

Camelot Care (Somerset) Limited

Avalon Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

This inspection was unannounced and took place on 20 September 2016.

Avalon Nursing Home specialises in providing nursing care to people who have dementia and other mental health needs. The home is registered to provide support for up to 55 people. There were 25 people living at the home when we carried out the inspection.

At the time of the inspection the home was being managed by the provider who was the registered manager, however a new manager was in post who had applied to the Care Quality Commission to become the registered manager of 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. The provider was supported by a newly appointed operations director and manager. The current registered manager/provider was appropriately qualified and experienced to manage the home.

At the last inspection on 23, 24 February and 1 March 2016, we found there were breaches of legal requirements and the service was rated Requires Improvement. We found that improvements were needed because the care and treatment provided did not reflect people's preferences or was provided in a safe way. The provider was not assessing and doing all that was reasonably practical to mitigate risks including ensuring staffing levels were sufficient to reduce the risk to the health and safety of people. Staff did not receive regular, planned supervision sessions to support them in their role. There were not sufficient quantities of equipment to meet people's needs at all times, and systems were not in place regarding infection control. We asked the provider to take action to make improvements and they sent us an action plan with assurances that the issues were being addressed.

At this inspection we found improvements had been made. During this inspection we found the provider and staff had worked hard to address the previous breaches to ensure that people's needs were met and systems to help sustain improvements had been implemented. However we will continue to monitor the service until we are satisfied the good practice found during this inspection has been embedded and maintained.

The provider had made improvement to ensure procedures were in place to help keep people safe. These included a robust recruitment process and training for all staff to make sure they were able to recognise and report any suspicions of abuse. People told us they felt safe at the home and with the staff who supported them. One person said, "They [staff] are good, always make sure I'm ok". Staff knew people well and were able to monitor risks.

People's needs were assessed prior to moving to the home to ensure the service could provide the necessary care and support. Each person had a comprehensive care plan based on their assessed needs.

Care plans provided the necessary information for staff to enable them to respond to people's individual needs.

Staffing levels had been improved to ensure people were consistently supported by sufficient numbers of staff who had a clear knowledge and understanding of people's personal needs, likes and dislikes. Staff took time to talk with people during the day and call bells were answered promptly.

The service employed three activities co-ordinators who were available in the home seven days a week. A weekly list of activities was displayed around the home. The activity coordinator felt that people were, "More engaged" with the activities since the last inspection. Plans were in place for themed activities including local events such as the local carnival.

New systems were in place to ensure suitable equipment to meet people's needs was available at all times. Staff had access to equipment to support people to move safely. People's care needs were recorded and reviewed regularly so staff had up to date information to enable them to meet people's needs.

People were kept safe because risks were well managed. We observed staff cared for people in a safe manner, for example: supporting them when walking; ensuring footrests were used when using a wheel chair to prevent damage to their feet; and using appropriate techniques when using hoists or supporting people to stand.

Staff received training to ensure they had the knowledge and skills to provide effective care in line with current best practices. This included mandatory training, such as: safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, first aid, infection control, fire safety, moving and handling, and understanding dementia. Person specific training was also provided to meet people's individual needs, including dementia, person centred care, and communication.

Medicines were administered safely by staff who had received medication training. Safe procedures were followed when recording medicines and medicines administration records (MAR) were accurate. Medication audits were completed and appropriate actions taken to monitor safe administration and storage.

People received meals in accordance with their needs and preferences. Where people required support to eat and drink this was provided in a discreet and dignified manner. Catering staff told us "People defiantly get enough to eat and drink". Snack boxes and high calorie diets, for example, were used to encourage additional nutrition for people who are losing weight.

Staff monitored people's health and sought advice from healthcare professionals to meet people's specific needs in a timely way.

There was an honest and open culture within the home and staff felt supported by the management team. The provider was committed to continually improving the service offered to people and carried out regular monitoring visits. The registered manager sought people's views by informal chats and resident's meetings. Suggestions made by people were acted upon where appropriate.

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the provider and manager and they would be dealt with appropriately

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.

People were supported by sufficient numbers of staff to safely meet their needs.

People received their medicines safely when they needed them.

People were protected from the risk of infection.

Risks of potential abuse to people were minimised because the provider checked all new staff and made sure they knew how to recognise and report abuse.

Is the service effective?

Good ●

The service was effective

People received care and support from staff who were trained to meet their individual needs

People were supported to maintain good health and to access external professionals when specialist advice was needed.

