

Maison Care Ltd

# Avalon

## Inspection report

Spring Lane  
Wivenhoe  
Colchester  
Essex  
CO7 9QD

Date of inspection visit:  
30 April 2019

Date of publication:  
23 May 2019

Tel: 01206616893

Website: [www.maisoncare.co.uk](http://www.maisoncare.co.uk)

## 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?        | Good ● |

# Summary of findings

## Overall summary

### About the service:

Avalon is one of several family run care homes across Essex. This service provides personal care and accommodation for up to four young people who have a learning disability and/or autistic spectrum disorder. At the time of our inspection there were four people living at the service.

### People's experience of using this service:

People were supported in a homely environment where the culture of the service was positive, enabling and inclusive. People were supported to have maximum choice and control of their lives in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager had clear aims and objectives for the service. There was ongoing work to embed the values of providing personalised care, promoting independence, choice, rights and empowerment. Systems were in place to monitor the quality and safety of the service. Whilst the provider visited the service on a regular basis they did not carry out any formal, recorded, quality and safety monitoring in line with their own policy and procedural guidance. We recommended the provider ensure quality and safety monitoring visits are formally recorded in line with their policy.

People received care and support in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. People with learning disabilities and autism using the service were supported to live as ordinary a life as any other citizen.

People were treated with dignity, respect and were relaxed in the presence of staff. Staff interacted with people in a kind, caring and sensitive manner. Staff demonstrated a good knowledge of their roles and responsibilities in recognising abuse and safeguarding procedures for reporting concerns.

Staff understood people well and their preferred methods of communication, where they lacked verbal skills. Staff had respectful caring relationships with people they supported. They upheld people's dignity and privacy and promoted their independence.

Staff roles and responsibilities were clear. People were supported by skilled staff with the right knowledge and training. There were enough staff to support people, meet their needs and keep them safe.

People received their medicines as prescribed. Systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, trends analysed, and actions were taken to prevent recurrence.

Care plans were detailed with clear explanations of control measures for staff to follow to keep people safe. Support was planned and delivered in a structured way to ensure people's safety and wellbeing.

The service continued to be well led. The registered manager and deputy manager worked well to lead the staff team in their roles and ensure people continued to receive a good service. Staff and the registered manager demonstrated a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

People had access to a wide range of health and social care professionals for specialist advice and support.

Staff worked in partnership with professionals to deliver care and support and maintained links with the local community. There was a varied range of social activities on offer according to individual needs and choice.

Rating at last inspection: Good (report published on 1 November 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

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

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

## 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 remained safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service remained caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service remained responsive.

Details are in our caring findings below.

Good ●

### Is the service well-led?

The service remained well-led.

Details are in our well-led findings below.

Good ●

# Avalon

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type: Avalon is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Because people using the service were not able to verbally express their views to us, we observed interactions between staff and people. Following our visit to the service we spoke with two relatives on the telephone to ask their views.

We spoke with four members of staff including the registered manager, deputy manager, and two support workers.

We reviewed a range of records about people's care and how the service was managed. This included review of two people's care records, medicines administration records, policies, staff recruitment and training. We also reviewed the system for recording accidents, incidents and quality assurance audits the management team had completed.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood what steps they should take to identify and protect people from the risk of abuse.
- Staff were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the Care Quality Commission (CQC).
- Information was available for people, their relatives and for staff regarding adult safeguarding and how to raise concerns.
- Inventories to record people's personal belongings had not been put in place. This meant there was not system in place to differentiate between items, such as electrical and furniture which belonged to the individual and those provided by the service. We discussed this with the registered manager who took immediate action to rectify this.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been considered and staff provided with guidance to mitigate the risk of harm.
- Risk assessments were personalised to each individual and covered areas such as, access to the community, medicines management, and steps for staff to take in the event of distressed behaviours which presented a risk to the individual or others.
- Legionella and fire safety risks identified in the service had been addressed.
- Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.
- People had personal emergency evacuation plans (PEEPs) in place which included guidance for staff and the emergency services as to the support they would need to evacuate from the service safely.
- Regular planned and preventative safety, maintenance checks and repairs were carried out.

