Bath and North East Somerset Council

Avondown House

Inspection report

Langdon Road
The Hollow, Twerton
Bath
Somerset
BA2 1ND

Tel: 01225395252

Date of inspection visit:
20 June 2022
21 June 2022
27 June 2022

Date of publication:
28 July 2022

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
Avondown House is an extra care housing scheme providing the regulated activity personal care to people. The service can provide support to people with dementia, learning disabilities and autistic people, people with a sensory impairment or physical disability and older people. At the time of our inspection there were 139 people using the service.

Avondown House provides support to people who live across five locations. People across the locations have their own tenancy agreements and live in self-contained accommodation. We did not inspect the premises and environment during this inspection as this does not fall within the scope of the provider's registration.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People were protected from the risk of avoidable harm. Potential risks were assessed, and guidance was available for staff. Suspected or actual abuse was reported to the local authority safeguarding team, and staff spoke confidently about how they would identify abuse. The service undertook checks prior to employing staff. Medicines were managed safely.

Care was designed to be responsive to people's needs. People had a personalised care plan, reflecting their needs and preferences. Assessments in relation to people's healthcare needs were inconsistent; some lacked details, and others were comprehensive. The service had not received any recent complaints.

People received support from staff who were caring, relatives and people confirmed this. People were treated with dignity and respect, and staff spoke about people in a person-centred way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People were supported to access healthcare and eat and drink enough. Staff spoke confidently about how

they applied the principles of the Mental Capacity Act in the course of their roles.

Based on our review of safe, well-led, caring, responsive, effective the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: People were supported to make their own choices and retain control of their lives. Staff supported people to retain their independence. We made a recommendation for the provider to ensure care plans incorporated consistently detailed guidance for staff.

Right care: People's dignity and privacy was respected and upheld. People and their relatives told us that staff treated people with dignity.

Right culture: Staff ensured people received person-centred care that was suited to their needs. However, staff had not always completed training in relation to learning disabilities or autism. We found no impact on people. We made a recommendation for the provider to review their training provision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 10 October 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 16 March 2018.

Why we inspected
This was the first comprehensive inspection of this newly registered service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avondown on our website at www.cqc.org.uk.

Recommendations
We made two recommendations in relation to training provision, and the consistency of healthcare planning.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Avondown House

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection team was made up of one inspector, bank inspector 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.

Service and service type
This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we held about the service, including statutory notifications. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We reviewed various documents in relation to the operation of the service, including safeguarding and medicines records. We spoke with seven people and various staff, including the cook, registered manager, service manager and care staff.

After the inspection
We continued to clarify information with the registered manager. We spoke with 11 relatives.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse; potential safeguarding concerns were raised with the local authority safeguarding team and, when needed, with the local Police.
- Staff spoke confidently about how they would identify potential abuse, and what they would do if abuse was witnessed or suspected. Comments from staff included, "There is financial abuse, emotional abuse, physical abuse, you would be looking for bruises, someone's character changing…. If I felt something was going on I would speak to the person, raise the concern with the manager."
- The service had 'Safeguarding Champions' who acted as a point of contact for staff, and who attended local safeguarding meetings.

Assessing risk, safety monitoring and management

- Risk assessments were in place when required. For example, we reviewed risk assessments in relation to falls and for one person who smoked. Associated guidance was available for staff, so they knew how to keep people safe.
- When staff needed to use specialist equipment, such as hoists, moving and handling risk assessments were in place. Care plans detailed guidance for staff about how moving and handling should be undertaken, and listed the equipment needed to do this safely.
- Shift supervisors and responders were responsible for monitoring the completion of care calls. Staff were provided with phones and scanned a code upon entering and leaving. This meant care calls were being monitored in real time and late or missed calls were completed by supervising staff.

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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- At the time of our inspection, no one was subject to a DoLS authorisation.
- Staff spoke confidently about how they applied the principles of the MCA in the course of their work.

Comments from staff included, "We presume people have capacity until they are deemed not to. You need to give them all the information for them to make the right choices; what might be right for us may not be right for them."

Staffing and recruitment

● Staff were recruited safely. Checks were undertaken with the Disclosure and Barring Service (DBS) and with previous employers. DBS checks are important as they help stop applicants unsuited to working in care from gaining employment.

