

Elderly Care Home Limited

Avalon Nursing Home

Inspection report

3-5 Nevill Avenue
Hampden Park
Eastbourne
East Sussex
BN22 9PR

Tel: 01323501256

Website: www.avalonnursingcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Avalon Nursing Home provides nursing and personal care for up to 38 older people, some of whom were living with a dementia type illness. There were 32 people living at the home at the time of the inspection. In addition to living with dementia people had a range of complex health care needs which included stroke and diabetes. Most people required help and support from two members of staff in relation to their mobility and personal care needs.

People's experience of using this service and what we found:

Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, there were areas of people's documentation that needed to be improved to ensure staff had the necessary up to date information to provide consistent, safe care. Staff practices regarding medicine practices needed to be further developed to ensure that staff follow the organisational policy for safe administration of medicines. Oral health was found not be consistently monitored to ensure good practice was consistently followed.

People received safe care and support from staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I feel as if I get good care, I do feel comfortable here." A visitor told us, "My relative is happy here, the staff are very good with her, we are pleased with the care." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. There were enough staff to meet people's needs, but staff deployment at busy times needs to be reviewed. Safe recruitment practices had been followed before staff started working at the service.

The provider and registered manager were committed to continuously improve and had developed structures and plans to develop and consistently drive improvement within the service and maintain their care delivery to a good standard.

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

Rating at last inspection and update:

The last rating for this service was Good (published 4 February 2020)

Why we inspected

This inspection was prompted due to information of risk and concern in relation to staffing levels, communication and safeguarding concerns which had impacted on care delivery. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The concerns raised were looked at during this inspection and have been reflected in the report.

We have found evidence that the provider needs to make improvements. Please see the well-led question of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

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.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Avalon Nursing Home

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Avalon Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and seven further staff members. This included care staff, housekeeping, administrative, catering staff and maintenance staff.

We reviewed the care records of five people and a range of other documents. For example, medicine records, three staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and four health care professionals and completed these discussions on 01 November 2021.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt "Safe here, I can't get around by myself as I used to, they help me," and "I get all the help I need."
- The service used an electronic care system. Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, care plans for people with mobility problems included clear guidance of how staff should move them safely. There was guidance for people with fragile skin on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were in place.
- People who lived with health conditions had very clear detailed care plans to manage their condition safely. For example, diabetes.
- Shortfalls were found in care records and these have been reflected in the Well-led question.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. This had ensured that the environment was safe for all the people who lived there and visitors.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). PEEPs were accurate and up to date.
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Using medicines safely

- We asked people if they had any concerns regarding their medicines. One person said, "I get my pills and have no worries." Another said, "It's nice to give that responsibility to someone else, and staff always offer me pain relief."
- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- There were gaps in people's medication administration records (MAR). We were able to confirm during the inspection that people had their medicine as prescribed, so there was no impact on people's health. An issue with documentation is reflected further in the well-led question.
- Staff who administered medicines had relevant training and competency checks that ensured medicines

were handled safely. When poor practice was identified, a performance review was held with the staff involved and a plan put in place to monitor and improve practice.

- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine.
- Medication audits were completed on a weekly and monthly basis.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I do feel safe here, I came into a care home because my family thought I would be safer", "I do feel it's safe here, the staff are very professional." A staff member said, "We have safeguarding training, we get updates of changes to the procedures." Another staff member said, "If I saw anything that was not right, I would report it."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Staffing and recruitment

- Comments from people about staffing included, "Staff are kind to us," and "The staff are all nice, it can be busy but staff are generally quick to answer the bell when I ring."
- Rota's confirmed staffing levels were consistent, and the skill mix appropriate. We looked at accident and incident records, and there was no indication that staffing levels had affected peoples' safety at this time.
- However, from using the Short Observational Framework Tool (SOFI) whilst in the service, there were times when staffing levels were stretched and resulted in people receiving inconsistent assistance with drinks at times, the morning specifically was noted. Following the inspection we received evidence that people received enough to drink over a 24 hour period
- The provider and registered manager acknowledged staffing had been difficult due to staff leaving for various reasons and they shared their strategies of recruiting new staff, which was underway, and of deployment of staff at key times such as mealtimes.
- Staff shortfalls had been planned for and regular agency staff booked. There was an agency file that contained information in respect of their training and Disclosure and Barring Service (DBS)- which are police background checks. Staff told us "It's always difficult when we use agency and new staff, but we do try to get the same agency staff for consistency."
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview online, so their knowledge, skills and values could be assessed.
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a DBS check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw that most incidents/accidents were

