Avery Homes RH Limited

Avon Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 24 November 2015 and was unannounced.

Avon Court Care Home is a three storey nursing home which provides care to older people including people who are living with dementia. Avon Court Care Home is registered to provide care for up to 64 people. At the time of our inspection there were 26 people living at Avon Court Care Home. There was a major refurbishment underway and one floor was not in use.

A registered manager was not in post. A new manager had been appointed and had been in post for five weeks. They told us their application for registration was being applied for. 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 and associated Regulations about how the service is run.

People we spoke with told us they felt safe living at Avon Court Care Home. People told us staff were respectful and kind towards them and staff were caring to people throughout our visit. Staff protected people's privacy and

Summary of findings

dignity when they provided care and asked people for their consent before care was given. Staff protected people's confidential information from unauthorised access.

Care plans contained accurate and relevant information for staff to help them provide the individual care and support people required. We saw examples of care records that reflected people's wishes and how they wanted their care delivered. People received support from staff who had the knowledge to care for people.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent, which meant people received their medicines from suitably trained and experienced staff.

Staff understood the need to respect people's choices and decisions. Assessments had been made and reviewed to determine people's individual mental capacity to make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interests' with the involvement of family members and appropriate health care professionals.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). The provider had made applications to the local authority to make sure people's freedoms and liberties were not restricted unnecessarily. At the time of this inspection, three applications had been authorised under DoLS.

Systems that monitored the quality of service were being improved by the provider so action could be taken where areas for improvement were required. Checks completed by the manager helped them to prioritise what was required to ensure people received a standard of service they expected. Most people told us they were pleased with the service they received however some staff did not have confidence that issues they referred to the manager would be resolved to their satisfaction.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People received care from staff who had the knowledge, skills and time to meet their individual needs. People's needs had been assessed and where risks had been identified, staff made sure people received support that kept them safe. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their prescribed medicines from staff as directed by health professionals.

Good

Is the service effective?
The service was effective.

People and their relatives were involved in making decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have mental capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People were offered choices of meals and drinks that met their dietary needs and systems made sure people received timely support from appropriate health care professionals.

Good

Is the service caring?
The service was caring.

Staff cared for and supported people in line with their individual needs and treated people respectfully. People told us they were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs and supported people at their preferred pace.

Good

Is the service responsive?
The service was not always responsive.

Care records did not consistently provide sufficient information for staff to provide care in line with people's needs. A programme of activities took place within the home however some people found their individual interests were not met. At times, we saw there was a lack of positive engagement from staff, especially towards some people living with dementia.

Requires improvement

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

A registered manager was not in post. The manager was in the process of implementing systems and a thorough programme of checks that would identify improvements needed. Staff gave us mixed opinions about the provider and new manager and some staff felt the managerial changes had developed a culture that had a negative impact on staff morale.

Avon Court Care 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.

This inspection took place on 24 November 2015. The inspection was unannounced and carried out by three 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.

We reviewed the information we held about the service such as statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also spoke with the local authority who provided us with information they held about this location. The local authority did not have any information to share with us that we were not already aware of.

We spent time observing care in the lounge and communal areas throughout our visit. In the dementia and residential units 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.

Nine of the 26 people living at the home had varying levels of dementia which meant some people had limited abilities of communication. We spoke with 10 people who lived at Avon Court Care Home to ask about their experiences of what it was like living there. We spoke with two relatives, a visitor, a clinical lead, a nurse and five care staff. We looked at six people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Good

Is the service safe?

Our findings

We asked people who lived at Avon Court Care Home if they felt safe living at the home. Everyone we spoke with said they felt safe and said staff looked after them to ensure they remained safe. One person told us they had recently moved into the home from hospital and felt safe because, "There are people around if I need help." This person told us their friend chose this home on their behalf. They said, "After looking at 10 other homes, [person] chose wisely .. It's better here, the whole atmosphere. Everybody's so friendly." Another person said they felt safer at the home knowing staff were on hand to look after them. This person said, "You've got back up here – you can live a fuller life because help is not always there (in the family home) when you need it."