Staffing and recruitment

- People received one to one support according to their assessed needs. At the time of our inspection, there were enough sufficient numbers of suitable staff available to keep people safe, and meet their individual needs.
- Robust recruitment procedures were in place and ensured that only suitable staff were employed to work at the service.

Using medicines safely

- People's medicines were stored, ordered and managed safely. Medicines administration records indicated people received their medicines as prescribed.

- Staff completed training to administer medicines and their competency was checked.
- The management team completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

#### Preventing and controlling infection

- People lived in a clean environment. The service was clean and well maintained with cleaning schedules in place to ensure people were protected from the risk of cross infection.
- Staff were provided with training in infection control.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- There were systems for monitoring and investigating incidents and accidents. Incidents and accidents were monitored to identify any trends.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager continued to support staff to provide care to people in line with best practice guidance, and legislation. People's capacity to make decisions had been assessed. Relevant authorisation had been obtained as required by law, for people where their freedom of movement was restricted to keep them safe.
- People's needs were assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support.
- People's care records contained information as to how staff should support them to make day to day choices and decisions. Where freedom of movement was restricted to keep people safe, the least restrictive option had been considered to protect people's best interests.
- Staff had completed training to enable them to understand their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff were observed seeking consent from people before supporting them and respected people's decisions.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff described how they were supported with a comprehensive induction. This enabled them to understand, and equip them to fulfil the roles for which they were employed.
- Staff received regular, planned supervision to enable them to review their practice and consider any training needs.
- The majority of training was provided on-line with some face to face.
- Staff had received training in line with recommended best practice guidance, to ensure they had the skills and experience to support people diagnosed with autism and epilepsy.
- Staff were trained in positive behaviour support, an approach that explored strategies and methods to reduce distressed behaviour which may present a risk to the individual and others.

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

- People were provided with a choice of food and drink.
- Staff understood each person's nutritional needs, likes and dislikes.
- People were involved in the planning of weekly menus using a variety of communication methods to

express their choice, such as pictorial prompts.

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

- The environment was clean and well maintained.
- Each person's room was personalised with their own belongings and decorated to a style that suited them.
- The service was homely, and provided facilities which enabled people to live as independently as possible.

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

- People were supported to access health and social care agencies when needed.
- The registered manager had systems and processes in place for monitoring people's health and welfare including a review of prescribed medicines.
- Care plans detailed specific health needs and the actions needed to maintain and improve the health of each person.
- People had regular access to health screening such as, dentists, opticians, occupational therapy, neurology and sexual health services.
- Where people required health or social care services, staff made referrals and liaised with professionals in a timely manner to attend appointments and assessments.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff interacted with people in a calm and considerate manner. Where people expressed anxiety, staff provided reassurance with appropriate communication to help calm the person.
- People appeared relaxed in the presence of all staff, and staff clearly knew people very well and were able to tell us about individuals, their choices and aspirations.
- Relatives told us, "They [staff] are excellent. I cannot express just how happy I am with the care [person's relative] receives. You can tell [person's relative] is loved and cared for, its priceless." And, "[Person's relative] loves it there. I can tell they are happy. The staff are wonderful and they just understand, are very kind and considerate, they know just what is needed. I cannot ask for more."
- Staff affirmed, reassured and praised people whenever they achieved a task. This impacted positively on their wellbeing.