People's nutritional needs were met, including any special dietary needs.

The service acted in line with current legislation and guidance when people lacked the mental capacity to consent to aspects of their care.

Is the service caring?

Good ●

The service was caring.

People were supported by caring, friendly and considerate staff.

People were treated with dignity and respect and were encouraged to be as independent as they were able to be.

People were supported to maintain continuing relationships with their family and friends.

Is the service responsive?

Good ●

The service was responsive

People received care and support which was responsive to their needs and enabled them to make choices.

People were able to take part in activities at the home and the local community.

People felt comfortable to voice any concerns and felt they would be listened to and action taken using the home's complaint's procedure.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People were better protected because of improved systems to monitor the quality of the service and seek people's views. However, these improvements had only recently been implemented therefore it is too early to be assured they will be sustained.

People were supported by a visible and accessible manager and a dedicated and motivated staff team.

The service had a caring and supportive culture focused on promoting the health and well-being of the people who lived in the home.

Avalon Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We also checked that the provider had made the required improvements since the last inspection in March 2016.

This inspection took place on 20 September 2016 and was unannounced. It was carried out by an adult social care inspector and a specialist advisor (a registered nurse).

Before the inspection we reviewed the information we held about the service. This included statutory notifications (issues providers are legally required to notify us about) and other enquiries from and about the provider.

Some of the people living at the home were unable to fully express themselves; we therefore spent time observing care practices. To help us gain more information about people's experiences we used a Short Observation Framework for inspection (SOFI). A SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe these experiences themselves because of cognitive or other problems. We looked at the care records of the people we had observed through the SOFI.

During the inspection we spoke with four people and five visitors about their experiences and views on the quality of the care and support being provided. We also spoke with one health professional, the operations manager, manager and ten staff including the chef, and activity co-ordinator.

Some people were unable to tell us about their experiences of living at the home due to different health reasons or because they were unable to verbally communicate their thoughts. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for four people. We looked at records about the management of the service, medication records, six care plans, and six staffing files.

Is the service safe?

Our findings

At the last inspection in March 2016 people were at risk as the provider was not assessing and doing all that was reasonably practical to mitigate risk to health and safety of people, for example, People were at risk of unsafe care because effective and consistent monitoring systems were not in place. We told the provider that they must tell us how they intended to make the improvements required. The provider submitted an action plan detailing the changes they intended to make.

At this inspection we found the provider had followed their action plan to make the required improvements identified at our last inspection. The operations director and manager were confident improved systems of auditing would ensure continuity of safe care and treatment for people using the service were on-going. They explained new roles and responsibilities were being shared with the nurses and care staff, weekly and monthly auditing would be monitored and adjusted where needed, with an additional post of a deputy manager being provided for additional management support.

People told us they felt safe at the home and with the staff who supported them. Monitoring systems had been introduced for people who remained in their rooms or could not use a call bell. Records showed people were checked on a regular basis throughout the day and night. One senior member of staff told us, "I check on charts and documentation when I visit people in their rooms. I am confident that care staff are doing their jobs. There is lots of focus on the individual, I see it all the time in the way carers interact with people". One person said, "They [staff] are good, always make sure I'm ok they check on me".

Staff allocation for one to one support also took place. Staff supporting people on a one to one basis due to increased risk wore red arm bands which identified them as working separate from the rest of the team this, ensured the person received their allocated hours. People who were allocated to receive one to one support were seen to receive this support. The operations manager told us they planned to maintain the safe levels of support by adjusting staffing levels to meet the needs of people. For example following pre admission assessments, people would only be admitted to the home if their needs could be safely met. When occupancy numbers increased staffing levels would be appropriately adjusted to meet needs.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Throughout the inspection we saw staff supported people when they requested help and did not rush them. Staff told us staffing levels had improved. One member of staff said, "We do our best to look after people and keep them safe, we talk about people and their needs at our morning handover. We all know what we are doing". Another staff member said, "There are not so many people here at the moment, so it is lovely as we do get time to sit with people and interact with them. If we are allocated one to one time it means we can give quality time to the people we are supporting." Staff who were supporting people on a one to one basis had a clear understanding of the risks associated with the person, and the guidance for preventing harm. The registered manager told us staff morale was high and they had introduced an employee of the month award since the last inspection to praise staff for good quality work.

The risks of abuse to people were reduced because there were effective recruitment and selection processes

for new staff. Staff described their recruitment which included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks a person's criminal history and their suitability to work with vulnerable people.

