleaning, cooking, personal care and support, plus activities for people with two staff on duty.

We discussed this with the operations director and they increased staffing levels to three members of staff when we visited on day two. The provider told us this would be a permanent change to staffing levels. When three staff were present we saw people had more support, staff were visible and we observed a relaxed atmosphere.

On day two we discussed this further with the registered provider and we recommended a system and process to assess dependency was implemented. This would enable the registered provider to determine the number of staff required to meet people's needs. The registered provider told us they would consider environmental and household tasks staff are expected to complete when determining safe staffing levels in future.

At the inspection in January 2016 the registered provider had not ensured lessons learnt were analysed following incidents to prevent recurrence. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw improvements had been made and the registered provider had achieved compliance with Regulation 17.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate and the manager reviewed patterns and trends for individuals each month. Where people had sustained an injury or advice had been given from professionals that care plans had been altered to ensure people received the correct support. We saw for one person who was at high risk of falls that lots of support had been offered to improve their mobility through exercise and use of equipment to prevent further occurrences. These meant processes were in place and used to ensure lessons were learnt following accidents or incidents.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines and found practices were safe.

People had storage in their bedrooms for their medicines and all documentation was kept within this. We saw examples of protocols staff used to understand when to administer 'as and when required' (PRN) medicines. We discussed with the manager and operations director that protocols for PRN medicines prescribed to be administered during anxiety did not contain enough information to enable staff to make an

appropriate decision. The operations director showed us an example behaviour care plan which incorporated such a protocol and they told us this was to be implemented at the service in the future.

We saw people's care plans contained information about the help people needed with their medicines and the medicines they were prescribed. We checked people's Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed.

The service had a medication policy in place, which included how to recognise and deal with errors. On day three of the inspection a staff member highlighted an error which had occurred, which they had not reported. We discussed the importance of reporting errors to ensure people received the correct medical support if required and to enable the registered provider to investigate. We discussed this with the manager and they have now completed a full investigation into the error found.

We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training.

The manager explained staff employed had not been recruited by the current registered provider, but had transferred from the previous provider. We looked at three staff files and saw documents of the recruitment process were missing. The manager had already highlighted this and sought to gather them in retrospect.

We saw the registered provider's policy was robust and described a process which included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults. The manager was able to describe the process they had started to use to recruit staff safely.

People we spoke with all said they felt cared for in a safe way, one person told us this always happened and one person told us sometimes this happened.

We spoke with the manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The manager told us all incidents were recorded and the service investigated concerns. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they were able to describe the process to follow. One member of staff told us "I feel confident issues would be dealt with promptly." They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this.

Is the service effective?

Our findings

At the inspection in January 2016 the registered provider had not ensured members of staff had completed appropriate training and support to enable them to fulfil their role. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection which meant staff had received more training and support from the registered provider. This meant the registered provider was compliant with Regulation 18.

When we spoke to people who used the service four people felt the service cared for them effectively and one person was not sure. One person told us "Staff do their best for us."

The manager told us staff new to care would undertake the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care are expected. They also told us the focus since the last inspection had been for all training the registered provider deemed mandatory to be refreshed. The training matrix provided confirmed staff had received most of their mandatory training and where there were gaps training sessions were planned. The matrix had been managed well to ensure the manager knew what was out of date and what was required.

Staff we spoke with told us they had received training but that more specialist training in areas specific to the people they supported would benefit them. They mentioned dementia training around people with a learning disability and specific mental health training around the needs of people they supported. The manager told us this would be focused on now the mandatory training was completed.

The manager told us about a new induction which had been devised to support new members of staff and this was to be used with a recently recruited staff member. The manager had been in post for six months when we inspected and they described the robust induction they had received into their management role. This included lots of coaching around systems and process.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm supervision had taken place. One staff member told us, "Yes I have enough supervision and the manager is easy to talk to. It is better now with the provider as we have more paperwork and more people higher up to go to if we need them."

