

Avon Lodge UK Limited

Avon Lodge

Inspection report

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Date of inspection visit:
27 April 2023
03 May 2023
18 May 2023

Date of publication:
06 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avon Lodge is a residential care home providing personal care to older people and people living with dementia. At the time of the inspection there were 36 people living at Avon Lodge.

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

The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them.

Risks to people using the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom.

People were supported by staff who had been checked to ensure they were safe to work at the service. There were sufficient numbers of suitable staff to meet people's needs and support them to stay safe.

Medicines were stored, managed, and administered safely. Staff were trained, and their competency checked.

People using the service were supported to have sufficient amounts to eat and drink and maintain a healthy balanced diet.

People were treated with kindness, respect, and compassion. People also received emotional support when needed. The atmosphere in the home was calm and relaxed. Staff knew people well and were knowledgeable about their needs and preferences.

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

People and staff spoke highly of the management team and told us they felt supported. CQC's registration requirements were met and complied with, and effective quality assurance procedures were in place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 November 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider to review systems and processes around mealtimes to improve people's experiences. At this inspection we found the provider had acted on our recommendation and they had made improvements.

Why we inspected

We carried out an unannounced inspection of this service in November 2021. Breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avon Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Avon Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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.

Service and service type

Avon Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Avon Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 5 people who used the service and 2 relatives. We spoke with the registered manager, deputy manager, 2 senior care assistants, 2 care assistants, 1 domestic staff and 1 kitchen assistant. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included 6 people's care records and 5 medication records. We looked at 5 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, accident and incidents, training and quality assurance were also reviewed.

After the inspection we looked at more records and continued to seek clarification from the provider to validate evidence found. We spoke with 10 more relatives and friends of people living at the home over the telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were appropriately deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were enough staff on duty to meet people's individual needs and maintain their safety. The provider had increased the level of staffing since the last inspection. More staff had also been recruited.
- People and their relatives told us they did not have to wait long before staff came when they called. One person told us, "There is always someone available to help." Comments from relatives included, "I have no concerns with the staffing level. There is always staff around when I visit", "They seem to have enough staff and do more and above. She really is happy there and they tend to all her needs" and "There is enough staff, there is always somebody there."
- We observed there were sufficient numbers of staff available to support people safely. Where additional staff were required to accompany people to appointments or outings, this was arranged.
- People were protected from the employment of unsuitable staff. This meant pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was completing audits to ensure recruitment processes and checks had been completed and were kept up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, and there were policies and procedures in place to support staff in safeguarding people.
- Effective systems and processes were in place to report, record and investigate any potential abuse.
- People and relatives told us they felt safe. Comments included, "I do feel [person] is safe and they have been there for a long time." And "[Person] seems happy and safe there."
- Safeguarding concerns had been escalated appropriately and action taken to keep people safe when required.
- Staff had completed safeguarding training and were aware of different types of abuse and the steps they

would take if they thought someone was being abused.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, including risks related to nutrition, falls, skin breakdown, moving and positioning. Care plans contained guidance for staff about the most effective way of minimising these risks and supporting people safely.
- The provider had implemented improvements in care records. It was easy to check if people had received the support they needed to minimise risks.
- Staff told us risks to people and changes in their needs were discussed daily at handovers to ensure all staff were aware of any updates.
- Risks related to the environment were assessed. We saw regular checks were undertaken with regard to water safety, electrical items and fire equipment. Regular fire drills were carried out at the service. People had personal emergency evacuation plans in place in the event of a fire.

Using medicines safely

- People received their medicines on time and as prescribed. Systems in place ensured the safe administration of medicines.
- Medicine administration records were complete and no gaps in recording were identified. Comprehensive medicines audits were being routinely carried out by senior staff.
- The provider had procedures in place to ensure the safe storage of medicines.
- All staff administering medicines had completed training and had their competency to administer medicines assessed in line with national guidance.
- People's medicines were given at set times throughout the day and staff considered people's preferences. We saw steps taken by staff to ensure that people who were prescribed time critical medicines received these on time. A relative told us, "[Person] is on medication and there are no issues with this. I have been there when the staff come round and they stay until he has taken the medicines."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were able to freely visit their family members at the service and precautions were taken to minimise the spread of COVID-19 and other infectious diseases. A relative told us, "I visit every week, I can come anytime and there are no restrictions."

Learning lessons when things go wrong

- There were systems in place to ensure lessons were learned when things went wrong.

- The service demonstrated pro-active practices when dealing with and reporting on accidents and incidents that occurred within the service so that learning and further development could be implemented.
- Each accident or incident had been clearly documented. This included details of the event, the actions taken and where required the updating of specific risk assessments to guide staff with prevention techniques for future events.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection we found the provider failed to ensure appropriate authorisations were in place to deprive people of their liberty. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements have been made and the provider was no longer in breach of regulation 13.

- People's rights to make their own decisions were protected.
- Staff understood their role in making decisions in people's best interests and these decisions were appropriately recorded. We observed staff asked people for consent before providing care or support. We observed staff were polite and respectful towards people and their decisions.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control. The service had applied for DoLS applications in line with best practice.
- Health professionals and staff completed capacity assessments where required, to ensure people were supported appropriately to make decisions.
- Staff understood it was important to gain consent from people and had received training in the MCA. A relative told us that they felt the service had managed decision making very well with their relative, who had wanted to make a choice that could have placed them at risk. Through discussion they were supported to take the risk.

