

Aspects Care Homes Ltd

Avalon House

Inspection report

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Date of inspection visit:

05 November 2019

06 November 2019

Date of publication:

20 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Avalon House is a residential care home providing personal care to people who are living with mental health conditions. At the time of the inspection five people were living at the home and the service can support up to 10 people. The care home accommodates people in an adapted building which is set over two floors.

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

People did not always receive safe care. The risks associated with people's care had not consistently been identified and plans were not always in place to minimise these. People were supported by staff who understood the appropriate action to take should they be concerned about their safety. Staff had been recruited safely although we found improvements were needed to ensure the recruitment process became more robust. People were supported to take their medicines safely although we found improvements were needed in the record of medicine administration.

People received effective care. People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to receive appropriate healthcare in line with their specific needs. Staff had received training around people's needs. People were supported to eat and drink meals of their choosing and were encouraged to develop life skills around preparing meals.

People received support that was caring, compassionate and kind. People were involved in all aspects of their care. People had their dignity and privacy respected. One of the key aims of the service was to develop people's life skills. People told us, and we saw that this enabled people to have their independence promoted.

People received care that was responsive to their needs. People had been involved in stating how they wanted their care to be delivered. People had activities available to them based on their individual interests. People were able to raise concerns and be assured these would be investigated.

The service was not consistently well-led. Whilst systems were in place to monitor the quality and safety of the service the provider's systems needed to become more robust to enable all aspects of the service to be monitored. Staff were able to feedback their views of the service and felt supported. The manager acted openly and responsively during the inspection ensuring they took immediate action to remedy any areas of improvement we identified.

Rating at last inspection

This service was registered with us on 14 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in relation to the safety and governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 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 Care Act 2014.

Inspection team

This inspection was carried out by an inspector and an assistant inspector on both days of the inspection.

Service and service type

Avalon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission although the manager advised she was due to be interviewed for the role by the CQC shortly. The registered manager 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 publication of this report the manager has now become a registered manager with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service before the inspection. We sought feedback from the local authority who work with this service. The provider was not 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people. We spoke with the manager, the deputy manager and four staff members. We also spoke with a healthcare professional on the phone during the inspection.

We reviewed a range of records. This included five people's care records and five medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and quality monitoring records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were not in place to mitigate all of people's known risks. The provider had not ensured staff had clear guidance in place to minimise the risks associated with people's care.
- Risks to people's health had not always been recognised. For example, one person had increased risk due to the medications they were taking and how they interacted with their diabetes.
- Whilst staff could tell us about people's current risks and how to support them they could not consistently tell us all the risks associated with people's care.

A failure to prevent avoidable harm or risk of harm is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took immediate action upon receiving feedback of our concerns to review people's risks and put appropriate guidance in place to ensure people's risks were mitigated. This was completed by the second day of the inspection.
- We spoke with a healthcare professional during the inspection to confirm some of the risk management procedures that had been put in place to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and one person told us, "I feel safe and respected."
- People were supported by staff who had received safeguarding training and who understood the signs of abuse and appropriate action to take should they have concerns. Staff were confident that the management team would take appropriate action to deal with safeguarding concerns.

Staffing and recruitment

- Staff informed us there were sufficient staffing levels at the service based on the number of people living there currently. We saw that staff were available in communal areas of the home during the inspection.
- Staff informed us that recruitment checks had been carried out prior to them working at the service. We checked three staff files to see the process around staff recruitment and noted that some references were missing from these files. The manager had contacted the human resources department who verified that references had been gained but had not been placed in staff files. By the second day of the inspection these references were available for us to verify.

Using medicines safely

- One person we spoke with told us about the support they received with their medicines and said, "The staff support me with my medicines and I'm working towards total independence."
- Whilst people received safe support with their medicines we found errors in some of the recording of medicine administration. The manager confirmed that medicines had been administered but that there had been errors in the documentation. Audits of medicines had not highlighted these. The registered manager increased the frequency of audits by the second day of the inspection.
- Some people at the home were able to self- administer their medication. The provider had assessments available to assess the suitability of people self- administering their medicines. However, we found that these had not been fully completed. The registered manager took immediate action and put these assessments in place during the inspection.
- We found that some people were taking a high- risk medication. External healthcare professionals were assigned to monitor the use and risk factors associated with this medicine on a regular basis. However, we found that staff had not received training around this medication. The manager had spoken to the training team and had arranged training to take place around this by the second day of the inspection.
- Staff informed us that they had received medication training and that checks were made on their practice before they were deemed competent to support people with their medicines.

Preventing and controlling infection

- Staff were aware of their responsibility for good infection control standards. We saw that personal protective equipment was readily available around the home and saw staff using this appropriately.

Learning lessons when things go wrong

- There were systems in place to report any incidents or accidents at the home. The manager informed us of the process they carried out to review each incident and to put steps in place to reduce the chance of a similar incident occurring again.

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.

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

- The manager informed us that they would only provide care to those people whose needs they could safely meet.
- Initial assessments had taken place to determine people's needs prior to them moving into the home.
- People were offered a gradual introduction to the home whereby they would stay for a couple of nights at a time to start with. This aided in the assessment of needs and enabled the person to decide if they would be happy living at the home.