The manager told us they had not completed the appraisals for staff because they had yet to learn the new process and wanted to get to know staff before providing them with feedback. The area manager was supporting this process and on day two they had given staff self-appraisal documents to start this process.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our visit nobody was authorised to be deprived of their liberty at the service.

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. Staff were observed supporting people to make day to day choices around mealtimes, what they wanted to do and where they wanted to spend their time. Staff felt everyone had capacity to make their own decisions if they received the correct support to think about the choices and consequences. For example, one person's care plan around communication highlighted the need for support to manage letters and planning their social life. We saw in people's care plans examples where staff were asked to offer choices and explain consequences but to respect the person's decision. People had signed their care plans to consent to the care and support described.

We saw one example of a best interest decision which had been recorded around a person's ability to understand their medication. We saw examples where people did not have control of areas such as finance because of their capacity. A multi-disciplinary team had been involved in these decisions.

Staff told us they were monitoring another person as they felt their abilities were changing. All the staff team including the manager knew they needed to understand better the process and paperwork required if someone did not have capacity. This was something they had started to look at to ensure they followed best practice if the need arose.

Staff and people who used the service told us they were involved in making choices about the food they ate. We observed one person being supported to make breakfast of their choice. Another person told us they liked the dinners. Someone else said they were supported to go and buy food for their home.

People could eat their meals where they chose but most people tended to use the dining room or the lounge to the rear of the property. We saw the dining room area was small and could not accommodate everyone for meals, this impacted on the mealtime experience negatively for people. The manager told us they had recognised this and were planning to move the dining room to a larger room in the future.

We saw staff were directed to empower people to be involved in cooking and saw one person preparing breakfast and a hot drink. People told us they also did baking with staff, which they enjoyed.

Staff encouraged healthy eating and the positive outcome for one person was they had lost a considerable amount of weight which had been recommended by health professionals.

Where people had health conditions such as depression and diabetes information had been added to the care plan for staff to read. This increased their knowledge about the condition and helped staff to support people with their health needs.

Some of the people who used the service were older and therefore had health issues related to old age such as pressure area care. The registered provider's care plan documentation did not incorporate additional assessments which were recognised good practice tools for areas such as pressure care and nutrition. These tools such as Waterlow and malnutrition universal screening tool (MUST) would guide staff more on when it would be appropriate to involve professionals. On day two the manager had sourced a Waterlow

assessment for one person and completed the document. They told us they would start to use tools where appropriate in the care plan process.

We saw records to confirm people had visited or had received visits where appropriate from the dentist, optician, chiropodist and their doctor. The manager said they had good links with the doctors and district nursing service. Staff worked hard to ensure people saw relevant professionals and followed advice given. This meant people were supported well with their health needs.

Is the service caring?

Our findings

At the inspection in January 2016 the registered provider had not ensured people received care and treatment which met their needs and preferences. This was a breach of Regulation 9 (Person Centred Care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found at this inspection improvements had been made including the staff team recording people's preferences. The manager was starting to lead a culture which ensured people received the support they chose in a way they wanted it. This meant the registered provider had achieved compliance with Regulation 9.

Four of the people we spoke with during the inspection told us they were supported in a caring way. One person told us they felt this happened sometimes. One person told us "The staff have to be caring it is their job and they do that." And "If staff were unkind that would be wrong and I would tell someone, staff are not unkind here." A visiting professional told us people seemed to be well cared for when they visited.

We observed members of staff interacting with people who used the service and all interactions were kind and respectful. Members of staff engaged in friendly banter with people around their likes and dislikes; this told us staff knew people well.

The manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One member of staff told us, "We need staff with patience, good at interacting or talking with people, who have a nice personality and are caring."

We saw staff asked people what support they required when the person made a request. There was a calm and relaxed atmosphere. We saw people spending time where they chose to. People had their own routines and staff respected this. Staff did not rush people and spoke to people gently.

