Mr & Mrs K M Hodgins

Avery Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 17 and 18 January 2017 and was unannounced.

Avery Lodge is registered to provide care for up to 14 people. At the time of the inspection 13 people were living at the home. The home supports older people some of whom are living with some forms of dementia or who have other mental health needs. The accommodation comprised of a largely Victorian building over two floors. The service was currently using one room as a shared room.

There was a manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in June 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to safe care and treatment and the need for consent. People's medicines were not being stored safely and they were not always being administered in a safe way. The appropriate procedures were not being followed when some people's liberty was being restricted. Best interest decisions were being made without following the guidelines of the mental capacity act.

At this inspection on 17 and 18 January 2017 we found improvements had been made in these areas, so the service was no longer in breach of these regulations. However at this inspection we found a new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager did not have systems in place to effectively monitor the quality of care provided by staff. Staff training was not robustly monitored and staff knowledge was not tested to ensure the training they received had been effective. We found staff were not consistently responsive to people's needs and staff didn't always provide support to people in a person centred way. The manager did not have effective systems to ensure good practice was consistently embedded in the care provided. The shortfalls in governance arrangements constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the full version of the report.

People did not have accurate and detailed reviews so people were not able to give constructive feedback about the care they received. People's assessment records did not always fully detail people's needs and risks. Records were not always audited to ensure they were of a good quality.

Staff did not have enough time to spend chatting to people or to engage with people in one to one activities

throughout the day. The manager had not considered ways to encourage social stimulation other than planned events.

We have made a recommendation about the service putting systems in place to supervise and oversee staff practice.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was depriving some people of their liberty in order to provide necessary care and to keep them safe. The service had made applications for authorisation to the local authority DoLS team. The service was working within the principles of the MCA. Staff had a good understanding about the need to seek consent from the people they were supporting.

We have made a recommendation about improving staff's knowledge of DoLS.

People benefited from being supported by staff who were safely recruited. There was consistently enough staff to safely meet people's physical needs at the time of this inspection.

The manager and staff understood how to protect people from the risk of abuse and harm. However, staff were not aware of outside agencies they could also report their concerns to.

People received their medicines in a safe way. People's medicines were stored securely. The administration of people's medicines was audited and checked. The manager and staff were proactive in responding to a change in people's health needs. The manager and staff knew about the risks which people faced and how to respond to these. The manager ensured that the environment and equipment used was safe.

People who we could communicate with told us they were treated in a caring and kind way by staff. People's privacy was respected. The manager encouraged people to maintain relationships with those who were important to them. Some people accessed the community when they wanted to and the manager provided planned events tailored to people's likes.

The manager made real efforts to create an upbeat atmosphere at Avery Lodge.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service was aware of people's needs and the risks they faced.

Systems were in place to protect people from the risk of abuse. Staff knew what to do if they had any concerns. The manager was proactive in raising concerns with the local authority.

People benefited from being supported by staff that had undergone recruitment checks to ensure they were safe to work in care.

People received their medicines in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective. Staff did not receive supervisions and staff knowledge and practice was not tested to ensure staff were effective in their work.

People had enough to eat and drink.

The manager and staff were proactive in supporting people with their health needs.

Is the service caring?

Good

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

Staff promoted people's independence.

People's privacy and dignity was protected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The care some people received was not always person centred.

The service had not reviewed people's needs in a robust way and in a way which involved them in this process.

Staff didn't have time to sit and chat with people and engage with them in one to one activities.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a lack of robust quality monitoring audits of staff practice and knowledge.

People didn't have complete and accurate assessments and review records. People's assessments and reviews were not being audited.

The service had not considered more effective ways of gaining staff and people's feedback about the care people received.

Avery Lodge Residential Home

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 was planned to check 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.

The inspection took place on 17 and 18 January 2017 and was unannounced. The inspection was carried out by one 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 viewed all of the information we had about the service. The manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority quality assurance team and local authority safeguarding team to ask for their views on the service.

During the inspection we visited the service's office, spoke with eight people who used the service and five relatives. We also spoke with the manager, the chef, and five members of the care staff.

We looked at the care records of three people who used the service and this included the medicines administration records of five people. We also viewed records relating to the management of the service. These included risk assessments, reviews, three staff recruitment files, training records, compliments and complaints.