Staff received training in, and had a good knowledge of safeguarding people from abuse. They described how to recognise abuse and gave good examples of types of abuse. They described how and where to report any concerns and were confident this would be dealt with quickly. Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training, such as dementia and person centred care.

People were moved safely and their dignity was maintained. The provider had made improvements to ensure staff had access to equipment to support people to move safely, for example on our last inspection staff did not have access to slide sheets to support the movement of people in bed. At this inspection each room had a slide sheet which was numbered for easy return if it was misplaced. The manager told us the safe and correct use of these sheets was covered in the staff induction process. All slide sheets and slings had a cleaning and maintenance check list. These were recorded as to have been last checked in June 2016.

Risk assessments were carried out to make sure people received care safely and risks to people were minimised. One relative told us, "It is so much better now, the staff team seem more stable, and the risks of [person's name] falling have reduced. I think it is because staff are more aware of risks". The manager told us, "Alongside the daily handover we have a daily group meeting where individual needs are discussed. This ensures we know all our staff understand what support each resident requires. "They said the meetings also ensured all information related to delivery of safe care such as wound care was clearly given and staff understood what was expected of them throughout their shift. Doors had been fitted with alarms for those at high risk of falls. When people who needed support to safely mobilise left their rooms the alarms alerted staff. To further reduce risks, pressure mats had been provided which linked to the call bell system and alerted staff when the person was moving around. It enabled staff to quickly attend to the person to minimise the risk of falls. One relative confirmed falls had reduced for their relative.

Where people had been assessed as being at risk of developing pressure sores action had been taken to minimise the risks. Air mattress pressures were checked and recorded to ensure they were correct for the person's needs, and records were made when people were repositioned. Records showed the home had a low incidence of pressure sores. Pressure areas and wound care was monitored when people received personal care. An additional wound care management plan was present in the office and also documented in the nurse diary. Care staff told us it was their job to complete the records accurately and to report any concerns or other issues to the nurses.

There were policies and procedures to make sure all medicines were correctly and safely administered to people by staff trained to do so. All medicines entering the home were checked and signed in. The newly appointed operations manager planned to supervise all the nursing team along with a clinical lead to ensure competency in medication management. We observed one of the registered nurses undertaking a medicines round. They gave people their medicines in a safe, considerate and respectful way. They explained to people about the medicines they were being offered, interactions were carried out in a gentle and sensitive manner.

Nursing staff told us they ensured safe care was being delivered by monitoring observation charts and daily records throughout the day. Care staff told us they could go to the registered nurses anytime throughout the day for support. On the morning of our inspection we spoke with a carer who told us that morning they had

been concerned about a person's change in presentation and had reported their concerns to the Senior Nurse. The Nurse had responded promptly and arranged for a GP visit.

Improvements had been made in managing infection control. At our last inspection people were at risk of infection due to procedures that had the potential to cause risk of cross contamination. The service had taken advice from an external infection control officer. All staff had received additional training in infection control and an infection control lead role had been established to ensure procedures were followed in regards infection control. There were sufficient supplies of easily accessible Personal Protective Equipment (PPE) for staff to use. We observed staff wearing protective aprons and gloves when providing personal care, for example, and when preparing or handling food. To ensure the improvements were sustained two members of staff were responsible for infection control monitoring.

The home was well maintained, clean and tidy throughout. There were clear housekeeping schedules and we observed regular cleaning of the premises during our inspection.

Is the service effective?

Our findings

At our last inspection in March 2016 we found care and treatment were not always provided in a safe and effective way. We told the provider that they must tell us how they intended to make the improvements required. The provider submitted an action plan detailing the changes they intended to make.

At this inspection we found the provider had followed their action plan to make the required improvements identified at our last inspection.

Since our last inspection the required improvements had been made to ensure the service was legally respecting people's rights. Assessments about people's capacity to consent to living at the home had been completed. Staff received training and had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Improved systems were being monitored on a weekly and monthly basis to ensure improvement were maintained, Care plans had clear goals and review dates to ensure goals were being met and would continue to be met.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found staff knew how to support people to make decisions and knew about the procedures to follow where a person lacked the capacity to consent. This ensured people's rights were protected. Care plans recorded discussions with people's relatives and any decisions made in their best interest. This included do not attempt resuscitation (DNAR) decisions.

