

Westcare (Somerset) Limited







# Avalon Court Residential Home

## Inspection report

High Street, Butleigh  
Glastonbury, Somerset, BA6 8SZ  
Tel: 01458 851572  
Website:

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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?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection was unannounced and took place on 29 January 2015. At the last inspection 11 August 2014 we found the provider was in breach of Regulation 9 Care and Welfare of people who use services. We found care plans did not always outline clearly people's needs. There was no written evidence that one person with a risk of falling was being monitored and there was no evidence a follow up with the GP had been carried out. When people were prescribed creams there was no body map in place to show staff where on the body the cream needed to be applied. Following the inspection the provider sent us an

action plan to tell us the improvements they planned to make by the end of August 2014. During this inspection we looked to see if all the improvements had been made. At this inspection we found improvements had been made. There was appropriate information in care plans for staff to follow which was reviewed and showed any changes made. Daily records showed that the needs identified in care plans had been met, for example people

# Summary of findings

were monitored for falls or weight loss in line with their care plan. All care plans for people prescribed creams included a body map showing staff exactly where the creams should be applied and when.

Avalon Court Residential Home is registered to provide care for up to 16 people. The home specialises in the care of older people but does not provide nursing care. There were 13 people living in the home at the time of our visit.

The manager had been in post since December 2013 and had applied to The Care Quality Commission to be registered. At the time of the inspection an application was being processed by the registration team. A 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.

During the inspection there was a relaxed and cheerful atmosphere in the home. People chatted easily with staff and there was friendly banter with people during a game of bingo. People told us they always enjoyed laughing and joking with staff. People said they were happy living in Avalon Court and found staff were always caring and compassionate. One visitor said, "The staff are always very welcoming and we can have an easy chat."

The manager's vision for the home was to ensure all people maintained dignity, respect and choice, this could be seen throughout the visit. Staff all demonstrated their awareness of the manager's vision and could tell us how they helped people to maintain choice and provide support in a dignified and respectful manner. One staff member said, "It's their home so they must have the choice to do what they want when they want, the same as they would in their own home."

All care staff had received training in identifying and reporting abuse. All staff spoken with were able to explain to us the signs of abuse and how they would report any concerns they had. They all stated they were confident any concerns brought to the manager would be dealt with appropriately. People told us they felt safe in the home and they all knew who to talk to if they wanted to raise a concern or complaint.

People said they felt safe living at the home and with the staff who supported them. One person said, "They are all

very kind and caring." A visitor said, "I am really happy mum is here and I feel she is safe and well cared for." There was a robust recruitment procedure in place which minimised the risks of abuse to people.

People's health care needs were fully assessed and care and support was provided on an individual basis. One staff member told us, "People have care plans and they show us if there have been any changes, but the person can decide daily what they want. You don't just work to something written weeks ago." This meant people's individual changing needs were considered and catered for in consultation with them or a family member if necessary. Care plans and care practices were monitored to ensure people's preferences were being followed and improvements were made when needed.

People had access to healthcare professionals such as the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical well-being, such as changes in weight or mobility, effective measures were put in place to address any issues.

Everybody spoken with told us they enjoyed the food, they all said the food was excellent. People were offered choices and the food was nutritious and well presented. People who needed assistance with eating were supported in a dignified unhurried manner. Some people chose to eat in their room, one person said, "The food is always still warm when it gets to me." The cook was researching allergens in food so they could provide people with a more informed choice of the meals they were being offered.

People told us there was plenty to do. There was no planned programme of activities but people were asked at the time what they would like to do. One person enjoyed knitting and staff supported them to continue with their hobby. People were supported to maintain links with the local community; the manager had links with local groups and the school.

There were systems in place to monitor the care provided and people's experiences. A regular survey was carried out asking people and their relatives about the service provided by the home. The manager was implementing a survey for healthcare professionals to comment on their

# Summary of findings

experience. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

# 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 were safe because the provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People were provided with enough experienced and skilled staff to support their needs

People's medicines were managed well and staff received training to support them to do this.

Good



### Is the service effective?

The service was effective.

People who lived at the home received effective care and support because staff had a good understanding of their individual needs.

Staff received ongoing training and supervision to enable them to provide effective care and support.