Good

Is the service safe?

Our findings

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified a breach in the regulations because the service was not administering or storing people's medicines in a safe way. At this inspection, we found that improvements had been made in this area. Therefore the service was no longer in breach of this regulation.

We found that people's medicines were stored and administered in a safe way. We spoke with the deputy manager who explained to us the home's system regarding the secure storage of people's medicines. On each shift, one member of staff would be in charge of people's medicines. This member of staff kept the keys for the medicine cabinet, fridge and trolley with them at all times. They then passed the keys to the staff member, who would be administering medicines at the next shift. They signed a record to demonstrate the medicine cabinet keys had been passed to this person. When we visited the home over two days we saw this practice being carried out.

We observed a member of staff administering people their medicines. They wore an apron asking people not to interrupt them. The person's individual medicines would be taken to them individually and the medicine cabinets locked each time. Once the person had taken their medicines the member of staff would return to the medicine cabinet to complete the persons Medicine Administration Record (MAR) chart. We looked at people's MAR charts and found these had been completed correctly. We saw that people's cream charts in their rooms had been fully completed.

We saw in people's MAR charts that if people's medicines had been changed during a course of a particular medicine, staff corrected the MAR chart and signed to say they had done this.

We completed an audit of people's medicines and we found that the correct amount of medicines had been given to people. We saw that staff had followed the instructions from the GP about spacing certain people's medicines and they had recorded this in people's MAR charts. People were asked if they wanted their 'as required' medicines, staff also recorded if people had asked for these types of medicines in their MAR charts.

Staff also monitored the temperatures of where people's medicines were stored to ensure the temperatures stayed within the recommended guidelines. This promoted the effectiveness of the medicine.

People who lived at Avery Lodge told us they were safe. One person told us, "Oh safe, yes." A relative also said that their relative was, "Definitely safe."

The manager and staff had a good understanding of how to protect people from potential harm and abuse. Staff were able to tell us what would constitute abuse and how they could identify if people were experiencing harm in some way. Staff told us they would report any concerns to the manager.

The manager told us that they had a good relationship with the local authority safeguarding professional

and they would contact this person to discuss any concerns. We spoke with this professional who confirmed the manager did make contact with them and the manager showed us e-mails also confirming this contact.

However, when we asked staff about outside agencies they could also report safeguarding concerns to, we had a mixed response. Staff said they would report concerns to us the Care Quality Commission (CQC) but they didn't have our contact details. Most staff didn't know of other outside agencies they could also report their concerns to, such as the local authority safeguarding team.

The manager had identified what people's needs were and the risks that they faced. The manager had a clear understanding of these risks. When we spoke with the manager they told us in detail about each person who lived at the home. They explained the risks that they and staff needed to be mindful of, in order to keep individuals safe.

We were shown records that demonstrated the manager and staff were aware of people who were at risk of losing weight. We could see from these records action was taken to respond to this risk quickly. This risk was then monitored and managed in a safe way. We were told about one person who was very low in weight when they first moved to the home. We were shown records which confirmed this person had increased their weight to a healthy level.

There were various safety tests which were carried out to ensure the premises were safe. The manager, staff, and people who lived at the home told us the fire alarm was tested on a regular basis. Staff were able to tell us what their role would be if the fire alarm went off. Electrical items and equipment to support people to go upstairs had been tested to ensure they were safe to use. The service had carried out in house testing for legionella; this is a water born virus which can cause people to become unwell. At the time of our inspection they had employed a company to carry out the test. We heard staff making reference to this visit throughout the inspection.

However, the service was not testing the water temperatures in people's en suite's and in the communal bathrooms on a regular basis. The service was testing the hot water in these areas every three months. The purposes of these tests were to ensure people did not scold themselves. Some people who lived in the service were living with dementia and had visual impairments. It was possible the water temperatures could have changed during this period. Following the service's Legionella test the service will be testing the hot water in these areas monthly.

The manager had a business contingency plan to respond to emergencies. The week before our visit the service had been evacuated to a local school due to concerns of severe weather. The manager, staff, relatives and people at the home told us about this. Additional staff were placed on duty and stayed with people overnight at the emergency accommodation, to ensure people were safe and their needs met. The manager said they had arranged for a separate room for some people and they had brought the medicines trolley to ensure people had all their medicines.

