

Mr & Mrs K M Hodgins

# Avery Lodge Residential Home

## Inspection report

93 Southtown Road  
Great Yarmouth  
Norfolk  
NR31 0JX

Tel: 01493652566

Date of inspection visit:  
01 August 2019

Date of publication:  
29 August 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Avery Lodge Residential Home is a residential care home. At the time of the inspection it was providing personal care to 14 older people with mental health issues. The service had no vacancies. It is an adapted period building with accommodation over two floors.

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

The service had made improvements since our last inspection and need to continue to do so. At the time of the inspection, several stakeholders had been working with the service and both they, the people we spoke with who used the service and staff confirmed improvements had been made. However, some concerns were still evident although the service is no longer in breach of the Health and Social Care Regulations 2008 (regulated Activities) 2014. The provider needs to continue to develop its quality monitoring system and its approach to governance. This needs to include an understanding of why actions are taken in relation to the impact it has on the quality and safety of the service, rather than just be a paper exercise. If you decide to go down a recommendation route, you could put that here?

The service had failed to rectify identified hot water temperatures that were above safe levels. This was actioned shortly after our inspection. Incidents and accidents had been investigated and appropriate actions taken but the service had no formal mechanism in place to analyse these for trends to mitigate against reoccurrence. The other risks to people, both on an individual basis and as a group, had been identified, assessed and mitigated. People received their medicines as prescribed and there were enough staff to meet people's needs. Processes were in place to help protect people against the risk of abuse.

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. However, documentation regarding these practices needed to be improved. Although the service had made some improvements to the environment, further refurbishment was required, and a plan was in place to achieve this. We have made a recommendation regarding this. People benefitted from receiving support from staff who had been trained and supported and demonstrated the skills required. They worked in partnership with others to ensure people received effective and appropriate care including to meet nutritional and healthcare needs.

People told us they were supported by staff who were caring, patient and listened to them. They felt respected and involved in the care they received. Staff knew people well and used their knowledge of people's histories to form meaningful relationships. People told us staff knew them, and their individual needs, and met those needs to their preference. People's dignity was maintained, and people were encouraged to remain as independent as possible including accessing the community.

People's past lives, and experiences, had been considered when planning care and delivering it. Care plans were person-centred and contained detailed information on people's histories and relationships which

helped staff deliver care individual to each person. People's needs had been regularly reviewed and people important to them had been included in that. Where people had communication needs, these had been met. Although we saw no formal activities going on during our inspection, we saw that staff had time to fully engage with people and that individuals accessed the community or garden and spent time engaged with others. People told us they had no complaints about the service they received however, the service had processes in place should people need to raise concerns. These processes considered the need for a quick resolution and the need for openness, discussion and transparency.

People told us they were happy living in the home and with the care they received. Staff worked well as a team and felt valued, supported and able to contribute ideas. People's views had been sought and they were involved in the running of the service. Relationships had been built with other professionals and this had improved the service people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 July 2018) and there were two breaches of regulations. 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.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avery Lodge Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Avery Lodge Residential 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors 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.

#### Service and service type

Avery Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC who was also one of the partners for the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. The action plan the service submitted following their last inspection in May 2018 was also considered. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff which included both of the partners for the provider, one of which was registered as the manager, the deputy manager, two senior care assistants, a kitchen staff member and two care assistants.

We reviewed a range of records. This included the care and medication records for three people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality monitoring audits, maintenance and training records, were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and we spoke with one professional who has had recent involvement with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe.

### Assessing risk, safety monitoring and management

- We found hot water temperatures in the home to be above the safe recommended levels as specified by the Health and Safety Executive. This put people at risk of burns or scalds. However, the provider took immediate action in rectifying this and sent us confirmation shortly after our inspection that these temperatures had been reduced to within the recommended levels.
- Whilst accidents and incidents were recorded and investigated to reduce the risk of reoccurrence, an overview of these was not in place. This meant any trends or patterns in relation to accidents or incidents may not be identified putting people at risk.
- Since our last inspection in May 2018, the service had introduced new care plans that identified, assessed and provided staff with guidance on how to mitigate individual risks to people such as those associated with falls, pressure areas, choking and behaviour that may challenge.
- The risks associated with the premises, working practices and adverse events such as fire had been identified and mitigated. These included regular servicing and maintenance of equipment and personal evacuation plans were in place for people in the event of a fire or flood.

