Avondale Care Home Limited

Avondale Rest Home

Inspection report

38 Avondale Drive
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Essex
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26 January 2023

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Avondale Rest Home is a residential care home providing the regulated activity of accommodation and personal care to up to 19 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 12 people using the service in one adapted building.

People's experience of using this service and what we found
People told us they were safe and had no concerns about their safety whilst living at Avondale Rest Home. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed, recorded and followed by staff. However, improvements were required to ensure risks relating to specific healthcare conditions were considered. We have made a recommendation about risk management.

Suitable arrangements were in place to ensure people received their medication as they should. There were enough staff available to support people living at Avondale Rest Home and to meet their needs in a timely manner. Staff recruitment and selection practices and procedures were safe. People were protected by the prevention and control of infection. Findings from this inspection showed lessons had been learned and improvements made since January 2022.

People and their relatives told us the service was well-led. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided and staff performance. People's comments about the management team were positive.

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 14 March 2022].

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.

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection and to follow up on Warning Notices we previously served in relation to Regulation 12 [Safe care and treatment]

and Regulation 17 [Good governance]. The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Avondale Rest Home

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 completed by 1 inspector.

Service and service type
Avondale Rest Home 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. Avondale Rest Home 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 manager in post, and they had submitted an application to be formally registered with the Care Quality Commission.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 4 people who use the service about their experience of Avondale Rest Home. We spoke with the provider and the newly appointed manager. We reviewed a range of records. This included 5 people's care records and 7 people's medication administration records. We looked at 5 staff files in relation to their recruitment, induction and training. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

Following the inspection, we texted 5 members of staff, asking them to contact us so we could speak to them about their experience of working at Avondale Rest Home. We also contacted 4 relatives so we could talk to them about their experience of the service. We spoke with 4 members of staff and 3 relatives.

Good

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.

At our last inspection risks to people's safety and wellbeing were either not in place or robust enough to manage and mitigate risk, including those related to the service's infection control practices and procedures. Enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 12 [Safe care and treatment].

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe. Comments included, "Yes, I feel safe, but I do want to go back to my own home" and, "Definitely, I feel safe living here, the staff are very nice." Comments from relatives included, "I do not have any issue about [relative's] safety" and, "I believe [relative] is safe, they are looked after well."
• Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Assessing risk, safety monitoring and management
• Although there was no impact for people using the service, not all risks to people's safety and wellbeing were assessed and recorded or documented in enough detail to mitigate the risks for people's safety. This referred to people's specific healthcare conditions, for example, where a person was diagnosed with Diabetes or where they had a catheter fitted.
• Following the inspection, the manager confirmed action had been taken to correct the above information, with risk assessments forwarded to us for review. Additional information was still required detailing the specific risks associated with the above conditions. For example, a catheter is a medical device used to empty the bladder and collect urine in a drainage bag. The risks associated with the catheter had not been documented, such as, Urinary Tract Infections [UTI's], bladder spasms, leakage around the catheter, blood or debris in the catheter tube, blockage and dehydration.
• No workplace adjustment had been made for 1 member of staff who had a specific medical condition which could affect theirs's and others safety.

We recommend the provider consider current guidance to demonstrate how they intend to ensure risk assessments are robust.

• Risks presented by COVID-19 had not been identified for all staff employed at the service. Following the inspection, the manager confirmed and provided evidence to demonstrate corrective actions had been taken.
• Control of Substances Hazardous to Health [COSHH] items were not stored safely or securely. Cleaning

products which are classed as irritants were in an unlocked cupboard. The manager addressed this immediately to ensure people's safety and spoke with staff to make them aware of the potential risks to people's safety.
• Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans [PEEP] for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.
• Hot water outlets were tested at regular intervals to ensure hot water emitted remained safe and within recommended guidelines. An analysis for legionella had been carried out in July 2022 and this confirmed no bacteria was detected.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
• Where people had bedrails in place to keep them safe, reasons for the restriction were not recorded to evidence these had been agreed as part of 'best interest' procedures. A 'best interest' assessment determines the person's wishes and whether any restrictions in place are in the person's best interest. Following the inspection, the manager confirmed and provided evidence to demonstrate corrective actions had been taken.
• People's capacity to make day to day decisions had been assessed and these were individual to the person. Staff gained people's consent prior to tasks being completed.
• Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

Staffing and recruitment
• Relatives comments relating to staffing levels were variable. Comments included, "I get the feeling there maybe not enough staff at all times, feels light at times" and, "Staffing levels seem a bit low at times although I think they have improved lately." However, despite the above comments, the deployment of staff during the inspection was appropriate. There were enough staff to meet people's needs and to respond to people in a timely way.
• Staff recruitment records for 5 members of staff were viewed. Most relevant checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Following the inspection, the manager confirmed and provided evidence to demonstrate corrective actions had been taken where minor gaps were noted.