responded to by updating people's risk assessments and care plans. However, we found that not all wounds had been transferred to a care plan. This has been reflected in the well-led question.

- Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns.
- Staff took appropriate action following accidents and incidents that ensured people's safety without restricting their freedom and this was clearly recorded. For example, for one person a sensor mat had been placed in their room so staff were alerted when the person stood up and started to move, so they could go and support them and keep them safe.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning records reflected that frequently touched areas were being cleaned on a regular basis. However, some areas such as sluices and commode pots were in need of attention. The registered manager had also identified this, and this was actioned immediately.
- We were assured that the provider was preventing visitors from catching and spreading infections. There were clear systems in place for visitors to follow. Visitors were provided with hand gel and personal protective equipment (PPE) and the visiting area was cleaned between each use. Visits to people receiving end of life care had been supported throughout the pandemic.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People admitted or returning from hospital were supported to self-isolate for 14 days in their bedrooms. If the isolation was impacting negatively on the person a risk assessment was undertaken and the staff would support the person to take a walk or spend time in a communal area with the necessary precautions.
- We were assured that the provider was using PPE effectively and safely. Staff were wearing PPE in line with government guidance. Staff had received training in how to safely put on and take off PPE and management staff completed competency checks to ensure that staff were doing this correctly. PPE stations were found throughout the premises.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff had received training in infection prevention and control. People had risk assessments in place to assess whether they would be at increased risk from COVID-19.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date. Staff had risk assessments in place to determine whether they would be at increased risk from COVID-19. Infection control audits were completed regularly, and actions taken as a result were clearly recorded.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had had not always operated effective systems and processes to make sure they assessed and monitored the service.

- At this inspection systems and processes to assess, monitor and improve the quality and safety of the service provided had improved. However, further improvements to record keeping, including care plans, needed to be completed, fully implemented and embedded into everyday practice. Discussions with the registered manager showed they understood that further work was needed.
- We found records relating to individual care delivery were not all complete and up to date. For example, one person had an injury which had resulted in a hospital visit for treatment. Whilst a record had been entered on their return from hospital, there had been no further action taken and lacked a care plan to support this person. This was fully discussed during the inspection regarding staff practice.
- Food and fluid charts were not all consistently completed for those people at risk of weight loss and dehydration. There was a need for staff to clearly document when a person was drowsy, asleep or refusing which would then inform the staff team to prompt later on.
- Staff were not always following the organisational policy regarding medicine administration. Staff had not taken the trolley and MAR to the person when giving the medicine and this may have been the reason for signature gaps in the records.
- Oral hygiene was not being undertaken in a consistent way. We found evidence that people were not always offered the opportunity to brush their teeth and could not see that that staff revisited if someone had refused. The registered manager confirmed that this has been taken forward as a priority.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns. However, there was a delay in one accident being reported. We have been informed that this has now been submitted.
- Staff talked positively of the service. Comments included, "We work as team, all staff are very supportive and knowledgeable," "Very good to work here," "We feel supported, the manager works with us," and "We believe in good care."

Working in partnership with others

- The provider was working with external professionals from health and social care services to improve and develop the service. This included the Continuing Health Care (CHC), local authority and the medicines optimisation for care homes team to make and embed improvements in the home.

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; Continuous learning and improving care:

- The provider understood duty of candour, working openly and honestly with people when things went wrong. The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. One health professional told us, "The registered manager has been very accommodating and regularly updates us with any news via phone or email."
- The registered manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. Staff told us, "We are informed of safeguardings and complaints and we work as a team to improve."