People's health needs were met and they could see health and social care professional when needed.

People's rights were protected because staff understood the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Good



### Is the service caring?

The service was caring.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People's privacy and dignity was respected and they were able to make choices about how their care was provided.

Visitors were made welcome at the home at any time

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

The manager worked with professionals to ensure they responded appropriately to people's changing needs.

People had access to activities on a daily basis, there was no planned programme people chose what they wanted to do at the time.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

People who lived at the home and their relatives told us the home was well run.

Staff told us the manager was approachable and listened to any suggestions they had for continued development of the service provided.

The quality of the service provided was effectively monitored to ensure continuous improvement.

Good



# Avalon Court Residential 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 29 January 2015 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also looked at other information we held about the home. At the last inspection 11 August 2014 we found the provider was in breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010, Care and Welfare of people who use services. During this inspection we looked to see if all the improvements had been made.

At the time of our visit there were 13 people at the home. We spoke with three people individually and a group of three people sat in the lounge. We also spoke with one visitor, four members of staff and the manager. We looked around the premises and observed care practices. We looked at records which related to people's individual care and to the running of the home. These included three care and support plans, three staff personnel files, records of health and safety checks and medication administration records.

# Is the service safe?

## Our findings

People told us they felt safe living in the home. They said they knew all the staff and felt comfortable with them. One person said, “All the staff are really kind, I feel safe and secure, never a cross word”. The group of three people all agreed they felt safe and staff were, “kind and considerate”.

Risks had been identified and where possible discussed with people or someone acting on their behalf. For example in one risk assessment the person preferred not to be checked during the night once they had settled. This had been clearly recorded and the person had understood the risk and signed the risk assessment. Other risk assessments included the risk of developing pressure ulcers and falls. People at risk of developing pressure ulcers had been assessed and the protective equipment was put in place to reduce the risk. The risk of falls for one person had been identified and records showed staff monitored the person and a referral to the GP team for a falls assessment had been made.

People told us there was sufficient staff to meet their needs. One person said, “I know all the staff and there are always enough here to look after us”. Another person told us, “There are enough staff here, they have time to sit and chat and have a laugh”. During the visit we observed staff had time to chat and join in activities with people as well as carry out their routine duties and respond to requests for assistance. Call bells were responded to promptly and nobody had to wait to receive support.

The manager confirmed they were able to be flexible with the numbers of staff on each shift. They said they would assess the needs of people using a dependency tool to show how much support individuals needed. They could then increase staffing numbers in line with the changing needs of people in the home. They also confirmed extra staff would attend if they had activities outside the home which required more staff. Some staff lived on the premises and were available if extra staff were needed urgently.

Staff told us they had all attended training in safeguarding people. They also confirmed they had access to the organisation’s policies on safeguarding people and whistle blowing. Staff were able to tell us about the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse, They

were provided with information in their service user guide and contact details for the local authority safeguarding team were displayed in the home for people, staff and visitors to read.

Risks to people were minimised because relevant checks had been completed before staff started to work at the home. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. DBS is a service that maintains criminal records which providers can check before employing staff. Records for staff from foreign countries were translated into English, and police checks from their country of origin were obtained.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people’s medicines; these were followed by staff. Medicines were only administered by staff who had received appropriate training to carry out the role. One person told us they managed their own Paracetamol. Staff had carried out a risk assessment around the possibility of overdose. They had discussed their concerns with the person and agreed measures to reduce the risk. Records showed the risk was clearly recorded and staff carried out checks in line with the risk assessment and care plan.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. We looked at the medicines administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked a sample of records against the medicines held at the home and found them to be correct.

The service had plans in place for emergency situations and maintained important equipment to ensure it was safe for people to use. There were regular checks on the stair lift and the fire detection system to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated. This included an agreement with a home owned by the same provider to ensure a safe place for people to go.

# Is the service effective?

## Our findings

People spoke highly of the staff who worked in the home they said staff knew their needs and knew how to support them in the way they preferred. One person told us, “I have been in other homes and this is the best so far, they respect what I want and they certainly know what I like and dislike”. Another person said, “They are all really good they take the time to understand what I like and want to do”. One visitor said, “They look after mum very well and she can decide on what she wants to do, like today she has come back into her room”.