Using medicines safely

• Improvements were required to ensure the proper and safe management of medicines at Avondale Rest Home.
• 'When required' [PRN] protocols, detailing how the medicine was to be offered and administered, and medication profiles were not completed for all people living at Avondale Rest Home. The Medication Administration Records [MAR] for 2 out of 7 people were viewed. We found omissions in the records made when medicines were administered as the MAR was blank giving no indication of whether the medication was administered or not. Transdermal patch application records were not maintained where people had a regular transdermal patch applied to their body. Following the inspection, the manager confirmed and provided evidence to demonstrate corrective actions had been taken to address the above.
• Staff who administered medication were trained and had their competency assessed to ensure they remained competent to undertake this task.

Preventing and controlling infection
• We were assured the provider was preventing visitors from catching and spreading infections. We were assured the provider was supporting people living at the service to minimise the spread of infection.
• We were assured the provider was using PPE effectively and safely. Staff confirmed they had enough supplies of PPE at all times.
• We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and odour free. However, although cleaning schedules were evident and completed, these did not include communal areas of the service or evidence periodic deep cleaning. The manager confirmed and provided evidence to demonstrate corrective actions had been taken.
• We were assured that the provider's infection prevention and control policy was up to date.
• Most staff had completed infection, prevention and control training, including 'donning' and 'doffing' guidance. The latter refers to the putting on and taking off of PPE. However, the service's cleaner had not completed the above and other mandatory training as required by the provider. Following the inspection, the manager confirmed and provided evidence to demonstrate corrective actions had been taken and the member of staff was assigned required online training.

Visiting in care homes
• Relatives were able to visit their family member without any restrictions imposed and in line with government guidance. A relative told us, "Visiting arrangements are fine and flexible" and, "There are no visiting restrictions but on occasions I am asked to remain in the lobby. I would prefer to see [relative] in the lounge or dining room. I have been more assertive and have been able to do this lately."

Learning lessons when things go wrong
• The inspection highlighted lessons had been learned and improvements made since our last inspection in January 2022. The service was now compliant with regulations following enforcement action taken in February 2022.
• During this inspection we highlighted improvements were required to some aspects of medicines management. For example, on the first day of inspection, we found unexplained gaps in the records as the MAR was blank giving no indication of whether the medication was administered or not. Following feedback, the manager undertook supervision with the member of staff and a full medication audit was completed. Additional medication training was already planned with staff for the end of January 2023.
• Accident and incidents were logged and analysed to identify potential trends and themes.

Good

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.

At our last inspection in January 2022, the provider's quality assurance arrangements were not effective. Enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 17 [Good governance]. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

• The quality assurance arrangements monitored the experience of people being supported. This information was used to help the provider and manager drive improvement, including the monitoring of trends and lessons learned. For example, an incident had occurred whereby 1 person had left Avondale Rest Home without staff's knowledge. In addition to the Local Authority and the Care Quality Commission being notified, an internal investigation was completed with lessons learned to ensure the risk of this happening again was reduced.

• There had been no incidents when the provider and manager had needed to act on the duty of candour, however they were aware of their responsibilities.

• People and their relatives were positive about the care provided at the service. Comments included, "The staff work really hard, it's an impossible job, staff are lovely and do their best," "[Relative] tells me they are happy. Staff know [relative] needs" and, "I feel [relative] care needs are being met, staff are helpful and pleasant."

• Staff were mostly positive about working at the service. Comments included, "It's like one big family, home from home" and, "I love the residents, and enjoy working here [Avondale Rest Home]."

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

• Since our last inspection to the service, a new manager had been appointed. The manager confirmed they commenced in post at the beginning of November 2022 and had applied to be registered with the Care Quality Commission.

• The manager understood the importance of their role and responsibilities. The manager was receptive to our findings and suggestions and demonstrated a commitment to improving the service to enable greater oversight and governance of the service to ensure people received quality safe care and treatment.

• All but 1 relative spoken with had met the new manager. Relatives confirmed if they had any concerns, they would discuss this with the provider and/or manager. Staff told us the manager was approachable and

available for advice and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Since our last inspection in January 2022, people and their relatives had been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire. Comments recorded were positive and included, "It's not my home [Avondale Rest Home] but it is a home and I like it", "I like living here, everybody I talk to is nice and friendly" and, "'I was dubious at first but the staff are very friendly and always do their best."
• Since the appointment of the new manager, bi-monthly meetings for people using the service had been introduced. This enabled the manager to introduce themselves and to discuss proposed future plans. For example, a sensory garden to be designed and the introduction of new menus.
• Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics.

Working in partnership with others
• Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.