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

- People's likes, dislikes and preferences were considered and respected.
- Staff had a good understanding of people's non-verbal communication needs and responded to them appropriately.
- Staff involved people and supported them to choose how and where they spent their day. We observed staff using pictorial communication methods to support people to express their wishes and preferences.
- People were supported to access advocacy support to enable them to have as much control as possible over how they lived their lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. Staff respected people's personal space, for example waiting for a response before entering rooms.
- People were supported to maintain and develop relationships with those important to them such as friends and family.
- People were supported in a timely manner with their privacy and dignity maintained. It was evident staff were enabling and wanted to make a positive difference to their lives.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive responsive care, which was personalised according to their assessed needs, and preferences.
- People's needs were assessed prior to admission. These assessments were used to develop and plan their care. Relatives told us they had been consulted and were kept up to date with any changes.
- Care plans contained personalised information about each person, including their physical, psychological, social and emotional needs. These had been reviewed and updated regularly to reflect people's changing needs.
- People's communication needs were known and understood by staff. Where people had limited verbal communication skills, access to specialist advice had been sought and communication tools had been provided according to individual need.
- Care plans identified people's anxieties, how they presented, and the support needed to manage and reduce behaviours that may present a risk to the person and others. Incidents of distressed behaviour were recorded, reviewed and strategies in place adjusted as needed.
- Support was provided to enable people, where able, to take part in and follow their interests and hobbies. This included regular access to the local community. Activities provided were suited to the needs of individuals, and person centred.
- There was access to a range of community activities such as; bowling, college, shopping, meals out, swimming and discos. One relative told us, "They are supported to go out every day. They don't just sit around doing nothing which I know would not be their choice. The staff support them with good activities which, suit their personality."
- People were supported to access holidays. These were planned to express personal choice and needs.
- People's life goals and aspirations were explored, planned and reviewed regularly to support people in achieving them.

Improving care quality in response to complaints or concerns

- The provider's complaints and feedback procedure was visible and available to people who used the service and others.
- Staff were aware of the complaints procedure and what action to take if they received a complaint.
- The service had not received any complaints since the last inspection.
- Annual satisfaction surveys had been sent to relatives and stakeholders. Responses received were positive.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service.
- The registered manager told us they were in the process of discussing with relatives and advocates how

best to obtain people's wishes should they need end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager along with the team of staff continued to demonstrate a commitment to provide person centred, high-quality care.
- The registered manager had clear aims and objectives for the service. There was ongoing work to embed the values of providing personalised care, promoting independence, choice, rights and empowerment.
- The registered manager had systems in place to monitor the quality and safety of the service. Whilst the provider visited the service on a regular basis they did not carry out any formal, recorded, quality and safety monitoring on a monthly basis, in line with their quality assurance policy. The last recorded monitoring visit was May 2017.

We recommend the provider ensure quality and safety monitoring visits are formally recorded in line with their policy.

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

- People's, their relatives and stakeholder views about the service were sought through appropriate communication methods, surveys, and individual keyworker meetings. Audit results were monitored. Where relatives had suggested ideas to improve communication, these had been put in place. For example, communication books for relatives and staff to provide updates on the wellbeing of people who use the service.
- Staff told us they were fully informed of changes, and encouraged to share ideas to improve team working and people's experience of the care and support provided.

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

- Staff told us they were supported by regular reviews of their competency. They were knowledgeable about their roles and were able to tell us of the values and vision for the service. One member of staff told us, "The guys here are the priority. There is good communication amongst the staff which, means people's needs are the focus and we work well together to help them have as much choice as possible and improve their lives."
- Relatives told us, "The communication is very good, from the top down." And, "I am never made to feel a nuisance, they understand how important it is to keep relative's informed and up to date with any changes. They are all knowledgeable about [person's relative] and their needs."
- Staff and the registered manager demonstrated a commitment to provide person-centred, high-quality

care by engaging with everyone using the service and stakeholders.

- Staff were positive about the registered manager. One told us, "This is the best place I have ever worked. The manager is the most supportive manager I have ever had. He is always there for you. He encourages and inspires confidence in your abilities." And, "We work in a supportive team. The focus is on person centred, positive care. It is all about the people who live here, and we work well together as a team."

Continuous learning and improving care; Working in partnership with others

- We found an open and transparent culture. The registered manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- Staff were able to contribute to the development of the service through supervisions and meetings.
- Staff and the management team worked well with other professionals to access specialist advice and support to improve the health, welfare and safety of people who used the service.
- The management team positively encouraged feedback and acted on it to continuously improve the service, by seeking people's views using appropriate communication methods including surveys of relatives and stakeholders.