There was a stable staff team; one staff member told us they had worked at the home for a number of years. Staff were able to tell us how they would care for each individual effectively. One staff member told us, “We discuss what is needed and we all have an input in the care plans and daily records so we know what is needed and what people want”. We observed the afternoon hand over when staff discussed the needs of people and any changes.

We spoke with staff and reviewed training records. Staff said there were opportunities for on-going training and for obtaining additional qualifications. They told us they could request training specific to people’s needs such as dementia care or diabetes care. One staff member commented on dementia training they had attended. They said “It has helped put in perspective why one of our ladies wants to leave the building. It was a great help in understanding ways to divert them and get them to join in something they enjoyed.” Seven of the twelve care workers employed had completed an NVQ (National Vocational Qualification) in Health and Social Care.

Staff were provided with an induction programme which followed the Skills for Care common induction standards, these are nationally recognised standards for people to achieve during induction. One staff member told us they had worked through a thorough induction when they started working at the home. They said they had received training and had worked with another care worker until assessed as competent to work unsupervised. Staff said they received formal supervision and had an annual appraisal. Records of these showed staff had discussed the care needs of people, their personal development and ways of improving the service they provided.

Records showed people were involved in their care plans and consented to the care they received. Two of the three care plans included the signatures of the person showing they had agreed to the plan in place. Whilst another showed the person had been involved in the review process. One person said, “I told them all the things they needed to know then they discuss it with me to make sure things haven’t changed. I was kept informed and asked my view from the start”. The care plans contained an initial assessment which identified people’s needs. The daily records maintained by staff showed people’s needs were being met according to their care plan. One staff member said, “Everybody can tell us what they want at the moment, but we must always remember there are other ways of finding out what people want such as large print or pictures”. Some notices on the board in the entrance hall were displayed in large print and people’s hospital passports included easy read pictures as headings for each subject. At the time of the inspection nobody required pictorial support with making choices.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One staff member told us, “I know the training said we must assume the person has capacity, which is good as you do not go in assuming they do not know what they want to do and why”. Another staff member said, “Everybody is able to make their own decisions at the moment, but we have one person who has had a best interest meeting to make a decision for them”.

The manager confirmed that at the time of the inspection one person in the home was subject to a Deprivation of Liberty safeguards (DoLS) authorisation. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. This person’s care records showed the correct application had been made and review process followed. There were clear records for staff to refer to about how to ensure the restrictions were the least restrictive possible and only used when needed. One staff member explained, “We know what the signs are and most of the time we can divert them, but sometimes we have to stop them from



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leaving the home and it is very clear how to do this and when". The manager was aware of the recent court judgment which extended when applications may be needed and they were in discussion with the local authority on any implications this may have for the service.

People told us they saw health care professionals if they needed to. Records showed regular appointments had been made with a chiropodist, optician and a dentist. One person said, "I see the chiropodist regularly which is really good as it means I can keep on my feet". One visitor said, "They are really good at calling in the GP if needed and they always keep me informed".

Everybody spoken with said the food in the home was good, one person said, "If there is one place for praise it's the food. It is always really good". Another person said, "I always enjoy my meals here and we talked about what meals we preferred at one of the get-togethers they have". The meal choices of the day were written on a noticeboard and we heard staff ask people what they wanted before lunch was served. On the noticeboard we saw the cook had included some of the ingredients such as wheat or gluten. The cook told us they were researching allergens; these are

foods that people may be allergic to, such as nuts and wheat. The cook said they planned to have a list of possible allergens for all the food they provided so people could be fully informed before making their choice of meal.

At lunch time the tables were laid neatly and everybody had a drink of their choice. Some people choose to have a glass of wine or a sherry whilst other chose squash. One person requested orange juice rather than squash and this was provided. The mealtime was cheerful and appeared to be a social occasion for those who chose to go to the dining area. Other people chose to eat in their rooms and food was taken to them whilst still hot. People who required help to eat their meal were supported in an unhurried and dignified way. One person said, "Did I really choose that?" when bought their meal, the staff member confirmed their choice but restated the options so they could change their mind if they wished to.

At the time of our visit nobody was assessed as at risk of malnutrition, however people's weights were checked monthly and any changes recorded and an assessment put in place if necessary.