We discussed with the manager the planned continued improvements they had. They explained they were working with staff to move away from a more task orientated approach to one where staff supported people in their home to access activity, social stimulation and a home people would be proud of. The manager explained the increase in staffing numbers would help with this change in approach.

Staff helped people understand how to live together harmoniously. We saw when one person wanted to spend time in an area other people asked them to leave. Staff were respectful of everyone's rights and they ensured people were happy with the agreed outcome.

Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed the staff team was committed to delivering a service which had compassion and respect for people.

During the inspection people showed us their bedrooms. They were very personalised. People were pleased about the refurbishment of their home and excited to know when their rooms would be ready. The communal areas of the home had already been refurbished and people told us they had helped to choose colours for the walls and furniture.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection and accessed the community independently during our visit.

We saw people had been involved in developing their care plans and had signed to say they were happy with the contents. At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Three people we spoke with told us they felt members of staff cared for them in a responsive way. One person was not sure and one person said sometimes this happened. One person told us, "It only would be a problem if there was not enough staff." Another person told us "I chose who I wanted to go Christmas shopping with and the manager arranged it so that staff helped me." And "I go out in the minibus to the shops when I ask."

We saw no plan was in place to map with the person what they wanted to do each week. Daily notes did not reflect the activities people took part in and it was not clear from records whether people's social needs were being met. Observations we made were of people not being occupied. The lack of direction from staff and documentation meant it was not clear if people's social needs were met.

We spoke with the manager and registered provider about this and they explained they had already started to work with the staff team on having more focused support per individual to meet their social needs. The manager told us the increase in staff numbers would facilitate this to happen. The manager had also instigated review meetings with the local authority to initiate discussion around the need for additional funding to support people to participate in activities and access the community.

People told us about how they were supported to go the bank, to undertake clothes shopping and food shopping. One person had recently been on a day trip to Beamish museum in County Durham with their day service to attend a Christmas fayre. They told us, "It was really good." Some people attended regular day centres, churches or community venues independently from the service.

People were supported to see family and friends. One person told us they received regular visits from their friend and another person had a friend they went to see. We saw in people's care plans important people were acknowledged and plans made to ensure they could see their family and friends when they chose. Particular emphasis was placed upon supporting people to do this in private when they chose to.

One person told us how they liked to bake cakes with staff and how they were interested in crafts. We saw people had helped to make their home festive for Christmas and some people had helped make a Christmas table cloth ready for Christmas day.

At our last inspection in January 2016 we recommended all the care plans were transferred to a new format the registered provider had started to use. During this visit we reviewed the care records of four people. We saw people's needs had been individually assessed and plans of care drawn up on the new format recommended. The care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing the person centred plans.

The registered provider had invested in training for staff around anxiety management and how to breakaway from a person who may try to grab or strike them. The operations director told us the next step of

the programme would be to implement anxiety plans for people. They showed us an example which, if implemented, would improve staff confidence and provide a consistent approach for people to develop their skills.

The manager told us they had reintroduced the key worker system which meant key members of staff would be responsible for ensuring care plans were reviewed and people had received their support as they preferred.

We found care and support plans were reviewed and updated on a regular basis. Care plans were person centred and contained very detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure people remain central to any plan which may affect them. We saw each care plan started from the goal or outcome the person wanted to achieve in each area. The manager had started to introduce regular reviews. They told us people's progress towards achieving their goals would be monitored at each review.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. Staff were responsive to the needs of people who used the service when they requested support and support was delivered in a person centred way.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. There have not been any complaints made in the last 12 months. People told us they knew who to go to if they had a complaint to make. The manager was aware of how to record and investigate complaints should any arise.

Is the service well-led?