### Using medicines safely

- Medicines were administered safely and followed good practice guidance. People received their medicines as prescribed.
- The service had recently been working closely with the Clinical Commissioning Group (CCG) to ensure their medicines procedures were safe and the good practice we observed confirmed this working relationship had been of benefit to those people that used the service.
- Where people were prescribed medicines on a 'when required' basis, information was in place for staff to aid them on administering these appropriately. Charts were also in place that demonstrated people had received their topical medicines, such as creams, as prescribed.
- Staff had received training in medicines administration and were accountable for their actions in relation to medicines. Access to medicines was restricted to only one person per shift to ensure their safe use, and this person had to sign to confirm their accountability.
- Regular checks of people's medicines and their records were carried out to improve medicines management.

### Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to safeguard people from the risk of abuse.
- The people who used the service told us they felt safe living at Avery Lodge Residential Home. The relative we spoke with agreed.

- Staff had received training in safeguarding adults and were able to explain to us what actions they would take if they thought abuse was occurring.
- We saw several examples where the service had liaised with the local authority regarding potential abuse allegations. This was confirmed by a representative for the local authority who raised no concerns in relation to how the service managed safeguarding incidents.

#### Staffing and recruitment

- People consistently told us there were enough suitably recruited staff to meet their needs and our observations confirmed this. Since our last inspection in May 2018, the service had increased their staffing levels in the afternoon.
- One person who used the service told us, "I have a buzzer in my room, so if I need anything I just need to press it. Staff are always very quick getting there." The relative we spoke with agreed and said, "There is always a staff member about."
- People told us there was always a staff member available in the communal area and our observations confirmed this. One person told us, "If I need any help there is always a carer in the lounge I can ask. They always ask me if I need or want anything which is really nice."
- A process was in place for the safe recruitment of staff and included pre-employment checks such as the completion of a Disclosure and Barring Service (DBS) check (a DBS check helps employers make safer recruitment decisions) and gaining references. However, although the registered manager confirmed they discussed any employment gaps with potential staff, written confirmation had not been sought meaning the provider could not fully assure themselves of the suitability of the potential staff member. We saw that this had recently been rectified and that the application form now called for any employment gaps to be documented.

#### Preventing and controlling infection

- People were protected against the risks associated with infection as systems were in place to mitigate this.
- The service had recently been working with the community NHS infection prevention and control team and had made improvements in their practice as a result. The associated health professional had reported positive changes at their most recent visit and this was observed during our inspection.
- The service was visibly clean, and no malodours were identified. Equipment was clean, and schedules were in place to ensure this continued.

#### Learning lessons when things go wrong

- The provider demonstrated they worked with other stakeholders when things went wrong to improve their practice. We saw a number of examples of this as demonstrated throughout this report.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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).

At our last inspection the provider had failed to comply with the MCA. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection 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 had the appropriate legal authority and were being met.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, continued improvements were required in relation to the documentation regarding the MCA.

- People's capacity to make decisions had been assessed and where best interest decisions were required; appropriate people had been involved in these. However, documentation did not clearly demonstrate the actions taken and the decisions made, and further improvements are required regarding this.
- The service had made appropriate DoLS applications, but none had been processed at the time of the inspection.
- At our previous inspection in May 2018, staff were not able to adequately explain the MCA to us. At this inspection we noted that staff had a better understanding of this legislation and were able to explain how this impacted on people who used the service and their role in supporting them. Further training in this subject had been planned and booked for later in the year.

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

At our last inspection in May 2018 we made a recommendation around the design and decoration of the premises. Some improvements were identified at this inspection however, continued improvements were required, and our recommendation remains.

- New flooring had been replaced in several bedrooms and new table and chairs had been purchased for the dining room. Some windows had been replaced and new profiling beds and pressure relieving mattresses were in place.
- Some signage was in place at the service however, we noted that the service was small, with a simple layout and that people were able to orientate around the service without issues. The service will need to reconsider this aspect of the premises should people's needs change.
- There continued to be a lack of decoration appropriate for those people who lived with dementia and the décor was tired in places.

We recommend the provider continues to seek guidance from a reputable source to further improve the design and décor of the service to better orientate those people living with dementia.

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

- People's needs had been assessed on an individual basis to aid the delivery of person-centred care.
- Technology had been used effectively in the service to enhance the care and support people received. For example, when staff completed regular checks on people, this was recorded via the call bell system.