We asked staff how they made sure people who lived at the home were safe and protected. All staff had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened within the home. For example, one staff member said, "I would report it, I'd tell you (CQC) or higher management." Another staff member said, "I would tell the safeguarding team." Staff had the information they needed to report safeguarding concerns. A local safeguarding policy linked with contact numbers for staff should they be required. The manager was aware of safeguarding procedures and described to us the actions they would take in the event of concerns being received. The manager said they, "Would not tolerate any abuse on people, I would report it and take disciplinary action."

Risk assessments and care records identified where people were potentially at risk and actions were identified to manage or reduce potential risks. Staff spoken with understood the risks associated with people's individual care needs. For example, staff knew how to support people who were at risk of their skin becoming sore, or people who presented behaviours that challenged others. Speaking with staff showed us they knew when and how to reposition people who were at risk of sore skin, to help maintain the person's skin integrity, however records were not always available to demonstrate this.

Staff were able to give us examples of what may make some people anxious and the signs to observe for in people to help minimise the risk of people's behaviour becoming challenging. Risk assessments were reviewed which meant staff were consistent in how they supported people so any emerging risks were minimised.

All of the people spoken with told us there were enough staff to meet their needs. One person said, "Staff are lovely, and they help me" and another person said, "Members of staff came promptly when I rang (call bell) during the night." Other people said if they needed help, staff came quickly although this was sometimes dependent on whether staff were helping other people. One person told us, "I ring the bell and they (staff) might ask 'do you mind waiting a little while' if they're busy, but they always come back."

Staff said there were enough staff to meet people's needs. One staff member said, "There is always enough staff to meet people's needs. We never run short if someone calls in sick, they get a replacement in no time." Another staff member said they believed, "Care has 'stepped up' a bit and feels safety is 'much tighter' as staff are working as a team." They said, "This had improved because previously, agency staff were not respected" and recent management changes recognised the importance of agency staff to support existing staff.

The manager said they were heavily reliant on agency staff because recent changes in ownership and management of the home meant a number of staff had chosen to leave the service. The manager said at present, they used 400 agency hours per week, but used the same agency to ensure people had the same staff providing continuity in their care and support. People and relatives said staff had changed but they did usually receive care from the same staff.

Other staff agreed there had been improvements in staffing and whilst they had enough time to provide the care and support people required, they said on occasions they had limited time to stop and talk with people.

Our observations on the second floor confirmed this. Although staff provided care to nine people on the second floor living with dementia, they had limited free time to interact and involve people. We told the manager who accepted some of the support people received, because of high agency staff, was, "Task based." They said, "Your own staff team are more likely to make it a whole experience." They told us when they had their own staff team, this was an area they wanted to improve for people.

Good

Is the service safe?

To minimise risks to people by being supported by staff who did not always know them well, the manager told us they completed the rota by balancing the skill mix of the staff, so new staff were supported by experienced staff and senior staff. However, we found some staff on duty were not always trained to support people living with dementia. The manager told us this was being addressed and would not be an issue once a permanent staff team were in place. The manager used a dependency tool but preferred to engage staff and the clinical lead to tell them when more staff were required. The manager told us they had increased staffing levels over and above, what people's dependencies had identified. The manager said, "It's down to me, I am not under pressure (from the provider) with staffing levels. It's about the quality of care." The manager told us they were in the process of recruiting new staff.

People told us they received their medicines when required. We observed a staff member administering people's medicines to them and saw medicines were available to people in line with their prescriptions. Staff recognised how some people preferred their medicines, such as with a drink or squash, or explained to people what their medicines were for when people asked. Some people self-medicated and risk assessments and regular checks ensured people continued to take their medicines safely.