People who we could communicate with spoke positively about how the recent evacuation was managed. One person said, "We came back and the manager made us bacon and sausage sandwiches." Another person had told their relative they had gone away on holiday.

The manager showed us how they responded to accidents and incidents. The manager showed us records of how they analysed the situation and what action they took to try and prevent it from happening again. We were told that people had involvement from the 'falls team' to try and prevent a future fall. A visiting health professional confirmed the manager made contact with them to make various referrals to specialist health

teams, in order to keep people safe following incidents.

The people we spoke with felt there was enough staff to meet their needs. One person told us, "They [staff] are very responsive if I press my bell." Other people also told us that staff responded quickly when an alarm in someone's room was activated. When we visited the home we saw staff responded promptly to people's alarms in their rooms. The manager told us how they ensured there was enough staff on duty to keep people safe. The manager told us they would revise the staffing levels if people's needs changed. Staff told us they felt there was enough staff to meet people's physical needs.

On the two days of our inspection we observed that the planned for amount of staff were present on shift. We noted the shift ran smoothly and was organised. Staff had assigned tasks to perform.

Staff were safely recruited and selected to ensure they were suitable to work in care. The manager said they always ask for two or three references before they interviewed a potential new member of staff. When we visited the home we noted there was a vacancy notice on the gate of the home saying this. During our visit a member of the public had visited the home and had asked about the vacancy. We heard the manager asking for three referees and explaining if these are not satisfactory they will not be asked to attend an interview.

We looked at three staff recruitment files. We could see that staff identification had been verified and the Disclosure and Barring Service (DBS) checks had also been carried out. A DBS check enables employers to carry out safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Two out of the three records had full employment histories with gaps explained; however one member of staff did not have a full employment history. We spoke with the manager about this, who said they would address this issue.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified a breach in the regulations because the service was restricting some people's movements without the appropriate processes being followed. The process for best interests decisions was not being followed and people's 'do not resuscitate' documents were not complete. At this inspection, we found that improvements had been made in these areas. Therefore the service was no longer in breach of this regulation.

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.

The staff we spoke with also told us how they sought people's consent before they provided support to them. Staff and the manager told us how they supported people to make positive decisions relating to their care. We also looked at people's records and we could see people had been asked when they moved to the home, that they had consented to the care they received from staff.

People can only be deprived of their liberty so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had identified people who may be deprived of their liberty in some situations in order to keep them safe. The manager had made applications for authorisation to ensure that people's rights were protected. The service continued to ensure that people were not restricted more than was necessary to keep the person safe.

The manager told us about one person who they were planning a best interests meeting for because they felt they did not have capacity to make a certain decision. The manager told us their plans of involving the person, their relatives, and other professionals who have been involved in this person's care.

We saw that people had accurate and complete 'do not resuscitate' documents in their records. These had been completed by the home's GP and they had consulted with the person themselves or in some cases with the person's family members.

However, we found that the service did not have very clear, robust and regularly reviewed capacity assessments. When we spoke with staff they did not have an understanding of DoLS. Given the manager had

made DoLS applications for some people the staff should have had a good understanding of what this meant.

We recommend that the service seeks advice and guidance from a reputable source about how to meet the requirements of the MCA and MCA DoLS.

We were shown training records and completed certificates of staff training. Staff received training each year in safeguarding people and moving and handling techniques. During our visit there was a notice in the staff room reminding staff to attend training on safeguarding on 25 January 2017. Further training in dementia care, pressure care, falls prevention, diversity and equality, and infection control was also provided. Staff received a combination of online and face to face training.

However at the time of the inspection, the manager did not have a general oversight as to what training staff had undertaken. In order to gain this oversight a member of staff needed to go through each member of staff's personnel record to look at their training certificates. The manager also did not have an accessible knowledge of the scores staff had obtained from their on line training. This told us that whilst staff were clearly able to access training that they found useful, the manager was not monitoring staff training.

The manager and staff told us that staff did not receive formal supervisions to discuss their work and test their knowledge. Staff also told us that they didn't receive any one to one formal support from the management team during their induction period. Staff did not receive appraisals at the end of each year to discuss their training needs or their thoughts about their work. These are all ways in which the manager can monitor if staff are effective in their work and support staff to improve their skills and knowledge in their work.

