HC-One Limited

Avalon Care 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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 1 and 2 September 2015 and was unannounced.

Accommodation for up to 40 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 36 people using the service at the time of our inspection.

At the previous inspection on 21 and 22 October 2014, we asked the provider to take action to make improvements to the areas of care and welfare of people who use services, assessing and monitoring the quality of service provision, management of medicines and supporting workers. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all of these areas, though further work was still required in the area of care and welfare of people who use services, specifically activities offered to people and the content of care records.

Summary of findings

There is a registered manager but she was not available during the inspection. The deputy manager was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines and infection control practices were followed.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. However, the environment required further adaptation to help to meet people's needs and promote their independence.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

Care records did not always provide clear guidance for staff to respond to people's needs. Activities available for people in the home required improvement. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

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 felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines and infection control practices were followed.

Good

Is the service effective?
The service was effective.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. However, the environment required further adaptation to help to meet people's needs and promote their independence.

Good

Is the service caring?
The service was caring.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

Good

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

Care records did not always provide clear guidance for staff to respond to people's needs. Activities available for people in the home required improvement.

A complaints process was in place and staff knew how to respond to complaints.

Requires improvement

Is the service well-led?
The service was well-led.

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

Good

Avalon 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 1 and 2 September 2015 and was unannounced.

The inspection team consisted of two inspectors, an Expert by Experience and a specialist nursing advisor with experience of dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with 10 people who used the service, five visitors, an activities co-ordinator, two domestic staff, one nurse, three care staff, the deputy manager and two regional managers. We looked at the relevant parts of the care records of eight people, the recruitment records of three staff and other records relating to the management of the home.

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.

Good

Is the service safe?

Our findings

When we inspected the home in October 2014 we found that a person at risk of falls had not been protected against avoidable harm. At this inspection we found that improvements had been made in this area.

Risks were managed so that people were protected and their freedom supported. People told us that they could make everyday choices on their care. One person said, "I can use my judgment and do things my own way. I can go to the village for a walk if I want." A visitor said, "[Person using the service] has dementia and needs help but they give [them] freedom." Staff told us people were kept safe by the use of risk assessments that identified individual risks but wherever possible their freedom was not restricted. We saw a person who used the service went out into the garden for a cigarette and were able to access the enclosed gardens independently.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls and bed rails. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly. We saw documentation relating to accidents and incidents in people's care records and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency.

People told us that the home was well maintained. We saw that the premises were well maintained and safe. Appropriate checks of the equipment and premises were taking place and action was taken promptly when issues were identified. Staff told us there were no issues with the use of equipment and that there was a maintenance person who they reported any problems relating to the environment.

When we inspected the home in October 2014 we found that people did not receive prompt care due to staffing levels. At this inspection we found that improvements had been made in this area.

People's views on staffing levels were mixed. One person said, "There seem to be plenty on hand." Another person said, "There's not enough." Visitors felt that the staffing levels were sometimes short. A staff member said, "It does feel short staffed at times, all staff are lovely and work really hard, just not enough of them." Another staff member told us they felt there weren't enough staff on duty. However, we observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were visible in communal areas and spent time chatting with people who used the service.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. A regional manager told us that staffing levels were based on dependency levels and we saw the completed staffing assessment tool. They told us that any changes in dependency were considered to decide whether staffing levels needed to be increased. We looked at records which confirmed that the provider's identified staffing levels were being met.

Safe recruitment and selection processes were followed. We looked at three recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. Staff told us their references had been taken up, prior to employment.

When we inspected the home in October 2014 we found that medicines were not safely managed. At this inspection we found that improvements had been made in this area.

Medicines were safely managed. People told us they received medicines when they needed them. One person told us, "I get them on time; I have four lots a day. I get my painkillers automatically at bedtime." Another person said, "They let me take them myself. If I want a painkiller, I can ask for one." Visitors told us that people received medicines on time. Staff told us they had received training in safe handling of medicines and had regular supervision on their competency. They demonstrated to us they understood how to manage medicines safely. For example, we spoke to

Good

Is the service safe?

a member of staff about what they would do if they found a tablet on the floor they told us they would make the nurse or senior carer aware and make sure it was disposed of safely.

