

Avonwood Manor Care Ltd

Avonwood Manor

Inspection report

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Tel: 01202763183

Date of inspection visit:
03 July 2017

Date of publication:
25 August 2017

Ratings

Overall rating for this service

Inadequate ●

Is the service responsive?

Requires Improvement ●

Summary of findings

Overall summary

Avonwood Manor is a care home with nursing for up to 49 people. At the time of the inspection there were 31 people living at the home.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was unannounced and took place on 3 July 2017. At the last inspection in March 2017 the service was not meeting the requirements of the regulations and CQC took enforcement action.

At this inspection we found that the service was compliant with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system in place to ensure people's needs would be accurately assessed to make sure staff at Avonwood Manor could safely and responsively support them.

People had care plans in place. These provided staff with guidance on how people wanted or needed to be supported.

Care was delivered in accordance with people's plans. Observations showed people were responded to promptly and in an unhurried and respectful way.

Some people and staff commented that the numbers of staff deployed meant that care delivery was adversely affected. We drew this to the attention of the registered manager who said they would take action to make sure there were enough staff on duty at all times to meet people's needs responsively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The service had improved from the last inspection where its responsiveness to people's needs was rated as inadequate.

People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

Requires Improvement ●

Avonwood Manor

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 was 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 was carried out by one adult social care inspector on 3 July 2017.

During the inspection we spoke with nine people who lived at the home to learn about their experiences. We reviewed aspects of nine people's care and support records to establish the quality of care they received. We also spoke with the registered manager and eight other members of staff.

Before our inspection, we reviewed the information we held about the service. We also looked at information about incidents the provider had notified us of, and requested information from the local authority and the CCG (Clinical Commissioning Group).

Is the service responsive?

Our findings

Some people were happy with their support and we received a range of positive comments including, "They are good at looking after me", "They are very kind" and, "They are wonderful; they are there when you want them".

Some staff told us that people's quality of care had increased following the last inspection. One staff member said, "It's improved greatly, it's not so rushed and they are having person centred care". We also heard from commissioners who told us about some of the improvements undertaken by the home to improve people's quality of care.

However, some people and staff told us that staffing levels and skills were still a problem at certain peak times of the day and during the night. One person said, "Night-times are not so good" and another person told us, "The problem with this place is that there is not enough staff. You ring the bell and you just have to wait".

A staff member told us, "One thing we really need is more staff. If there is not enough staff we can't care for the residents like we should". We drew this to the attention of the registered manager. They told us they would further review staff numbers and how they were deployed to make sure there were sufficient numbers of staff with the right skills to support people at all times.

Following the inspection the provider wrote to us and told us that they used a dependency tool to calculate staffing levels and they explained the current staffing levels were above that indicated by the tool. They told us that they had made changes to staff deployment and the time staff started work in the morning so that people had more staff available to support them with personal care. They also told us about the improvements to staff handover including the allocation of staff and reviewing of people's needs. We have not been able to assess the actions taken by the registered manager and provider and will review this at the next inspection.

People's needs were assessed to make sure staff understood about them and what help or support they required. Although the home had not admitted anyone since the last inspection the registered manager told us about improvements to the assessment process they were planning. This included amendments to the assessment documentation and careful consideration of staffing needs as the home increased the numbers of people living there. Other assessments we reviewed during the inspection included assessments of risks, for example with people's nutrition or skin integrity. These were accurate and supported staff to understand where additional support may be required.

People had person centred, accurate care plans in place covering a range of areas such as personal care, communication, sleep, eating and drinking, moving safely and social needs. These plans provided staff with the guidance they required to support people responsively. For example, one person was diagnosed with diabetes and there was a care plan in place to ensure staff knew what to do to keep them well. Another person had a health condition that meant they were at risk of seizures. Staff had clear guidance on what the

seizure might look like and what action to take, including when to seek emergency assistance.

People's social needs were met. One person's plan stated that they liked ballroom dancing and music. Their records showed that staff had supported them in accordance with their plan with one entry stating, 'placed CD of ballroom music dance music on. Tapped the beat with [the person] of a tango dance'. When we visited this person they had music playing in their bedroom. The registered manager also told us about how they had been sitting with the person singing along to a waltz.

Another person's care plan said, 'When there is sport on the television [the person] should be offered the opportunity to watch this'. We visited this person and they were watching sport on their TV. They told us, "I watch all sport".

Following the inspection, the provider wrote to us and told us, "At busy times, we have activities organisers and other staff to help with care interventions particularly at meal times. The home is fortunate to have two activity organisers who provide a varied and full activity programme for residents to choose from. As indicated, residents' social needs are met but we continue to seek improvement."

Daily progress records were completed and had started to include how people were in general as well as what help they had required. Where people were assessed as at greater risk for example with fluid intake or because of weight loss, additional records had been kept and action taken where it was required.

People's needs were regularly reviewed. However, improvements were required to ensure people were involved in reviewing their care needs. We will assess this again at the next inspection.

Staff knew people well and were able to tell us about how they met their needs. A 'care companion' role had been introduced to increase the quality of non-personal care support people experienced. Staff involved people in their care and asked them what they wanted to do. One staff member said to a person, "Hi, can I come in, would you like me to get you a cup of tea"? Another staff member greeted someone saying, "Hello, how are you? How are things today? Would you like a drink"? The person chose what they wanted to drink and chatted with the staff about how they were.

Observations showed staff supported people safely. We observed one person who was being supported to move from their wheelchair to an armchair using a hoist. Staff explained at every step what they were doing and the person told us they had felt safe.

Staff were caring and unhurried in their approach with people. One person was deciding what to do and staff were chatting with them about their options. Another person was chatting with staff about what genre of books they enjoyed. The staff member brought the person some books they might like and also agreed to make sure there were some books available on a subject the person really enjoyed.