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

- People's need and choices were assessed and incorporated into the care they received.
- There was evidence an assessment had taken place prior to people coming to live at the service. Choices and preferences had been recorded in people's care records.
- Relatives told us they were involved in discussions about their family members support and agreements about how their care was provided.
- People and relatives told us that staff supported their choices and understood their specific needs.

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

At the last inspection we made a recommendation to the provider to review systems and processes around mealtimes to improve people's experience.

- At this inspection we saw that the mealtime experience was positive for people. We noted lunch took place in a gentle environment at a calm pace. Staff understood how people liked their food, for example, they added salt or pepper if required.
- People had access to a balanced and healthy diet.
- Peoples food preferences were recorded, and staff were aware of people's dietary needs.
- The mealtime experience was pleasant with appropriate background music. Tables were set and a choice of food and drinks were offered.
- We observed people were supported to eat, and drink where required and encouraged to maintain their independence in this area.
- People and relatives were satisfied with the food offered and people told us drinks and snacks were available throughout the day. One person told us, "The food is very nice and you get a variety." Relatives said, "They prepare food just as my relative likes, I also bring food from home. They respect our diversity, our religion and culture."

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

- Areas of the home had been refurbished and at the time of the inspection further building works were taking place.
- People's rooms were clean and included personal items such photos, ornaments and pictures.
- The environment was accessible to people using the service, however there was a lack of signage throughout the home to support people to navigate the building. We raised this with the management team and were told there were plans in place to make the environment more accessible.

We recommend the provider makes further adaptations to the home to ensure it is accessible for people living with dementia.

Staff support: induction, training, skills and experience

- People received care and support from staff that received appropriate training and support to enable them to carry out their role effectively.
- Staff told us and records confirmed they received a comprehensive induction before they began working with people which included an introduction to the service, information about people living at the service and a period of shadowing experienced members of staff.
- Induction included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A staff member told us, "I started as a senior carer and I have many years' of experience as a nurse. I had

excellent support when I arrived in the country. I had an intensive induction when I joined the provider and I also get good support from the manager."

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

- People's care records contained information regarding their physical health, and mental health.
- The registered manager and staff worked in partnership with external professionals, such as GPs to support and maintain people's health.
- Records showed evidence of involvement of opticians, Community Hospital and Care Home Assessment Team (CHAT) and appropriate equipment was in place to support people with safe moving and handling. Relatives told us, "I am satisfied and all his healthcare needs are met" and "They have called for an optician a chiropodist for him, he has good access for services."
- Daily handovers took place and the service had a communication book in place. This supported the sharing of information about people and their health and care needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we found systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. 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 found improvements had been made and the provider was no longer in breach of regulation 17.

- The provider had put in place a clear structure with more effective monitoring and accountability. The provider told us they had plans to improve the service further and they were eager to work with all parties concerned.
- There was consistent support for the registered manager to enable them to maintain effective oversight of the home. A deputy manager was recruited to provide additional support to the registered manager.
- The registered manager had a good understanding of their role and responsibilities and how to monitor and evaluate quality of the service. Staff also demonstrated a good understanding of their roles.
- The registered manager and the senior staff team completed daily walk arounds and spot checks to observe staff practice and speak with people using the service. Any ongoing risks were mitigated because the registered manager was proactive in their approach and practice.
- There was a system in place to monitor DoLS applications. The service had applied for DoLS applications and renewals in line with best practice.
- We saw quality assurance and governance systems were in place. There was a schedule of audits in place to ensure the quality of service was maintained and where issues and concerns were identified these were addressed in order to make any required improvements.

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

- The service was working to improve and promote good outcomes for people. People, relatives and staff spoke well of the service and the management of the home.
- The service held regular meetings for residents, relatives and staff to get their views.
- The registered manager talked with us about their philosophy of care and values regarding the service, which included involving people in making decisions, and person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood duty of candour and their legal responsibilities to inform people and agencies when concerns are raised or when something has gone wrong.
- They had notified the Care Quality Commission of any significant events that affected people or the service.
- The rating of the last inspection was prominently displayed in the service as per legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us that people were well cared for and they were involved in decisions to do with people's care.
- Relatives told us that the registered manager and their team were visible in the service. They told us that they had been able to meet the registered manager to discuss any concerns and that they operated an open-door policy.
- Quality questionnaires and surveys were sent out to gather people's and key stakeholder's views on the service. Staff were regularly consulted and kept up to date with information about the service via meetings.
- The staff we spoke with felt supported by the registered manager and were able to raise issues.

Continuous learning and improving care

- Effective quality assurance checks were carried out by the registered manager as well as the provider. These included checks on people's medicines, care plans, staff recruitment and monitoring of the care being delivered. Any issues identified in the audits were shared with the staff team and actions were completed and cascaded appropriately.
- Action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service. For example, when people had falls, action was taken to identify if there was a root cause for the falls and, minimise future falls and injuries.