During our inspection we examined the medicines that were given to people who lived in the home. We observed both the nurse and senior carer undertake a medicine round. We saw they kept the medicines trolley secure whilst they were undertaking the medicine round, checked with people with regard to their need for analgesia and they administered the medicines safety.

Medicines administration records (MARs) contained a picture of the person and there was information about allergies and the way the person liked to take their medicines. We examined MAR charts which confirmed people received the correct medicines at the correct times. We found that people's health was monitored prior to the administration of medicines when this was required. However, we did see the MAR charts for one person contained handwritten additions which had not been signed by two people to ensure that no mistakes had been made.

Medicines were kept safe and stored appropriately in locked cupboards and trolleys in a locked room. The room temperature and the temperature of the refrigerator used to store medicines had been recorded daily and were within acceptable limits. Liquid medicines, creams and ointments had been labelled with the date of opening.

When we inspected the home in October 2014 we found that safe infection control processes were not followed at all times. At this inspection we found that improvements had been made in this area.

People told us that the home was kept clean. One person said, "It's spotless." A visitor said, "It always seems tidy in the bedroom." People also told us that the laundry service was good. Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection.

During our inspection we looked at three bedrooms, the laundry, all toilets and shower rooms and communal areas. These were all clean. We observed staff following safe infection control practices.

People told us they felt safe at the home and they had no concerns about the staff caring for them. Visitors felt that people were kept safe.

Staff we spoke to were able to describe the different types of abuse that people who lived in the home could be exposed to and understood their responsibilities with regard to protecting the people in their care. They told us if they saw abuse they would report this to the registered manager and they felt confident it would be addressed. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the home to give guidance to people and their relatives if they had concerns about their safety.

Good

Is the service effective?

Our findings

When we inspected the home in October 2014 we found that staff were not fully supported to provide care that met people's needs. At this inspection we found that improvements had been made in this area.

People told us they felt that staff knew what they were doing. One person said, "I'm well looked after." We observed that staff competently supported people. We saw staff using the hoist to lift a person from the wheelchair to a chair, they undertook this confidently and with care, the person they were moving was relaxed and chatted to them whilst they were being moved. A hoist is a piece of equipment that helps staff to move people without having to lift them physically.

Staff told us they had received an induction and supervisory period when they first started work in the home and their colleagues had been supportive. Staff we spoke with told they received regular supervision. One member of staff who had been employed at the home for eight months told us they had already had their yearly appraisal, and felt it had been supportive and helpful. They told us they were up to date with their training.

Training records showed that staff were up to date with a wide range of training which included equality and diversity training. Annual appraisals had not taken place for a number of staff; however, supervisions had regularly taken place of staff.

People told us that they were encouraged to make choices about their care and staff respected their decisions. We saw that staff explained what care they were going to provide to people before they provided it. Where people expressed a preference staff respected them. We saw that a person had signed a consent form for the use of bedrails.

The requirements of the Mental Capacity Act (2005) were adhered to. We saw that when a person lacked the capacity to make some decisions for themselves, a mental capacity assessment had been completed and there were details of the involvement of others in reaching a best interest decision for the person. We discussed the mental capacity act with staff and were happy they understood the principles of the act.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. We saw that a number of DoLS applications had been made by the registered manager. The deputy manager told us that further applications would be made shortly.

Staff were able to explain how they supported people with behaviours that may challenge those around them living at the home and care records contained guidance for staff in this area.

People told us that they liked the food. One person said, "It's very nice. I choose off the board. The portions are big though – I've put weight on!" Another person said, "It's well cooked. I enjoy it." A visitor said, "It's nice and varied." People told us that they received sufficient to drink. One person said, "I help myself if I want a drink or they get one for me." A visitor said, "[Person using the service] always gets drinks – [staff] come round with the trolley."