A company training manager supported the provider's homes. The training matrix showed staff were receiving regular training which was up to date. The provider also supported staff with additional training and development, including vocational qualifications in health and social care. The registered nurses told us they attended nurses meetings and felt, "Very supported". Staff told us there were "good" training opportunities and scope for development within their roles. People received care from care staff who felt supported by the registered nurses, senior carers, the manager and the organisation. Staff attended team meetings and received one to one supervisions where they discussed what was going well and areas for development. The manager told us 80% of staff were now working towards nationally recognised vocational qualifications, and all received regular supervisions and support. One member of staff said, "I feel very supported and get supervisions where I can discuss my development".

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where people required a specific diet this was provided. We observed people were being cared for effectively in line with their documented care plans. Portion sizes and calorie intake was controlled for

people who needed to lose or gain weight with their involvement and following discussion or best interest meetings. People who were at risk of malnutrition or dehydration received fortified diets.

There were also special diets for people with diabetes or gluten free requirements. Snack boxes were used to encourage additional nutrition for people, as well as fresh fruits, biscuits and cake. The chef had a clear understanding of people's likes and dislikes. They informed us, "We get to know people and find out what they like, and we try to ensure everyone has a balanced diet". The quality and appearance of food looked appetising. There was a blackboard in the dining room which displayed the meals offered for the day. People were offered homemade soup, sandwiches and snacks with a larger cooked meal for dinner and there was a range of alternatives for people to choose from.

People had access to external healthcare as required. Records demonstrated staff had worked effectively with other health and social care services to help ensure people's care needs were met. The registered manager had made appropriate referrals to health professionals including GPs and members of the multi-disciplinary team in a timely way. For example People received the additional support of a designated GP who provided a visit for two hours each week where staff could ask for advice or for the GP to visit someone. One visiting health professional told us they felt the staff were well organised, they told them who they needed to visit prior to their appointment. They said, "It is a good care home in its infancy, what I have seen is ok I have no concerns." Where people had been assessed as being at high risk of falls, appropriate action had been taken to minimise risk. For example, the use of restrictive measures to reduce risk such as bed rails, had been discussed with people or if they lacked capacity a best interest decision had been made following correct procedures.

Is the service caring?

Our findings

At our last inspection in March 2016 we found people did not always receive support that was person centred, and the care and treatment provided did not always reflect people's preferences.

At this inspection we found the provider had followed their action plan to make the required improvements.

The registered manager told us the changes implemented since the last inspection ensured the new manager was more involved in the day to day running of the home. They said, "The manager is more involved with the residents, and is on the floor ensuring care is personalised to each individual". They felt this had re-focused the emphasis of staff's awareness to meet the requirements of people's needs in an individualised way.

Significant improvements had been made in regards staff morale and the available time staff were able to spend with people. Staff told us they were happy with their shifts and were given sufficient notice, to enable them to swop shifts if they needed to. The employee of the month award had also supported staff to feel more valued. The manager told us sickness had reduced since the rotas were made more flexible. The operations director told us all future assessments for people wishing to move into the service would be completed by themselves and the manager. They told us they would ensure people's needs continued to be met by sufficient numbers of staff to enable this available time to continue. We observed staff had time to sit and talk to people. When staff were completing daily records they did so in the lounge area, so remained available to support people. People and their relatives told us support was kind and caring, Comments included "We are always made welcome, and offered something to eat or drink", "It's lots better the staff seem to stay now, they all seem so caring and kind" and "It's so much nicer here now, before you couldn't get support. Now there is help if you need it".

People were cared for by considerate, caring and patient staff. Staff went to people's eye level whenever they communicated with them and spoke in a clear and kind manner. If people wanted to walk around the home or in the garden areas, staff supported them. People were also free to wander in and out of the home to the secure garden area.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. All relatives visiting the home told us they could come in at any time. The operations manager told us, "We will know we have it right when relatives feel free to help themselves to a cup of tea as they would have done visiting their relatives before they moved here". There were many areas available for people to sit quietly with their visitors around the home, this included a sensory room and small lounges and seating areas.

We observed staff supported people in a patient and reassuring manner, for example when they assisted people who needed help with mobility. Staff ensured people were comfortable and in the correct position at the end of any transfer. One person told us, "Staff are very nice, they always tell me what they are doing when they come in my room." One relative told us, "I can't fault the care my relative is given, they [staff] are

always doing something for her

Staff respected people's privacy. When staff were supporting people in their rooms 'care in progress' signs were placed on the doors. Staff knocked on doors and waited for a response before entering. Bedrooms were personalised with people's belongings, such as photographs and ornaments to help people to feel at home. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs. One person told us, "They [staff] always say hello, when they come to see me and ask if I am ok."