● The service was in the process of recruiting staff and had implemented measures to ensure there were sufficient numbers of staff to meet people's needs. For example, staff told us they increased their working hours and the service used one agency to ensure consistent agency staff were accessible. One staff member said, "We have been short staffed, that's been quite hectic. Some staff do longer hours."

Using medicines safely

● People told us staff supported them to have their medicines on time and as prescribed. Comments included, "I never have to worry. They [staff] do it all for me" and, "The staff are very good. They come, in take the tablets out of the box, give it to me, watch me take it and then take the empty cup away."

● Some people were supported by staff to take their medicines. Care plans detailed the level of support people needed. For example, if they needed verbal prompting or required staff to administer medicines.

● Staff signed to confirm they had administered the correct number of tablets. Staff did not sign for each specific tablet administered; staff told us this was because the pharmacy dispensed medicines into monitored dosage systems which were sealed and contained the tablets due at that time. There was a medication list attached to the system which listed all medications and what they were for.

● Some people had been assessed to self-administer their medicines. Assessments had been regularly reviewed. When people did self-administer, staff checked the medication system regularly to ensure people were taking their medicines as prescribed.

Preventing and controlling infection

● Staff told us they were provided with sufficient quantities of personal protective equipment (PPE) to help prevent the spread of infection. One staff member said, "We've got lots of PPE, that is one thing we are never short of." Comments from people included, "Staff always have their masks on, they are very good" and, "All [staff] wear masks and aprons."

● We observed staff wearing their masks and accessing gloves during all three days of our inspection.

Learning lessons when things go wrong

● Staff reviewed adverse accidents and incidents to identify causes and to help prevent a recurrence.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services. We observed the district nurse visiting people and the shift leader liaising with the GP. One person said, "They [staff] help with the GP, but I don't need them very much."
- When required, staff supported people to source transport for appointments, and took samples to the Surgery for testing. One relative said, "They [staff] organise the doctors and dentists and she has a hairdresser that comes."

Staff support: induction, training, skills and experience

- Staff new to care were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had received training that helped to keep people safe, for example safeguarding and moving and handling training.
- Staff had not always received training relevant to the people they supported. For example, at the time of our inspection, staff had not received learning disabilities and autism training, despite supporting 20 people with learning disabilities or autism. We found no impact to people because staff treated people as individuals and listened to them. One staff member said, "I have a [relative] with learning disabilities. The care is absolutely brilliant. I would have no qualms about putting a member of my family here."

We recommend the provider reviews and amends their training programme, to ensure staff complete training on meeting the needs of people with learning disabilities and autism.

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

- People were supported to eat and drink enough. The service offered a lunchtime meal and supported people to attend the dining room so they could eat socially. The menus we reviewed offered choices, including a diabetic option.
- When people were at risk of not eating or drinking enough, guidance was available for staff about how they could support the person to increase their intake. For example, one person would not always remember to drink, the person's care plan guided staff to leave a drink during each visit.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external professionals and agencies to ensure people received support and healthcare

they needed.
● People with a learning disability were supported to access organisations and professionals when they needed. For example, one person's care plan we reviewed contained details of a recent multi-disciplinary meeting.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● At the time of our inspection, no one was being deprived of their liberty.
● Staff spoke confidently about how they applied the principles of the MCA in their roles. Comments from staff included, "You cannot deem that someone does not have capacity until the assessment is done, normally we would get the social worker involved with the capacity assessment" and, "We presume they have capacity until they are deemed not to; you need to give them all the information for them to make the right choices. What might be right for us may not be right for them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Care was delivered in line with guidance and the law. For example, Treatment Escalation Plans (TEPs) were in place and care-plans included input and guidance from professionals. For example, we reviewed one care-plan that included an explanation from the GP, about why the person experienced pain.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. We observed staff knocking on people's doors before entering. People's care plans provided guidance for staff about occasions when they wouldn't need to knock, such as when a care call had been arranged but the person failed to answer the door. People were involved with making these decisions.
- Care plans provided guidance for staff about what people could do independently. For example, one person's care plan recorded that they could get dressed independently and did not need support from staff.
- Staff we spoke with talked about people in a dignified way. Comments from staff included, "I like my job where I please people and help people, you get a nice feeling when you help people" and, "Getting along with the residents is nice, and helping people." One person said, "We form very close relationships with the regular staff team." One relative said, "They [staff] treat her with respect and dignity."