We looked at four medicine administration records (MAR) and found medicines had been administered and signed for at the prescribed time. People received their medicines from experienced staff who had completed medication training. Staff also had competency assessment checks which made sure they continued to administer medicines to people safely. The provider recently worked with an external pharmacist to further improve medicine management. For example, planned changes to their system will mean they have additional checks to audit prescription medicines against the MARs. We found all MARs had specific times for medicines to be given when it was not a timed medication. This was being changed so prescriptions stated 'morning, afternoon, evening'. We were told this would provide staff and people with more flexibility when taking their medicines, rather than waking people unnecessarily. Planned audits were arranged to ensure peoples medicines continued to be administered safely.

Regular maintenance checks made sure the environment was safe and equipment was kept in good working order. This included a system of internal inspections of equipment and maintenance by external contractors where required, such as lift maintenance and water quality checks. At the time of our visit, the home was undergoing a significant refurbishment. The first floor and reception area were being redecorated and refurnished. External contractors told us they were considerate of people living at the home and minimised risks to people's safety. During our visit we found an external rear fire door was open and entrance into the home was unsecure. This meant people with no connection to the home could gain access. We told the manager about this on the day and this entrance was secured.

Good

Is the service effective?

Our findings

People told us staff were knowledgeable and knew how to provide the care and support they needed. One person said, "It's as near to perfect as I could ask for. The best thing (about Avon Court) – it's the comfort and I get on very well with the staff." Other people shared their positive experiences of the support they received from staff. One person said staff had the skills to look after them because, "I felt comfortable when receiving personal care. Staff talk me through what is happening when they use the hoist (to transfer) so that I do not become anxious."

We spoke with one person who told us they had to be hoisted when transferring from a chair or their bed. This person told us when things were not correct, they shared their concerns with staff. This person told us, "One morning I was left swinging so I complained (to the care staff present) – one of the girls was new and not quite 'au fait' with the using the hoist." This person said following this, there had been no further incidents and had no concerns being hoisted and transferred by staff. They told us they were confident staff knew how to move them safely. Staff said training in how to move people had improved. One staff member said, "Training is better. I now feel people are moved safely with hoists because we have now received proper training." In the short time they had been at the home, the manager recognised staff training required further improvements and was in the process of organising refresher training for most of the staff.

Staff told us they felt supported with training and some staff said there had been recent improvements in the quality of their training since the new provider had taken over. One staff member told us, "Avery training was better than other training received when I first started." They said it was, "More interactive, it was good to have people together and more structured." Some staff we spoke with were encouraged by the provider to enrol in further care qualifications and one staff member said, "Avery are allowing me to go to college." The provider had a staff induction programme which allowed new staff to shadow more experienced staff before they worked on their own. The manager said new staff received their training before they provided care to people. We were told the provider was working towards the Care Certificate which was introduced in April 2015. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. The clinical lead told us,"Staff are willing to learn and we are all learning together to understand things."

The manager told us when they completed a daily 'walkabout' in the home, they observed staff to make sure they continued to support people effectively and put their knowledge into practice. For example, the manager told us they observed staff when they assisted people to transfer to make sure people were moved safely and with dignity.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Mental capacity assessments were in place and reviewed regularly. Capacity assessments for individual decisions involved the person, their family, lasting power of attorneys and appropriate healthcare professionals. We found staff followed the principles of the Act when providing people with support and respected the right of people with capacity to make decisions about their care and treatment. Staff understood the need to support people to make their own choices. For example, one staff member told us if someone refuses to be washed and dressed, "This shouldn't be taken at face value, it might be because they are in pain, what are the underlying reasons." They said there was a, "Need to make sure a proper assessment is made. You have to determine what is in the 'Best Interest'." Staff knew they should gain people's consent before they provided care and support. We saw one member of staff asked a person for permission before assisting them back to their bedroom, or to other areas of the home. We asked one member of staff what they would do if a person refused support. They responded, "You cannot force, I would go back and see if they wanted help then."

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. The application

Good

Is the service effective?

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The provider and manager understood their responsibilities under the legislation. They had identified three people whose restrictions on their liberty had been approved by the authorising authority and the provider was acting in accordance with the law.