Staff were aware of issues of confidentiality and did not speak about people in front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way. Improvements had taken place to ensure people's private information was secure. For example staff ensured when they had finished amending care plans they immediately locked them away.

The home was working alongside Alzheimer's Society. They had developed a 'Friends of Avalon' group and recently enjoyed a successful summer fayre which was opened by the local mayor. A member of staff told us it had been a great success and all money raised would be used for the residents to enhance the activity programme". Since the group had been set up people had been given the opportunity to visit a local church and various churches have been invited to the home. One relative told us, "It is nice to get involved with the running of the home. We recently held a summer fayre and raised lots of money on the cake stall". Photos around the home showed people being actively engaged at the fayre.

The home was well maintained and dementia friendly. This meant consideration had been given to the needs of people living with dementia including good practice methods such as clear definition of doorways, toilet seats and handrails and the use of colour and light. The entrance of the home was spacious, with a large television screen informing visitors who was on duty. Administration staff were on hand in the reception area to guide people visiting the home if they needed it.

Is the service responsive?

Our findings

At the last inspection people's records were not kept securely at all times and care plans did not reflect how a person living with dementia should be supported.

At this inspection we found the provider had followed their action plan to make the required improvements.

Care plans described people's individual needs such as communication needs, decision making capabilities and things they enjoyed or disliked. The monthly reviews of care plans were up to date and records relating to risk were identified. The manager told us since the last inspection care plans were being reviewed and updated on a monthly basis as part of the auditing process. One relative said they were not always consulted about their relatives support, although they had the legal status to do so. The operations manager told us they were addressing concerns raised with them.

People had their choices respected and recorded in their care plans, for example people had choices regarding where they wished to spend their day, when they received assistance with personal care and the activities they wished to take part in. One person had chosen to have their room on the first floor despite being the only person on that floor. People's daily records, turning charts and fluid intake records were all contained in the care plans. If changes to care were needed the care plan was updated accordingly.

Each person had a senior worker and care worker allocated to them as a keyworker. Keyworkers had the main responsibility to update the care plans and involve people in their care planning. Activities staff also helped to complete 'This is me' documents which went alongside the care plans. These documents gave details of a person's life history, preferences, and important relationships. One activity coordinator told us, "It is sometimes difficult to get the information from people or their relatives, but we continue to complete the documents. I am trying to get families involved so I have been sending photos of what we have been doing, for example, if we have been out on an activity".

The service employed three activities co-ordinators who were available in the home seven days a week. A weekly list of activities was displayed around the home. The activity coordinator felt that people were, "More engaged" with the activities since the last inspection. One of the activity co-coordinators informed us they had lots of plans to develop the activities. They said, "We are setting up memory boxes, and photo albums for people. It's lovely sitting with people and watching them recognise old photographs or objects from their past". There were plans for themed events such as, attending Bridgwater carnival and plans were in place to have a fun fair theme in the home for those people who would not be able to go out on the planned trip to the fair. The activity coordinator said, "We will bring all the fun of the fair into the home".

People's views were also sought through resident meetings, meetings with staff and annual satisfaction questionnaires. At the last residents and relatives meeting held in September 2016, people were given the opportunity to discuss the home and how they wished to spend their days. The minutes from the meetings showed topics from the meeting were then discussed within the staff meetings and put into practice. In the

main entrance to the home there was a suggestion box for staff and relatives to express their views on the service. The home had good signage in different areas that kept people and their visitors informed of up and coming events. There were a number of compliments cards with comments such as, "Thank you for my lovely room when I stayed, I must impress how well I was cared for" and "Thank you for the wonderful support".

People told us they felt confident they could speak with the manager or the staff if they had any complaints or concerns. The provider had a written complaints policy and procedure. Written information about how to raise a complaint was given to people and copies of the complaint procedure were available in the main reception area of the home. The home had received two complaints since the last inspection. The provider had kept up to date records and acknowledged if "They had got it wrong" and made appropriate changes in response to the complaints. Records showed where complaints had been investigated outcomes had been recorded. Where it was acknowledged the service "had got it wrong!", a letter of apology had been sent to the complainant with and explanations on how future improvement were being made, for example, one was around missing laundry. As a result a letter had been sent to families asking them to label items of clothing. Both complaints had been resolved.

Is the service well-led?

Our findings

At the last inspection in March 2016 the provider's audit and governance systems to assess, monitor and improve the quality and the safety of the service were not effective. This had resulted in our inspection identifying areas of improvement. We told the provider that they must tell us how they intended to make the improvements required. The provider submitted an action plan detailing the changes they intended to make.