The manager was also not testing whether staff had understood their training and incorporated it into their daily practice. There were times when we saw poor staff practice when some members of staff supported people to mobilise and transfer from one position to another. We also saw some poor communication techniques when some staff talked and interacted with people who were living with dementia. Despite the fact staff had received training in these areas.

We recommend that the service has systems in place to supervise and monitor staff practice and knowledge.

People who lived at Avery Lodge and their relatives told us that the care people received was effective. One person said they were, "So well looked after, I wouldn't change a thing." A relative told us how effective staff were with supporting their relative's mental health needs. Another relative told us how their relative's health and mobility had significantly improved after they moved into the home. They said, "To see [relative] now is unbelievable."

Staff were able to provide effective care to people because they were knowledgeable about people's needs. We spoke with staff who were able to tell us what people's needs were and how they supported these people to ensure their needs were met. Staff told us about people who were at risk of urine infections, seizures, falling, becoming confused and disorientated, and expressing behaviour which other people could find challenging. Staff told us what actions they completed to meet these people's needs and monitor the associated risks.

The staff we spoke with were positive about their induction to their new role. Staff told us that they received a period of induction where they completed online training courses and observed staff practice, before they

started to provide support to people. The length of the induction process was dependant on the level of experience staff had. Staff said they felt confident to support people when they started working alone.

The manager told us that all staff, including those who did not provide assistance with people's personal care all received the same training. Care staff also completed a variety of day, night, and domestic shifts. The manager explained to us that the purpose of this was to improve staff knowledge and competency.

The manager told us that at the end of each shift a detailed handover would be given to the following shift of staff. We were shown a selection of 'hand over notes' and we could see the shift lead would update the next shift staff about each individual who lived in the home. Staff told us they found these meetings useful.

People spoke positively about the food and drinks. One person we spoke with described the food as, "Excellent." Another person said, "Coffee is brought around regularly, there is always cake." A further person told us, "Super food, you can eat anything." A relative said, "[Relative] tells me how much [relative] loves the food."

We spoke with the chef who showed us a list of foods which people didn't like; this was to ensure people were not given these foods. They devised a new menu monthly and each week the menu was different. The chef said they spoke with people if they had not eaten all of their meal, to check if they had any issues with the food. On the days we visited there was a selection of choices and people also spoke with the chef or staff if they wanted something off menu. We saw that people were given the meals that they had requested. We heard the chef liaising with staff as to what time people will be having lunch to ensure the food was hot and did not spoil.

We saw people being offered drinks and snacks throughout the day. Meals were appropriately spaced. We saw people eating, at their own pace. One person had complex needs with eating and drinking. We saw a member of staff supporting this person with their meals. The member of staff did not rush this person with their meal. This person had food which was pureed; it was a vibrant colour.

The staff and the manager responded positively and proactively to a change in people's physical and mental health needs. Records showed when contact was made with the GP, if people experienced a change in their health needs, or if staff had concerns about a person's health. When we looked at people's records we could see referrals had been made to specialist health professionals. The manager told us that additional staff were put on the shift when a person required support to attend a hospital appointment.

We spoke with a visiting health professional who spoke highly of the home. They told us that the manager raised concerns appropriately and in a timely manner with them. They said, "They [staff and manager] are good at knowing when people are not themselves." They went onto tell us that the manager also made them aware if a person's medicines needs to be changed. During our second day we heard the manager making a GP home visit appointment for a person who had requested this. We heard the manager asking the person if they were happy with the surgeries choice of GP to visit and the time the GP was going to visit.

Good

Is the service caring?

Our findings

People told us that staff treated them in a kind and caring way. One person said staff are, "Very nice, very nice people, very attentive and compassionate." Another person told us, "[Staff] are nice people, can't fault them." When we were speaking with this person a member of staff entered their room to ask what they wanted for supper, they presented as concerned as this person had had a light lunch. When this member of staff left this person's room, this person said, "See how nice they are…I love it here."

The manager told us about a person, whose pet was re-housed before they moved into the home. The manager told us that this person wanted to be reunited with their pet. The manager explained how they found this pet and brought it to live in the home.