People told us they enjoyed the food. Comments made to us were, "The food is very, very good – 99% of the time, it's excellent" and another person said, "I can recommend the Sunday roast.....there's a good variety." One person told us, "The foods alright, been here two years and can tell them what is for lunch before they tell me." A printed menu was on display indicating alternative menus were available, such as tuna nicoise. However, some people living with dementia need help in understanding what meals are, but there was no explanatory pictures to assist with this or other choices. People said they if they did not want any of the choices offered, alternatives would be provided. People told us for breakfast they had a choice between a cooked breakfast and cereals and fruit juice. We saw people offered a variety of drinks during the day, such as fruit juice, squash and a choice of hot drinks. Some people said if they wanted food later in the evening, sandwiches or snacks were available.

People who had risks and individual requirements associated with eating and drinking, had their food and drink monitored to ensure they had sufficient amounts. Where risks had been identified, care plans provided guidance for staff to follow, so they were sure people received their food and drinks in a way that continued to meet their needs. People were weighed regularly to make sure their health and wellbeing was supported and this was discussed by nurses and the clinical lead at weekly meetings. If concerns were identified, advice was sought from other healthcare professionals. The manager told us these meetings were introduced, "To nip things in the bud. We want people to maintain a healthy lifestyle."

Records showed people received care and treatment from health care professionals such as dentist, opticians, tissue viability nurses, speech and language therapists and dieticians. This was confirmed to us by people we spoke with. The manager told us the GP visited the home on a regular basis and saw people who required treatment. Staff told us they were made aware of any changes and followed GP recommendations.

Good

Is the service caring?

Our findings

People told us the staff were caring. People said they were happy living at the home and satisfied with the care they received from staff. People said they got on well with other people living in the home. One person told us how the staff spoke with them and engaged them in everyday things which they felt showed them staff cared about them. This person said, "Staff are lovely…we get on very well and understand each other. They come in and say 'Hello [person], how are you today and crack jokes…they're a nice crowd and it's a nice atmosphere. They're (staff) always popping in…sometimes they ask if they can watch TV with me." This person explained to us that another person living in the home came into their room and, "Offered them some chocolates." They said, "[Name] is a very nice person...I don't think I'll be lonely at Christmas."

People said staff treated them with kindness and respect. People felt their dignity was maintained, especially when staff had to help them with any personal care. One person told us, "They (staff) come in very early – about 5am because they need to empty my urinal bottle. They come in very quietly and try not to wake me and say 'Sorry I've woken you up'. They're very polite, very nice. " Another person we spoke with told us they felt embarrassed and apologetic when staff needed to carry out personal care. This person said staff reassured them, saying, "Don't worry – that's what we're here for". People confirmed personal care was carried out in privacy with curtains and doors closed. One person said, "Staff do their very best, they're very conscientious." They told us, "They do it so cheerfully....their attitude is to be much praised – I think staff understand why people come here."

People we spoke with told us they received care from staff who knew and understood their personal history, likes, dislikes and how they wanted to be cared for. From speaking with staff we found staff knew about people's interests and some staff said this helped them have conversations with people about their particular interests and life experiences. For example, one person told us staff showed a lot of interest when they completed arts and crafts in the home. This person said there interests generated conversations with the staff, and others living in the home. They told us they found this rewarding.

People we spoke with said staff respected their choices and supported them to be as independent as they wanted, for example washing themselves, dressing, going out or eating their meals. Staff gave people choices about how and where they spent their time. We saw some people preferred to stay in their rooms, whilst others sat in communal areas and staff were available to provide support where required.

People who required help with dressing, were appropriately dressed according to their age and gender. One person told us they needed help getting dressed from staff and that their appearance was important to them. They said, "Staff wash my hair which I like." They told us a friend visited them and gave them a manicure.