# Is the service caring?

## Our findings

Everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff that supported them. One person told us, "They are all very kind and caring, they look after me very well." Another person said, "I prefer to sit in my own room and they respect that. I am not left to be lonely they pop in for a chat to see how I am and I really think they care about how I feel it's not just their job." A visitor said, "The quality of care is brilliant, they treat mum as an individual and they know what she likes and dislikes".

People told us they could see their friends and relatives whenever they wanted. One person said, "It's my birthday soon and I will be going out with my friends for the weekend." Staff confirmed the arrangements had been made for them to go away. Another person said, "Most of my family live locally so they can just pop in and out when they want to, nobody minds." Whilst a third person said they were going to church on Sunday and would see all their friends regularly. Staff had a very friendly and close relationship with people in the home. We observed friendly banter between people and staff during a game of bingo.

People said staff respected their privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's

belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. One person said, "What's important to me is they respect the fact I don't want them to be in and out of my room every five minutes. I told them I didn't want someone poking their head round the door through the night and they don't."

People were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Life histories called a "Welcome from me to staff," had been recorded in care plans so staff knew what the person liked to talk about, their hobbies and likes and dislikes.

We asked people how they were involved in the day to day decisions made in the home. Two people told us about a resident's meeting they had attended; one person said, "We sometimes have a meeting with the manager and staff, last time we talked about the menus and what we would like." Another person added "Yes and we decided where we would like to go on trips."

Care plans included people's wishes about how they wished to be cared for at the end of their life. The information held showed discussions about resuscitation had been recorded and decisions reviewed with people. These had been carried out with the appropriate professionals and family members.

# Is the service responsive?

## Our findings

Staff spoken with demonstrated a clear knowledge of the needs of the people in the home. This meant they were able to provide care that was responsive to individual needs. Staff were able to give us detailed information of how they would care for each person as an individual. One staff member told us, “We all know everyone personally, and the care plans keep us informed of changes, but it is important to always remember the person is at the centre of their care. It is what they want at the time that is important to them.” Another staff member said, “This is their home, they may not have wanted to come here and it is up to us to make it feel as much like home as possible.”

People told us they received care and support in line with their needs and preferences. One person said, “I think they know me now as well as I know myself. They know I like to come back to my room after lunch and help me here and make me comfortable.” Another person told us “I asked if we could have beetroot the other week and they have got some for me. They really listen to you and do what you ask or suggest.” A visitor said, “They are flexible and respond to the need at the time rather than things being set in stone.”

Before a person moved into the home their needs were assessed to ensure the home could meet their needs. The manager said, “We would only take a person if we were sure we could meet their needs. We talk with them and their relatives and any professional involved in their care to make sure the move is right for them.” One person said, “You’re always told it’s your choice but that is not my experience. The social worker found this place I met the manager and visited. The manager did say it was up to me so I guess they respected my choice, so I thought I might as well give it a go and it’s been ok so far.”

Following their initial assessment each person had a personalised care plan which reflected their individual needs. The care records were up to date and included regular reviews and changes made when people’s needs changed. Each care plan included a hospital passport so key issues were immediately available for health professionals if a hospital admission was needed. One visitor said they felt they were kept informed and involved in their relative’s care. They said, “I am always informed of changes and when they review care plans I am invited to come in and discuss them with mum and the staff.” Care plans included regular reviews and showed people and

their relatives had been involved. Following our last inspection in August 2014 we found care plans did not always outline clearly people’s needs. There was no written evidence that one person with a risk of falling was being monitored and there was no evidence a follow up with the GP had been carried out. When people were prescribed creams there was no body map in place to show staff where on the body the cream needed to be applied. At this inspection we found improvements had been made. There was appropriate information in care plans for staff to follow which was reviewed and showed any changes made. Daily records showed that the needs identified in care plans had been met, for example people were monitored for falls or weight loss in line with their care plan. All care plans for people prescribed creams included a body map showing staff exactly where the creams should be applied and when.

Each person was allocated a keyworker. This is a staff member who understands their specific needs and likes and dislikes. They were responsible for ensuring all staff were kept informed of any changes.