We were told about a person who was having issues receiving their personal allowance. The manager told us that they were supporting this person with these funds until this issue could be resolved. We heard the manager talking with this person and arranging this.

We observed staff interacted in a positive way with the people at Avery Lodge. Staff had built relationships with people and we observed that people were at ease and familiar with staff. We saw one member of staff supporting a person to eat their lunch and later their supper. This member of staff sat at the person's eye level, they spoke softly to them, checking they were happy with what they were eating. They engaged in conversation with this person throughout their meal. At one point the person smiled and said, "Oh I do love porridge." We observed another member of staff going over to a person who had just woken up from sleeping in their chair in the living room. They said, "Can I get you a drink, you have been asleep."

We also saw staff and people in the home having passing interactions, making jokes, and laughing with one another. One person told us that, "Staff are more like friends." Another person said, "Staff are very friendly, very good and helpful."

The staff we spoke with were able to tell us about people's backgrounds, their likes and dislikes, and what was important to them as individuals. Some of the people who lived at the home had historical mental health issues. Staff and the manager were able to tell us, some of the triggers which could undermine someone's mental wellbeing.

During our visit we observed staff responded quickly and in a caring manner when people became distressed or if they were anxious. We saw one person who was finding it difficult to mobilise. Staff spent time with this person, talking gently to them and offering re-assurance. One member of staff gently put their hands on this person's back and shoulder and quietly talked to the person. They directed them as to what to do, to ensure they sat down safely.

People told us that staff supported them in a way which was respectful. One person said, "[Staff] are very professional, they treat us with respect." Another person said, "They [staff] always knock, they [staff] have

manners."

People told us that if they wanted to stay in their room and not spend time in the communal areas this was respected. Staff told us how they protected people's privacy by leaving the room at certain times when they were supporting or assisting with people's personal care routines. Two people had a shared room; the staff we spoke with told us how they ensured a room divider was used when these people were supported with their daily care. Staff also told us how they promoted people's dignity when they were providing support with personal care.

The manager and staff ensured that confidential information about people was stored in a secure and protective way. The service had a system to ensure people's daily notes were kept securely. People's other records were also stored securely in the manager's office.

Staff told us how they encouraged people's independence. One member of staff said, "It's about getting to know people, if you do everything, their independence goes downhill." This member of staff told us how they encouraged people to complete some tasks independently. During our visit we observed some people leaving the home to go shopping, some people also initiated activities themselves, and went to the bathroom and their room independently.

Requires Improvement

Is the service responsive?

Our findings

We looked at a sample of three people's records. We found there was insufficient information about people's needs in these records; in order to support staff to deliver care in a person centred way.

We looked at one person's assessment and found that not all of this person's health and mental health needs as well as their health and mental health background, had been considered. We found references to different mental health conditions throughout this person's record. The manager had told us about concerns relating to another person's historical behaviour towards other people. We found no reference to this issue in this person's assessment or review. The service had not brought these needs together at either the point of the assessment or at a review.

People's records did not show that people had been involved in the planning of their care.

The service had completed some reviews of people's needs but these were not robust or meaningful. The reviews consisted of a hand written statement on the person's original risk assessment. In all cases it stated that people's needs had not changed. In most cases some years had passed from the initial risk assessment to this one review.

In some cases people's risks had not been reviewed. For example, one person had experienced a fall but this risk was not reviewed. This person had mobility issues due to a historical fracture, but this was not considered in the risk assessment. This person had emotional needs which meant they expressed behaviour which challenged others. However, their 'emotional and cognitive' assessment had not been updated since 2012.

When we looked at these records we found some examples when people's needs had in fact changed and this was not reflected in the review. For example the manager told us about one person who had issues with their relationship with food. This was not considered at their review, it only stated the person, "Had a varied diet." This was contrary to what staff and the manager had told us about this person.

The staff we spoke with and the manager were able to tell us about all these people's needs and the issues they faced. We concluded that staff and the manager knew these people's needs well and they responded positively to changes in these people's needs. The issue was that the records were not robust. This is important in two ways. To demonstrate if the service is identifying and managing risk appropriately and to support staff in managing people's needs. Staff told us they looked at people's care records as part of their induction to the service and the people they were going to be supporting. We found that this issue with records had not had a negative impact on people. However, this could be a risk in the future.