We spent time in the communal areas of the home and observed the interactions between people and staff who provided care and support. We saw staff were caring and compassionate towards people. Staff addressed people by their preferred names. Staff were friendly and people appeared relaxed in their company. Staff supported people at their preferred pace and helped people who had limited mobility move around the home if they wished to do so.

Staff told us people and families were involved in care planning decisions. Staff said family involvement was particularly important for people living with dementia as individuals may not understand the care they required. Staff recognised families played an important role in those care decisions.

Staff told us people living on the ground floor were more independent and involved in how they wanted their care delivered. For example, one staff member explained to us what the review process included. They told us they sat with one person and, "Went through each section of the person's life story and care plan." This staff member said, "Since Avery (provider) took over, people have been encouraged to take more of an active role in care reviews." They explained, "We have a 'resident of the day' system. This means people's care records are reviewed with them, their room is deep cleaned and we speak to families, we check they are happy with the care provided." People told us they were involved in care plan review meetings and where necessary, people said their family members were also involved.

There were no restrictions on times for relatives and friends to visit people living at Avon Court Care Home. During our visit we saw people and visitors come and go through the day.

Requires improvement

Is the service responsive?

Our findings

People that lived on the ground floor of the home told us they were pleased with the care they received and said staff were responsive to their needs. We saw and care records showed, these people were more independent and lived their lives with minimal support from staff. For example, some people went out to work and others went out locally on their own or with family members. We spoke with one person who was studying and others who pursued their own hobbies and interests. All of the people spoken with, who lived on the ground floor of the home, said they were able to look after themselves and staff encouraged and promoted them to be as independent as possible. One person said, "I like living here, I can get around and I go out on my as I know the area." This person said, "Staff help me wash, I need two staff and prefer female staff, that's what I get." They said, "I can do things myself and staff let me." We asked this person if they were involved in their care decisions and they said, "My brother is involved and me. We review my care." People told us their care records reflected their needs. Another person told us, "I and (relative) were involved with my care plan which I signed, and I recall recent changes were made."

Information on the provider's website stated Avon Court was a 'dementia specialist home'. We observed people's support during one mealtime in the dementia unit and found staff knowledge of supporting people with dementia was limited and did not always support 'good practice dementia care guidelines'. For example, colour can stimulate senses and help people identify with certain objects. We saw people's meals were served on white plates, on white cloth with white napkin and white salt and pepper. Our observations at lunch showed some people found it difficult to identify their plated meal against the white table cloth background.

We observed there was little to keep people living with dementia physically and mentally stimulated. There were no 'rummage' boxes, sensory activities, reminiscence activities or links to individual care plans that described people's life stories before they moved to Avon Court Care Home. One care plan contained information about a person who spent time in the armed forces. Speaking with staff showed they knew this person's life history, but staff did not use this knowledge to involve the person when they walked around the home or became anxious. This was an example of the lack of dementia care knowledge and skills we observed which meant that staff did not respond effectively to people's needs.

Although we observed staff had a caring attitude toward people we found staff responses to people's needs were entirely task-orientated for those people living with dementia and in particular for those who lacked mental capacity. Staff who supported people living with dementia said they needed to develop their knowledge of dementia. All three staff said they had not received dementia care training. They said this would help them to understand experiences more from the person's perspective and how they could effectively respond to their needs. The manager acknowledged dementia care was an area that required further improvements and plans were being made to increase training and staff knowledge in dementia care. This would ensure the skill mix of the staff supporting people would be responsive to meet their needs.

The time we spent on the dementia care unit showed staff were not always responsive to people's needs. We found the quality of care was dependent on the person's ability to engage with staff. Speaking with people and looking at their records showed us how people's life experiences were different and the support they needed. For example, one person told us they liked the outdoor life and did not like spending all their time indoors. They said, except for when they went outside for a cigarette, they did not get any opportunity to spend time outdoors. Staff told us they did not go outside with this person, unless it was to smoke but could give no explanation as to why. We saw a gentleman spent considerable time sitting in a chair but staff did not spend time or have a conversation with this person. We looked at two care plans for people living with dementia. We wanted to see how people's care was centred around their individual needs. Whilst care plans gave staff information about people's care which was sufficient to keep people safe, they lacked detail about how staff should respond to their needs. For example, care plans did not record what people could or could not do for themselves, such as washing, eating or how they wanted to live their lives. Speaking with a nurse, clinical lead and the manager, they all identified this as an important area for improvement. The manager said care plans were being rewritten and they would make sure they accurately reflected the levels of support people needed.