Staff we spoke with were able to discuss the types of diets individuals needed. The kitchen staff produced a file that had all the dietary preferences and needs of each individual in the home. We saw the information in the file was used at lunchtime with one person enjoying a particular drink with their meal.

We spent time observing meals in both communal lounges and the dining room. The lunchtime service on the first day of the inspection was not well organised. Meals were not served promptly to people eating in the downstairs lounge and staff were not always available in the dining room to respond to people promptly if required. However, on the second day, the lunchtime was organised and calm with distribution of staff ensuring people received their meals in a timely way. We saw people being given a choice of where they wanted to sit to eat their meal and people who sat together were served together making the experience a more sociable event. People who required assistance to eat were given assistance. Although it was a busy time, staff were able to respond to requests for support immediately.

People's weights were monitored and advice was obtained from the GP where appropriate. A risk assessment tool was

Good

Is the service effective?

in place to assess the risk of malnutrition but we saw that it was not always consistently completed for all people. This meant that there was a greater risk that nutritional concerns would not be identified and actions to address concerns not taken promptly. The deputy manager told us that these risk assessments would be checked and updated immediately.

People were supported to access healthcare support when required. People told us that they were supported to see a GP when they were not feeling well and for check-ups. They also told us that they saw the optician and chiropodist regularly. Staff we spoke with told us people's health was monitored and they were referred to health professionals in a timely way should this be required.

There was evidence of the involvement of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had had access to a GP and other health professionals such as a dietician, optician and the dementia outreach team.

People were happy with the premises. One person said, "My bedroom is very nice. I've got my photos all around me. All new furniture too." Some adaptations had been made to the design of the home to support people living with dementia. Bathrooms and toilets were clearly identified and handrails were in contrasting colour to the walls to support people who could have visual difficulties. However, people's individual bedrooms were not always easily identifiable and there was no directional signage to support people to move independently around the home. The regional manager ordered materials during our inspection to address these areas.

Good

Is the service caring?

Our findings

When we inspected the home in October 2014 we found that staff did not respond promptly to a person showing distress. At this inspection we found that improvements had been made in this area.

People told us that staff were caring. A visitor told us, "They're very gentle with [family member] in the hoist as they have bad arthritis in their shoulders. They're so good with them." Another visitor said, "They go the extra bit and are always friendly."

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. They checked they were all right and whether they needed anything. Staff were kind and caring in their interactions with people who used the service. Staff clearly knew people and their preferences well.

We saw staff responded to people when they showed distress or discomfort. They provided reassurance and support to people who became anxious or who were confused.

We asked whether people were supported to be involved in making decisions about their care and treatment. People told us that could not recall being involved in reviews of their care. Visitors told us that they had been. One visitor said, "My sister came to the last review. [My relative] has an assigned [staff member] too." Staff told us they gave people choices and asked them what they wanted when giving personal care, for example, they asked people what they wanted to wear each day.

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans were person-centered and contained information regarding people's life history and their preferences. Advocacy information was also available for people if they required support or advice from an independent person.

People told us they were treated with dignity and respect. We saw staff take people to private areas to support them with their personal care. We also saw staff make discreet adjustments to people's clothing while supporting them to move positions. Staff told us they always covered people when washing them to maintain their privacy and knocked on doors before entering. We observed this took place during the inspection.

Staff told us they encouraged people to do as much as possible for themselves to maintain their independence. One staff member said, "I always ask people if they want to do things themselves and let them do as much as they can. It makes them feel better."

People told us that their families and friends could visit whenever they wanted to. We observed that there were visitors in the home throughout our inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Requires improvement

Is the service responsive?

Our findings

When we inspected the home in October 2014 we found that there was no evidence of people being supported to follow their preferred hobbies or interests. At this inspection we found that some improvements had been made in this area, though more work was required.