Staff support: induction, training, skills and experience

- Staff were supported, felt valued and received the training and supervision they required to fulfil their roles. This benefitted those people that used the service.
- New staff completed an induction before fulfilling their role and regular supervisions were completed where self-appraisal and reflective practice was encouraged. Observations of competency were also made and discussed. This helped to improve staff performance.
- Training was planned a year in advance and included topics relevant to those people using the service. Training was delivered in a variety of formats to aid people's differing learning styles. Opportunities to gain qualifications were available.
- People we spoke with told us staff were competent in their roles and met their needs well. One person who used the service said, "I think the staff know what they are doing. They certainly do when they work with me."

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

- People's nutritional needs were met, and they told us they enjoyed the food. Food was plentiful, and people received a wide range of choice.
- One person who used the service told us, "The food is good here and there is always a good choice and they will make most things for you if you ask." Another person described the food as, "Excellent" whilst a third person said, "There is good variety and I certainly get enough."
- Our observations showed that people's individual nutritional needs were considered and delivered such as portion sizes, choice and textured diets. Staff supported people as required and were attentive.
- Changes had been made in the dining room following our last inspection in May 2018. All except one table was no longer fixed to the floor in a café style which better helped people with limited mobility.

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

- The service worked with other professionals to help keep people safe, healthy and to ensure they received

appropriate care.

- People told us they saw health professionals on a regular basis and that staff were quick to arrange health appointments. One person who used the service said, "I can see the doctor whenever I need to which makes me feel comfortable."
- We saw from the documents we reviewed that referrals to health professionals had been made as required and in a timely manner.
- Examples of where the service had worked with other stakeholders to ensure consistent and appropriate care was delivered were seen at the inspection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated as individuals and with respect and kindness. People we spoke with confirmed this as did our observations during the inspection.
- People consistently told us that staff were patient and caring and that they felt listened to. One person said, "Staff always have time for you no matter how busy they are. They take time to talk to you." Another person told us, "The staff are all very polite and take time to chat to you."
- Staff spoke about people with respect and demonstrated they knew people well. Through discussion, the registered manager showed they knew people's histories and had considered how this impacted on people, their feelings and their behaviour.
- Our observations confirmed that people were treated with kindness and compassion and that their individual needs were supported. For example, when one person was showing anxiety about the process of being weighed, we saw staff talk the person through the manoeuvre and that they demonstrated what would be happening. Kind and patient words of reassurance were offered however, staff understood the person's reluctance and did not continue with the task.

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in the planning of their care and, although this had not always been formally recorded, this could be seen through the detailed and personal information contained within their care records.
- The people we spoke with told us they had either been involved in the planning of their care or that they preferred for their relative to lead this.
- People told us that staff always involved them in decisions, that their consent was sought prior to care interventions and that they had choice. One person who used the service told us, "Staff never do anything for me without asking me first if I am happy with it." A second person said, "Staff all ask before they help me." Our observations confirmed this.
- We saw from the care plans we viewed that people's relatives had been formally invited to participate in the review of their family member's care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged, and their dignity maintained.
- People told us the service encouraged them to be independent. One person told us, "I'm able to go to the shops whenever I want to. I can also go into town. I am able to go into the garden whenever I want to, and I know the passcode for the front door." Another person said, "I can go into town whenever I want and it's so

nice to have the freedom of choice, it's important to me."

- Our observations confirmed that people's privacy and dignity was maintained. We saw that conversations about people took place in private, that staff were discreet, and that confidential information was securely stored.
- We observed staff using a hoist to assist a person to mobilise and we saw that the person's dignity was considered and maintained throughout the manoeuvre.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection in May 2018 we made a recommendation around meeting people's individual social needs. Sufficient improvements were noted at this inspection.

- Since our last inspection in May 2018, activities logs had been put in place for each person. These gave information on what leisure activities people had participated in and included photographs of the events. The registered manager told us they could also be used by people to share with their families.
- We saw no planned activities take place during our inspection however, we saw that some people accessed the community, spent time in the garden, watched a film in the communal area and regularly engaged with staff, often chatting and using humour to interact.
- People told us they enjoyed the activities they participated in and felt engaged.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the service met their needs and they had control over the care and support they received.
- One person who used the service told us, "Staff certainly know how I like things done and make sure that is what I get." Another person said, "Yes, staff do know what I like and what I don't like."
- For one person, we saw that the service had considered their previous profession and supported them to bring those skills to the life and running of the home. This gave the person satisfaction and a sense of value. They told us, "I like to help out doing little jobs around the home which keeps me busy."
- The service had made improvements in how they documented the care people required. We saw that care plans were individual to each person, contained person-centred information and had an overview in place of people's histories, care needs and information that helped staff form meaningful relationships with people. Meaningful reviews of the planned care had taken place.
- The discussions we had with the staff and the registered manager demonstrated they understood people's care and support needs well and considered these when delivering the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the Accessible Information Standard which meant people had access to information in the way that suited them best.
- For one person who had a visual impairment, talking books were used and they had access to a newspaper in an audible format.
- The registered manager told us other ways in which they provided information to people such as staff reading to people, large print, pictorial information and loudspeaker options on the telephone. Some staff also had qualifications in communication methods that relied on symbols and signs to communicate (Makaton).