Requires improvement

Is the service responsive?

People and relatives told us they knew how to make a complaint and everyone we spoke with had not made any complaints about the service they received. People said they would speak with staff, or go to the manager. However, because of the redecoration, there was no visible information displayed in the home that provided information on how to make a complaint. The manager had not realised this and agreed to display information so people and visitors knew the process to raise their concerns. We looked at how written complaints were managed by the service. The manager told us the home had received three complaints since July 2015, but none since they had taken up their post. The three complaints had been dealt with to people's satisfaction. The previous registered manager's complaints system was not maintained which meant we were unclear how many complaints were received before this time. The manager was introducing a new system so all complaints were recorded and evidence of what actions had been taken were kept.

Some people told us they had raised minor concerns with the provider rather than written complaints and were not satisfied with the actions taken. One relative told us they had, "Attended a 'relatives' meeting with the new owners and the (previous) manager. I mentioned the lack of variety on menus, such as sausages for breakfast, lunch, and tea at the meeting and several times subsequently." They told us they were disappointed their issues raised were not addressed. On the day of our visit, the menu stated and people told us, there was 'cooked breakfast (included sausage) sausage and chips, potatoes and vegetables and sausage roll for tea'. This indicated that their comments had not been listened or responded to. Another relative raised a concern related to maintenance. They said, "A new light bulb in [person's] room had gone. I asked for it to be replaced. It did not happen." They said someone told them "If you raise an issue here, rarely will it be attended to unless it's been put in writing." The manager recognised they needed to speak with people and relatives to make sure they felt confident to raise concerns and that their concerns would be addressed. They told us they had arranged a meeting to take place before the end of December 2015 to listen to any concerns people or relatives had.

Requires improvement

Is the service well-led?

Our findings

At the time of our visit there was a major refurbishment programme underway which meant the reception area and first floor had restricted access whilst the work was being completed. People said they were not too concerned about the disruption, but said they had not been communicated with so were unclear when the work and disruption would finish. We spoke with the manager and asked them if they had spoken with people regarding the work being undertaken. The manager said they had not yet informed people since they joined the service. They told us they planned to hold a meeting by end December 2015 to provide people with an update regarding the redevelopment, and to use it as another opportunity to introduce themselves.

From speaking with people we found whilst some people knew who the new manager was, others did not. Comments people made to us were, "I don't know – there are two or three people I suspect are in a managerial position but I don't know" and "I don't know who the manager is."

People and relatives spoken with told us they had no concerns about the quality of care provided at Avon Court Care Home. Everyone said staff worked hard to make sure they or their family members were well cared for. However, people, their relatives and visitors shared with us their thoughts about the changes they had experienced whilst living at Avon Court Care Home which they found unsettling. One relative said the standards of care did not meet their expectations. They told us they knew who the new manager was but said, "The standards of care outlined in Avon Court's 'glossy brochure' and those actually provided – they are not living up to their promises." They said they, "Did not regard Avon Court as well-led." Another person said, "In the 27 months I have been visiting Avon Court there have been five different managers. Each one comes in with their own ideas – with hobnail boots, they've no idea of personnel management." A relative said they had concerns because there was, "Not a single manager, nurse, or carer who was here when (spouse) arrived that is still here. They have either left or been sacked."