People's views on the activities offered at the home were mixed. One person said, "If anything is going on in the afternoon, I'll take part. I'm quite satisfied. The garden's nice to wander round too." Another person said, "I don't join in, it's aimed at older folk. It does my head in!" A visitor said, "There's something every week I think. We can take [family member] in the garden and have been on trips now and then."

An activities coordinator worked weekdays and told us that they coordinated activities such as picture or oral quizzes, number and colour bingo, board games, bowls, beanbag throwing and activity to music. They told us that they would like to do more outings and more activities in the garden. They felt that they would like more time to be able to offer one-to-one activities to people who stayed in their bedrooms. A recent meeting of people who used the service stated that levels of interaction were poor when the activities coordinator was not there and the staff survey findings were that 50% of staff stated that they did not have enough time to offer activities to people. There were no activities taking place at the weekends.

Care records contained a range of risk assessments and care plans to support staff to provide care that met people's needs. However; we saw that guidance was not in place for staff to support a person who had been stating that they were of low mood. This meant that there was a greater risk that the person would not receive care that responded to their needs.

Care plans gave a description of the person's care and support needs from the person's perspective. Care plans were reviewed monthly but did not always clearly reflect people's needs as changes to people's conditions were only noted in the evaluations part of the care plan not the care plan itself. As a result of this it was difficult to get a quick understanding of the current care that needed to be provided to people. This meant that there was a greater risk that staff would not be aware of the care to be provided to meet a person's current needs.

Guidance was not always in place for staff to identify when people's needs had changed. One person, who was unable to communicate verbally, had been prescribed pain relief but there was no pain assessment tool in place to support staff to better identify when the person was in pain and required pain relief. This also meant that there was a greater risk that the person would not receive care that responded to their needs.

People and visitors told us that they were fairly satisfied with the speed of response from staff to requests for assistance. One person said, "They get me to the toilet as quick as they can. Sometimes I have to wait." Another person said, "If I use my bell, they usually come in 5 minutes." Staff we spoke to told us they tried to fit in with people's individual preferences, for example, getting up and going to bed.

We asked people if they knew how to make a complaint about the service. One person said, "I'd report it to the manager." A visitor said, "I'd just see a senior member of staff. I've raised something before with the nurse upstairs and they'll pass it on." Staff were clear about how they would manage concerns or complaints, they would listen to the person raising a concern and if they could deal with the issue they would. They would make sure the senior carer, nurse or manager was aware and pass on any issues so they could be dealt with.

We saw that recent complaints had been responded to appropriately. Guidance on how to make a complaint was contained in the guide for people who used the service and displayed in the main reception. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

When we inspected the home in October 2014 we found that quality assurance systems were not fully effective. At this inspection we found that improvements had been made in this area.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by the regional manager. Audits were carried out in the areas of infection control, care records, medication, health and safety and catering. Action plans were in place where required to address any identified issues.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. Staff said if there was a complaint or incident, the manager met with the staff and talked to them about it. We saw that safeguarding concerns were responded to appropriately and appropriate notifications were made to us as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

People did not recall any meetings or being asked their opinions on life in the home or their care. Visitors were also not aware of a questionnaire or survey to get their views. However, we saw that surveys were completed by people who used the service and their families and actions had been taken to address any issues identified in the surveys. Meetings for people who used the service and their relatives also took place and actions had been taken to address any comments made.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. One staff member said, “I am quite forward so would speak up if I see anything I had concerns about.” The provider’s values were in the guide provided for people who used the service and displayed in the home. Staff could describe those values and we saw that staff acted in line with them.

People told us that the registered manager was very approachable. Relatives supported this. Staff told us the manager was approachable and would sort out problems; they felt the manager was a good leader. Staff told us they had regular monthly meetings and they were clear about the management chain if the manager was on leave. The deputy manager was also well thought of by staff.

A registered manager was in post but was not available during the inspection. The deputy manager was available and clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager had clearly set out their expectations of staff.