Our findings

At the inspection in January 2016 the registered provider had not ensured the service was assessed for quality and safety in a robust way which meant risks to people's health and safety were not always mitigated. They had not used information gathered to improve their practice. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw at this inspection improvements had been made which meant a system was now in place which the manager was learning to use to effectively demonstrate quality and safety. The system was not fully embedded and this was recognised by the manager and registered provider. The improvements we saw since the last inspection and the commitment shown to continuous improvement demonstrated the registered provider had met the requirements of Regulation 17.

We looked at the arrangements in place for quality assurance and governance. The manager was able to show us numerous checks which were carried out to ensure the service was run in the best interest of people. These included checks on health and safety, medicines, infection control and operations.

The manager was being coached in how to audit and check services for quality and safety as part of their induction. The area manager also completed monitoring to check the outcome of the manager's audits and to ensure actions were completed. All of the audits were sent to the operations director who themselves completed periodic checks in the service. The registered provider had a health and safety committee which looked at patterns and trends regarding occurrences such as safeguarding.

We saw the audit system had picked up issues we also found such as cleanliness and training. We saw some of the audit questions did not allow the manager to answer the actual facts. This was because the options for answers did not contain what was applicable to the service. For example; there was no answer option of 'not applicable'. This led to the overall score being higher in some instances and gave a false score to the registered provider and meant that areas of concern could be missed. The operations director agreed to review the documents to ensure this did not happen in the future.

Where actions had been identified the efforts to rectify them had not always been successful. One such issue was the cleanliness of the service. The manager had continued to highlight issues in forums such as team meeting to endeavour to resolve the problem. The registered provider had supported the manager by looking for solutions such as a new cleaning rota format. This meant issues were not ignored and the management team were working together to make improvements.

Quality assurance systems needed to be embedded to ensure all actions were completed appropriately and that they were effective in identifying areas of concern.

A survey had been carried out in January 2016 to seek the views of people who used the service and one of the issues people identified was that they did not like the lounge décor. An action was put in place and people had been involved in choosing the décor when it was changed.

The manager met with people regularly and held residents meetings. We saw offers of events were put to people and they chose what they wanted to do. One event was to have regular world food days. The manager and staff explained they organised a menu with people, food from the place chosen and helped people to know a few words of the language as part of the event. So far they had had Mexican, Spanish, Italian and Thailand world food days. People told us they enjoyed them. Residents meetings also gave people an opportunity to discuss how living in a group was going. We saw people would talk about the frustrations of living together, such as noise late at night and staff putting the washing machine on at night. The forum was open and honest for people to speak up. This meant people were involved in the running of the service.

There was a manager in post who successfully registered with the CQC following the inspection. Three people we spoke with felt the service was well led and one person said sometimes whilst another person was not sure. One person told us "[Name of manager] is good she gets things done."

The staff we spoke with said they felt the manager was supportive and approachable. One member of staff told us, "I enjoy working here and I have seen changes, one person is more independent and [name of manager] is someone to talk to, she will sort things out. [Name of manager] talks to all the residents and has a good relationship with them." Another member of staff told us, "[Name of manager] is positive and makes changes for the good."

We discussed with the manager, area manager, operations director and registered provider the recent history of the service. They explained the difficulties of taking over a long standing service from another provider and the barriers implementing change had brought. The impact at Avon Lodge has been a turnover in staff and two managers in a short period of time. The decision to close Avon Lodge Annex also brought further challenges. They were all confident they had a vision for Avon Lodge which meant people received positive outcomes from staff who delivered person centred care.

Staff we spoke with also relayed the difficult time and changes which have occurred over past months and said it had left them feeling a little untrusting of the management at times. We saw the manager reassure staff and commit to working with them to improve the service. The manager told us, "I want all the staff to be part of the changes and to trust each other."

The manager told us they knew what needed to happen to achieve this and they were committed to this. The manager told us "I am making the changes we need and with the refurbishment and staff development once they are made we will get there." A member of staff told us, "The new provider taking over was a positive move, it will take time, we have had two managers and we are determined to make it better."