The service encouraged and responded to people’s views and suggestions. People said they felt they could discuss their care and living in the home at any time. A customer satisfaction questionnaire was sent to people and their relatives in July 2014 and responses were mainly complimentary. Suggestions for improvements were around the décor and maintenance of the home. One comment was regarding the entrance to the home. Action had been taken to make the entrance more inviting with pot plants being added. The manager confirmed they did not send surveys to other professionals involved with the home, but would be implementing a survey for health care professionals shortly.

People told us about the activities in the home. One person told us, “There always seems to be something going on. We can choose if we want to join in or not.” Everybody spoken with told us they had enjoyed the game of bingo and one person explained how staff supported them to continue knitting. The manager confirmed activities took place but there was no set timetables as staff would do the activity people choose at the time. These activities were agreed with people at resident meetings and organised to help people continue to follow a hobby, such as gardening,

## Is the service responsive?

knitting, going for a walk or taking part in quizzes. We observed people were asked what they would like to do and if they wished to join in. One person said, “I don’t like bingo so I have come down here to watch the tennis.”

We asked people if they knew how to make a complaint if they needed to. The group of three people told us they knew who to go to and what to do. One person said, “I have

a voice and I know how to use it so if I wanted to say something I would. But you know what? I haven’t had to say anything in complaint so far.” Another person said, “Nothing to complain about but can always talk to the manager, they listen”. The manager told us they had a very clear policy on managing complaints. They said they had not had any formal complaints so far.

# Is the service well-led?

## Our findings

People told us they felt the manager was open and approachable. One person said, “We see her every day and she is just as approachable as all the other staff you can have a chat and tell her how it is.” A Visitor said, “The manager is always available to talk with she takes on what you say and is very approachable.”

The management structure in the home provided clear lines of responsibility and accountability. The manager was in the process of becoming registered with the Care Quality Commission. Staff members had job descriptions which identified their role and who they were responsible to. Staff rotas showed there was a senior member of staff on each shift for staff to go to for guidance. The manager also worked on the floor alongside care staff. They confirmed this gave them the chance to ensure care was being carried out in line with people’s care plans. One staff member said, “You never feel on your own there is always someone senior you can talk to if you want advice.” Another staff member said, “It’s great, like working with family, I like it here.”

The manager had a clear vision for the home. This involved maintaining dignity, respect and choice for people. The manager’s vision was shared with staff at meetings. One staff meeting was taken up with discussions about the home’s equality, diversity and inclusion policy. One staff member said the manager was, “Really in to making sure people were treated with dignity and respect. She reminds us regularly that this is their home and we must respect that.” Another staff member said, “It’s all about choice and respect, and thinking about how you would want to be treated.”

There were effective quality assurance systems to monitor care and plans for ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. In response to an audit of care plans the manager was in the process of introducing new care plans that would place more emphasis on person centred care. The manager also spoke daily with people about their experience in the home. The provider had systems in place to monitor the improvements implemented by the manager. They met

with the manager and staff to ensure the vision of the home was being maintained. They had a good relationship with people in the home and people spoke about the provider visiting and listening to their ideas.

When shortfalls were identified at the last inspection the provider acted immediately and implemented improvement to the records for care planning and recording of creams. There was an improvement programme in place which included on going maintenance of the building and grounds. There were also plans to develop the computer system to provide more video call contact for people in the home to talk with relatives and friends.

All accidents and incidents which occurred in the home were recorded and analysed. Records showed that when someone had a number of falls action was taken to reduce the incidents and minimise risks

The manager kept their skills and knowledge up to date by on-going training and reading. They shared the knowledge they gained with staff at staff meetings. The manager had shared training regarding person centred care planning; this meant the way care plans were recorded was being changed to ensure they reflected more of the person as an individual. Other staff members who took the lead in specific areas would cascade their learning to other staff. For example one staff member researching the allergens in food was sharing their plans to identify them on the menu board with other staff. One staff member said, “I found the hearing aid training really good and then I have been able to share that with other staff.” During the inspection this staff member talked to a person about their hearing aid and the need to get the batteries renewed so they could hear what was going on around them. They told us, “It doesn’t take long for them to become isolated when they are not working”.

Staff supported people to continue their involvement with the local community. Some people went to church on Sunday’s and saw friends. Others had visited the local school to tell the children about their experiences of living during the war. The home also held fund raising events for local charities.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.