Speaking with people and what we knew about this home before our inspection, showed Avon Court Care Home has been through a challenging period in the last twelve months. There had been a number of significant changes at provider, staff and managerial levels. The manager told us they had made an application to registered with us, since taking up their post in October 2015. We asked the manager what they identified as being the main challenges they had faced since they became manager. They told us their priority was to implement a series of audits and checks that improved the quality of service and putting the right staff team in place. The manager recognised some of the changes made did not suit every staff member which had caused some issues in the staff team. The manager said some staff had left the service because they did not 'fit in' with the provider's philosophies of care and the direction the home was moving into.

Speaking with staff showed us they had mixed opinions about the changes made at the home. Some staff supported the changes but said they felt the way they were communicated to them made them not feel valued. For example, one staff member said, "New management had not appreciated the effort the existing staff had put into care plans and improving the home." They said, "This had left staff feeling demoralised." This staff member told us they believed in the long term the changes suggested by the provider would be good and their care planning was good, but said, "I wasn't happy with the way it was implemented." Other staff told us they were worried with the high number of staff coming from another home the manager previously managed. One staff member said, "It's great to get more staff, but 15 staff are coming from another home and we feel it will be a them and us." Another staff member told us about their concerns. They said, "We have been shown and told to do things the Avery (provider) way but already we are told to do it differently." They said, "Which way is it. We have had enough, and its people we are here to care for."

Other staff we spoke with recognised recent changes were for better and said there would be more opportunities to learn and develop. One staff member said the, "Bullying culture had gone because the new manager is open, listens, is approachable and level headed. Other positive comments staff made to us were," The (new) manager is amazing – I learned a lot from her. She taught me to think. She would throw questions at me to analyse the situation and help me grow", "It is good here compared to other homes. Communication is good, particularly now (clinical lead) is working at the home. Didn't feel agency workers got respect previously. Now seniors and agency all work

Requires improvement

Is the service well-led?

together" and "I worked at the home for two years, feel part of the family. It is now more organised, you can relate with the managers and address things with them because the new management team are more approachable."

We spoke with the manager about the differences in how staff viewed the current situation at Avon Court Care Home. The manager said they understood how staff were feeling and how further changes could affect the staff morale. They told us plans they were making, such as bringing in staff in low numbers rather than all at once. They also said, once the staff team were in place, they planned to hold a series of team building events so staff got to know each other and, "Helped build a bond."

The manager told us the home was going through a major refurbishment and had caused some disruption to the service. The reception area, basement and first floor were being redecorated and refitted, with the other floors also benefitting from a refurbishment. The manager said the refurbishment had not been managed well and because of their efforts, a project manager had been put in place. We were told this would help co-ordinate the work required so it had limited impact on people using the service. We spoke with the project manager and asked if people could choose their own decoration, we were told, "These are Avery (provider) colours, you can have a choice of four." We were told people could furnish their rooms with their own possessions, such as furniture and other personal items. One person said, "I love my room, it feels very homely." And another said, "The colours are very soothing."

The manager had started putting systems in place to improve the quality of service and to seek people's views about the service they received. The manager planned to hold a meeting to discuss the refurbishment and to speak with people to see what improvements were needed. Following this, the manager planned to hold regular meetings with people and relatives so they had opportunity to voice any concerns.

Since taking up their position, the manager prioritised what was required and put plans in place to address this. The manager identified staff training had not been completed and organised this so staff received any updates to their training. This would help ensure people received support from staff who had the skills to care for them safely. The manager recognised care plans were not always updated and reflected people's needs. A system was introduced and monitored closely buy the clinical lead. The manager said, "I want staff to try one or two then come and show us, so we can support any improvements. We want a culture staff can come and ask without any fear." This would ensure all care plans were accurate and consistently updated to reflect people's individual needs.

Systems were being improved and implemented by the manager to monitor the quality of the service. The manager completed a 'Key point audit' which looked at areas of the home such as recruitment, safeguarding, tissue viability and training. The manager told us they used this to identify and make improvements where services did not meet the provider's or people's standards. This had recently been completed and it was too early to see what improvements were required as the manager was working through this audit. They assured us where improvements were identified, action would be taken.

The manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the provider.