During our visit we observed some interactions and examples of staff practice which were not person centred or responsive to individual people's needs. One person who had experienced falls recently and was being supported to walk to the lift to go upstairs. We then observed the member of staff leave the person in the lift and take the stairs. We spoke with this member of staff about this. They told us they had taken the

stairs in case the lift broke and this would leave the other member of staff on the shift alone. They had not considered what was best for the person.

We observed a member of staff chatting to a person who was living with dementia. This member of staff corrected this person on two occasions about this person's personal history. They also reminded them of a potentially negative experience when they were at school. Another person had been "banned" from drinking alcohol some years ago because as the record stated, they had become intoxicated on one occasion. They had not considered other options if this person wanted to drink alcohol or if this situation could be revisited and reviewed and managed differently.

Another person had been supported to transfer from their wheelchair to an armchair. This person had asked to sit in a particular chair twice; another member of staff was in front of this chair supporting another person to transfer. The member of staff said to the person that they would have to sit in a different chair. This member of staff did say they would return to help them move to this persons preferred chair. We remained in the room observing interactions from members of staff, but this member of staff did not return to assist this person to move. This member of staff was not supporting this person's preferences.

During the two days of our visit a person who lived at the home kept saying to staff and the manager that they felt cold in the lounge. The manager had brought a blanket to wrap around the person on two occasions. This person consistently said they felt cold and kept pulling the blanket up to their neck. The manager made reference to how warm the room was and how they felt warm. The manager had not asked other people if they felt cold in the lounge. During our visit other people told us that they also felt cold in the lounge. These people were mobile and able to leave the room independently if they wanted to. However, some people who were living with dementia and also had mobility issues could not initiate moving to another room. This told us that these people were not being supported in a person centred way. We spoke with the manager about this issue of the temperature in the lounge. The manager told us how they would address this. However, it was only from us prompting the manager and raising this issue that action was taken.

We observed the lunch time experience. This was a subdued affair on both days. Sometimes there was a lack of staff presence to respond to people who needed support. One person indicated they wanted to use the bathroom, but there was no member of staff directly available, we had to ask a member of staff to support this person. At one point the same person started coughing loudly; no member of staff visited the room and asked if they were okay. Staff were present in the kitchen next door talking to one another, but they were not present in the room to be available to support people. One person was just finishing their main course when people were leaving the room after they had had desert. A member of staff went to support this person to the lounge and said, "Oh, you haven't had your pudding, maybe you can have it later." The person wasn't asked if they wanted to have it then.

During our visit we didn't see staff regularly chatting and spending time with people. Staff said they would try and do this but it was only if they had spare time at the end of a shift. One member of staff said, "I do this if I have a spare 30 minutes." Given that the service generally had two members of staff on duty at a given time, there was no allocated time for staff to meaningfully do this. Some members of staff said they would prefer to spend more time with people. One member of staff said that they tried to spend time with people who chose not to leave their room, however it was challenging to find this time. One member of staff said, "[Name of person] needs some, one to one time, he looks lost."

Staff and the manager told us that they had tried to involve people in planned events, such as going out to the theatre or into town. They told us that most people would often decline to go out at the last minute. The

manager said that they concluded that most people did not want to go out or take part in planned events. However the manager had not investigated why people didn't want to go out.

The people who we could communicate with told us that the staff were responsive to their needs and they enjoyed living at Avery Lodge. One person said, "It's perfect here, home from home." Another person said, "It's a lovely place."

People who were independently mobile were able to explore their interests in and outside the home. Some people would independently go to the local pub and initiate activities and games in the home. The service had one room which had a pool table, TV, and a dart board. On the days of our visit we saw two people using these amenities. The staff told us about one person who they supported to go into town shopping. This would often be a planned event made in consultation with this person after they had requested to go out.

We were shown records of planned events in the home often associated with a holiday season. Once a month an Elvis performer would visit the home. Some people who lived at the home were fans of Elvis and his music. During our visit, music from the 1950's, 60's, and 70's was regularly being played. We saw people tapping their hands and feet, moving their heads to the music and singing. Often people in different parts of the home would also join in with the music. One person said, "Music is a big thing here."