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

- People told us staff treated them well. Comments from people included, "Our regular care staff are superb, if we need help we can usually get it" and, "Friendliest, most professional, very caring and conscientious staff." The relative of a person with autism said, "He has autism and they treat him very well. He is really happy."
- Shift supervisors knew staff well, including their likes, dislikes and were accessible to support people. For example, we observed people visiting supervisors to ask for impromptu help.
- Comments from relatives included, "Mum loves the carers they are very kind" and, "They seem to be kind and caring and very nice people."
- Staff received equality and diversity training as part of their induction.

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

- The service involved people and their relatives with decision making; people were involved with care planning and reviews, and their views were reflected in care plans. People had signed to indicate their involvement and consent to care.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was responsive and personalised to meet their needs. Most recently, one person was administered a temporary course of medicines. The service provided additional visits to ensure staff could administer the medicines.
- People's care plans reflected their needs, preferences and ambitions. One person's care plan said, "Wishes to remain independent. Wishes to continue with making a coffee…."
- Plans in relation to people's health needs were of a mixed quality. For example, some plans for people with epilepsy were descriptive, and provided guidance for staff about how to identify when someone was having a seizure, and how to keep them safe. Other plans lacked detail and did not provide the same level of information. We found no impact on people.

We recommend the provider reviews and amends care and support plans, to ensure staff have access to consistently detailed guidance.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and guidance for staff was recorded in care plans. For example, one person's care plan reflected that they could speak multiple languages, another person's provided guidance for staff to 'breakdown' information so the person could understand what was being said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to maintain relationships with their relatives and integrate into the local community. Care plans included information about who should be called if the person was admitted to Hospital, the level of involvement of friends and relatives, and any social groups people attended.
- The service offered people the opportunity to attend activities sessions, one person showed us a decorative hanging of butterflies they displayed on their wall.

Improving care quality in response to complaints or concerns

● The service had not received any recent complaints. Comments from relatives included, "If I needed to complain, I would speak to the head of care there" and, "I do not have any worries or complaints."
● The service had received compliments from relatives of people they supported. Compliments included, "She spent six happy years at Avondown. This was in no small part due to the care and attention you gave to her" and, "Thank-you for all that you give; your energy and generous spirit that you share with everyone here."

End of life care and support
● When it was appropriate, staff spoke with people about their end of life wishes and these were reflected in the person's care plan. When one person passed away, staff had gone 'above and beyond' to ensure the person's final wishes were met. The person had wanted a flower display, staff set-up a collection and made donations to ensure this happened.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

●The management team and staff were clear about their roles. In particular, shift supervisors were knowledgeable about people they supported, and staff valued their experience and leadership. One staff member said, "I think the shift leaders are under a lot of pressure, they have the care plans to sort out and the shifts to cover and I think they do a brilliant job, all things considered" and, "If I had any concerns my first port of call would be the shift leader."

● Staff said they felt part of a team. Comments from staff included, "It's a nice atmosphere and friendly team to work with" and, "I always feel welcome and part of the team."

● Statutory Notifications were submitted to us, in line with requirements. Statutory Notifications are important as they help us to monitor the services we regulate.

● Audits were completed; however it was not always clear what actions had been taken when shortfalls were identified. Checks had also failed to identify the lack of training available to staff in relation to supporting people with learning disabilities and autism. The registered manager was aware that governance was inconsistent, and was working to rectify this at the time of our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Staff knew people well and spoke about people in a person-centred and inclusive way. Comments from staff included, "We are trying to keep these people as independent as possible" and, "It's a community and there is always someone to help, people only have to call their buzzer if they feel unsafe."

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

● The provider had not recently undertaken questionnaires with people or stakeholders. The service plan included a provision for surveys, or questionnaires, to be sent out in the near future. Staff had attended meetings.

● Assessments incorporated peoples' diverse needs and considered equality characteristics. For example, one person was supported to attend a local group to support their cultural needs, and this was recorded in their care plan.

Continuous learning and improving care

● The provider had recently introduced an electronic system to support with monitoring, learning and

improving care. The registered manager told us this system would be used in partnership with existing systems to monitor and improve care provision.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager was aware of their responsibility to act in an open and transparent way when things went wrong, including offering an apology where required.

Working in partnership with others

● Staff and the service worked in partnership with others. For example, the service worked with another setting in the organisation to provide people with temporary residential support.