#### Improving care quality in response to complaints or concerns

- The service had received no formal complaints since our last inspection and the people we spoke with felt no need to raise any concerns.
- The registered manager told us it was important to resolve concerns quickly, discuss them with appropriate people, offer people a formal complaints form should they need it and consider the duty of candour requirement throughout. The duty of candour requirement means services have a legal responsibility to be open and transparent with people when things go wrong.

#### End of life care and support

- The service had discussed end of life care with people and recorded their wishes.
- We saw that end of life care plans were individual to people and included such wishes as where they wanted to spend their last days, what medical assistance they wished for, people important to them and any care they wished for to provide them with comfort. For example, for one person, they had explained they would like music to be played and for staff to chat with them.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

At our last inspection we found poor governance and oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although further improvements were required, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

### Continuous learning and improving care

- The service had made some improvements, as described in this report, since our inspection in May 2018 meaning they were no longer breaching regulations. However, progress had been slow even with the input of several other stakeholders.
- The registered manager and the staff, demonstrated they were passionate about the service and providing good quality care. They had received assistance from several stakeholders to improve the quality of the service and we found that they were eager to please all parties. However, we found that the service sometimes lacked insight into the purpose of the actions they were taking in response.
- The service had failed to act on the unsafe hot water temperatures in the building even though they had consistently recorded these as being above safe levels. This demonstrated a lack of knowledge in this area and relevant legislation.
- Some audits were in place to monitor the quality of the service. These included audits on medicines management, infection prevention and control, kitchen hygiene and cleanliness. However, not all aspects of the service were covered by audits which meant should there be issues, these may be missed and not quickly rectified. For example, care plans.
- The service was adhering to the MCA in practice but associated documentation did not clearly demonstrate what actions had been taken and decisions made.
- The people we spoke with, including staff, agreed that improvements had been made to the service since our last inspection.

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

- People and staff told us they felt supported and listened to which was indicative of a service that promoted a positive culture.
- One person who used the service told us, "I can talk to the [registered] manager whenever I want to." Another person said, "The [registered] manager is very approachable."
- People told us they felt in control of the care they received, and that staff consulted them in the support

they provided. They felt included and told us their individual needs were met.

- Staff told us they worked well as a team, supported each other and that they felt able to share ideas with the registered manager. Our observations confirmed this.

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 was aware of this requirement and through discussion demonstrated an open approach was applied when things went wrong.
- We saw that the registered manager investigated incidents and openly involved other stakeholders as required. This was confirmed by the professionals we spoke with. This approach had improved and developed since our last inspection.

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

- The registered manager had been working with several stakeholders to improve the service and this had developed their knowledge. They did, however, sometimes demonstrate a lack of understanding for why they were taking the actions they had been recommended to take which demonstrated a re-active rather than pro-active response to the standards of care required.
- Staff demonstrated accountability and understood their roles within the hierarchy of the home. One staff member gave us an example of where they had advocated on behalf of a person that used the service. This demonstrated they understood the importance of their actions on the outcomes for the people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to feedback on the service via a number of methods.
- Meetings were held with service users, staff and relatives on a regular basis where feedback could be sought, and information imparted.
- The service had also sent questionnaires to staff, service users and relatives although, at the time of the inspection, the results had not been analysed. We did however, see the results which showed people were happy with the service provided. This was confirmed through our discussions with people.
- One person who used the service told us, "The care I get is first rate." Another said of the staff, "They treat us all the same and are very patient." A third person explained, "I'm happy here and can't fault it."

Working in partnership with others

- The service had worked with other professionals, particularly of late, to drive improvement at the service and this was evidenced during our inspection. However further improvement is still required.
- Those stakeholders that had been involved in the service included the local authority quality assurance service and safeguarding team, an infection prevention and control nurse on behalf of the NHS and a pharmacist to assist with medicines management. These professionals sent us written confirmation that they had seen improvements in the service.