For some people the TV was an important part of their day. We heard and observed people enjoying watching particular TV programmes often from the 1980's, 90's, and early 2000's. We heard two people talking in an excited way about the TV programmes they were going to watch later. When the TV was on the manager or staff asked people what they wanted to watch. The TV was not put on as a background sound.

The service had a complaints process in place. We looked at complaints which people who lived in the service and staff had made. We could see the manager had conducted an investigation in each case and taken action.

Requires Improvement

Is the service well-led?

Our findings

There was a lack of effective systems to ensure staff were well trained and supervised in their role.

At the time of the inspection the manager did not have an oversight into what training staff had completed or whether they were competent in the subject. This meant that the manager was not assured that care was delivered in a safe correct manner, by competent staff.

The manager was not ensuring that staff were receiving supervisions or yearly appraisals. New members of staff were also not having a review or conversation with the manager during or after their induction to discuss their progress and learning needs. These are systems which would enable the manager to test and monitor staff competency. They could also promote the development of staff and the culture of the home.

There were no audit systems in place to identify short falls in people's care planning and in their risk assessments. The manager had not always ensured that there were complete and robust assessments and reviews records of the people the service supported. What information there was in these records, were not being monitored to check it was of a good quality

On the two days we visited the home we saw that effective staff practice was not always embedded in the care staff provided. We saw issues with moving and handling techniques, how staff interacted with people living with dementia, and people were not always being supported in a way which promoted their preferences. The manager told us that they monitored the quality of staff practice by general 'walk arounds'. The fact we found these issues told us that this method of monitoring the quality of care people received was not effective. We discussed this with the manager who said they would address the issues we found with the individual members of staff they related to. However the manager had not considered that a different way of monitoring staff practice was needed.

The manager had told us that questionnaires were sent to staff in order to gain their views and ideas on the service. The manager told us that they often didn't have a response from these questionnaires. The manager had not considered other ways to gain this information or considered if the culture of the home needed reviewing. Most of the staff we spoke with didn't have any views about what the home did well and what could be improved upon. One member of staff did have some suggestions to improve people's social experience but they had not shared these with the manager. The manager had not considered staff supervisions or yearly appraisals as a way of gaining staff feedback about the home.

The manager did not regularly seek people's views about the service. The manager had not responded to a person's views about the lounge being cold. The manager needed to be prompted to address this issue and take action, despite this being raised on two occasions by a person who lived at the home, directly to the manager.

The above concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

The service was completing some audits. The administration of people's medicines and their MAR charts were being audited. However, the audit had not identified that people's MAR charts did not contain a list of staff names with their signatures next to them. The purpose of this is to support medication audits and support staff accountability, when administering people their medicines. The manager told us about improvements they had planned to make regarding monitoring the quality of the service. This was to start auditing food hygiene and housekeeping. The manager had not considered if other areas of improvement regarding quality monitoring was needed.

People and their relatives spoke positively about the manager and the home. One person said, "[Manager] is lovely. A relative told us that, "That's a lovely home, you wouldn't get another one like it, there's only 13 people."

Staff and some of the people and relatives we spoke with said the manager was involved and present in the service. During our visit we observed the manager relieving staff and spending time with some of the people who lived at the service. We could see that people were familiar with the manager and the manager knew people.

Staff told us that they enjoyed working at the home. Staff told us that they were motivated to want to provide good quality care to people. Some staff told us they had purposely chosen to work at Avery Lodge because of its reputation locally. One member of staff said, "I love it here, it's the best thing I ever did [to work at the home] I get so much satisfaction."

The manager fully understood their responsibilities and knew what types of incidents they needed to inform CQC about, as part of their role. The records we hold about the service confirmed this.

We were shown items which the manager had purchased in order to improve the service and support staff in their work. Some people were having new flooring in their room and one person was having their room redecorated. We heard the manager talking to one person about the plans they had made that day for their flooring to be replaced.

The manager told us about links they were developing with the local community. This included working with the local college providing placements for students who were completing courses in health and social care. There were also links made with 'The Job Centre' offering work experience for people who were considering a career in care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (RA) Regulations 2014: Good Governance The management of the service had failed to have effective systems and processes in place to monitor and improve the safety and quality of the service provided. Regulation 17 (1) and (2) (a) (b) and (c).