At this inspection we found the management of the service had improved. People and visitors told us the service was well-led. Additional systems to monitor the quality of the service and seek people's views had recently been up dated. However, these improvements had only recently been implemented therefore it is too early to be assured they will be sustained. For example, the new manager was still waiting to become the registered manager and the operation managers role and job description was in the process of being developed by the current registered manager. In addition, occupancy levels were low. Systems and the sustainability needed to be tested with the admissions process taken slowly and robustly for example, avoiding people who needs were more complex. We were therefore unable to be fully assured that the levels of improvements could be maintained when the home was at full occupancy. Therefore we will continue to monitor the service until we are confident full sustained compliance can be maintained.

The staffing structure and the lines of reporting and accountability were much clearer than at our previous inspection. For example plans were in place for the manager to become the registered manager with weekly support from the Operations manager. The care staff reported to the registered nurses or senior carers who reported to the management team. The operations manager in turn reported to the provider. They told us, "This is a transition period for the management of the home. We all have the same values and visions for the home, which is to be open and honest and create a home that people want to live in." The provider stated in their mission statement, "Avalon aims to provide the very best examples of person centred care. We believe all our residents deserve to feel safe and be treated with dignity, kindness and respect". The registered manager planned to develop the operation managers role and was currently in the process of employing a deputy manager to support the new registered manager

The registered manager told us, recent reviews with other professionals and the local authority had been positive. They said staffing levels had remained consistent, and sickness amongst staff had reduced significantly during the last four months. The impact of this meant that there had been no use of agency staff, and people continued to be supported by a staff team who had the competency and skills to meet their individual needs. They believed that this would continue with the admission of new people to Avalon. The operations manager told us. "We recently admitted two people in a controlled way. We completed in-depth assessments to ensure we kept the balance of staff being able to effectively meet people's needs. We will ensure transitions are planned and we keep in communication with other providers including the Care Quality Commission".

The registered manager and manager were visible around the home and provided clear leadership. The registered manager told us the restructure of the management team meant additional quality assurance

processes would be put in place. They were confident staff were all aware of their roles and responsibilities. Staff told us the registered nurses led the shifts and the registered nurses and care staff all understood their respective roles and responsibilities. Staff were motivated and focussed on meeting people's care and support needs. Decisions about people's care and support were made by the appropriate staff at the appropriate level. Weekly monitoring and daily walkabouts were now taking place by the registered manager, manager and operations director. Audits reflected that any shortfalls identified had been addressed within an acceptable time scale. This helped to ensure that the service was continuously improving and people's views had been taken into consideration.

For example, care staff told us they always reported any issues or concerns to the registered nurses. If they noticed any changes in people's needs they noted these in the person's daily care records and then brought this to the attention of the registered nurses. One care worker told us, "We work as a team, it is not them and us". We heard registered nurses reminding staff to encourage people to have a drink and to record this in their fluid intake charts.

Registered nurses were very visible on the floor and care staff approached them for clarification and advice when required or referred to the care plans. The registered nurses directed and supported care staff and senior carers to support people appropriately. For example, care staff were asked to assist people when they appeared to be getting anxious or distressed, senior carers were seen giving directions to newly appointed staff.

A monthly auditing system was in place and contained the following audits, safeguarding, complaints, quality assurance, surveys, infection control, medicine audit (storage, record and document audit), staffing levels and levels of dependency of people receiving a service. The manager told us, if specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged if necessary. Staff confirmed that they were aware of the importance of the various audit tools in place. This meant that staff and management of the service were monitoring the quality of service delivered to ensure that people who used the service were having a good quality of service at all times.

People and their relatives were encouraged to give their views on the service through day to day discussions with staff and management, care plan review meetings, monthly resident and relatives meetings, and the provider's annual satisfaction survey. Relatives told us they were made welcome when they visited and management and staff actively encouraged their involvement and views. For example, following feedback from a recent quality assurance survey, feedback was available for all to see on the notice board with 'You said' and 'We did'. The registered manager told us the survey results showed an improvement in overall standards at the home.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

The provider told us they promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example following one investigation of a complaint, a letter apologising was sent to the complainer, explaining how the service would learn from their mistake.

To the best of our knowledge, the registered manager had notified the Care Quality Commission and other statutory authorities of all significant events and notifiable incidents, in line with their legal responsibilities.