Staff support: induction, training, skills and experience

- Staff informed us that they had an induction when they first started working at the service and felt the training they received had equipped them for the role. One staff member told us about their training and said, "I think it's good I get a lot from it."
- There were systems in place to ensure training was scheduled and updated in line with the providers policy.
- People felt that staff had the skills they needed to support them.

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

- People told us they were happy with the support they received with their food and drink and that their dietary requirements were met. The level of support people needed with food preparation was documented in their care plans.
- People were encouraged to gain life skills by taking part in meal preparations to enable their independence to be promoted.

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

- The manager informed us of close liaison and regular meetings that were held with peoples named mental health professionals to ensure consistency of care. We saw evidence that these meetings took place.

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

- The home was fully accessible by all people who were currently living at the home and was well maintained.
- People were able to decorate and style their bedrooms how they wished.

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

- People had a health check prior to moving into the service and we were informed that an annual review of people's health would take place.
- People had been supported to maintain their general health. People told us how staff supported them to access the GP in relation to health conditions. In addition, people had been encouraged to eat more healthily and access fitness sessions to support their general health.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff were aware that, whilst people currently had stable mental health, they would need to have regard to the MCA should a person's mental health decline. Staff could tell us signs of a person's mental health deteriorating and therefore when the MCA may need to be put into practice.
- Staff had received training in the MCA.
- People were fully involved in their care and were supported to make choices around how they wanted their care to be delivered.

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.

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

- People told us they felt well supported at the home. One person told us that staff knew how to support them when they were feeling anxious. This person told us they preferred male staff, and this was the support they received.
- People commented on the benefit of having a stable staff team. A person told us, "The staff are friendly, kind and helpful, they know what to do to support us." Another person told us, "Staff made me feel comfortable and are warm and welcoming. I wake up happy."
- Staff told us they enjoyed supporting people and one staff member told us, "I love my job, every day is different, I love building relationships with people and working with them to achieve positive outcomes." Another staff member told us the best part of their role was to, "Encourage and support [people] to get them where they want to be. Their future could be really better." Another staff member told us, "I just like helping people....helping people better themselves."
- We saw friendly, kind interactions between people and staff and noted a calm environment within the home.

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

- People were involved in making decisions about their care. The manager had a key worker system implemented that enabled people to have key staff members who would support them.
- The manager explained that they had matched staff to people who had common interests to enable stronger relationships to form.
- Peoples care plans had important information about how to support their mental health and signs that people's mental health may be deteriorating.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity protected and were encouraged to remain independent. Staff sought people's consent before entering their bedrooms to retain their privacy.
- Peoples independence was promoted. One of the aims of the service was to provide people with life skills and goals to enable them to live independently. There were systems in place to monitor the progression of this.
- People were able to access the community independently once it had been assessed as safe to do so. Staff supported people by making trips with them initially until people had got used to the route to take to access various activities.

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 had been involved in stating how they wanted their care to be delivered. People told us that staff understood their needs and one person told us, "We take it at our own pace. Anything we need we will ask."
- We saw that there was a schedule to review people's care. However, this had been completed inconsistently. The manager had addressed this by the second day of the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager informed us that no one living at the service had specific communication needs. However, they were aware of the different considerations they would need to have should they begin to support someone with specific communication needs.

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

- People had been supported to participate in activities that were of interest to them. This had been implemented gradually with staff support to assess whether people were able to access them independently. People told us the benefit this had to them.
- People told us that staff were aware of their interests and had been proactive in researching ways that people could maintain and expand these interests. For example, staff had contacted colleges to determine if they provided courses around one person's specific interests.
- People had been supported to maintain relationships that were important to them.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. However, there had been no complaints received since the service opened.
- We saw that there was an open culture at the service whereby people would come and talk to staff or the manager about any concerns they may have.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. The manager informed us that they had discussed end of life care with people and would document people's wishes when they were ready

to discuss this in more detail.

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 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

- We found that improvements were needed in the quality and monitoring systems at the service.
- Monitoring systems had not been effective in identifying that care plans and risk assessments had not been completed for all of people's known risks.
- We saw that monthly reviews of people's care records and notes were planned. However, these had not consistently been completed. The manager assured us that this would be addressed.
- Monitoring systems had not identified that medicine records were at times inaccurate and that assessments of self-administration had not been completed.
- Monitoring systems had not identified that recruitment records were not always available.

A failure to have robust and effective governance systems in place is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager has acted responsively following the inspection and has been open and transparent in their responses to us. The manager took immediate action by the second day of the inspection to improve the monitoring of the service and immediate action to check on the safety of the people receiving care.

- The manager was aware of when they needed to notify us about specific incidents that had occurred at the home.
- The manager had recruited a deputy manager who would be available to provide managerial cover when the manager was supporting some of the providers other homes.

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

- The service worked with people and health professionals to ensure the service people received was person centred. The manager informed us that one of the aims of the service was to, "Try and offer a supportive family unit."
- One staff member described the home as, "It's a family orientated home, a homely home, it's not just a place to exist."

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

- Through our discussions with the manager we determined that they were aware of and acted in line with the duty of candour requirements. The manager was open and transparent throughout the inspection process.

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

- Staff felt supported in their roles and one staff member told us, "[name] is a good manager if I need anything I don't need to make an appointment to see her, you just knock the door it's always open." Another staff member told us, "Any problems I speak to the manager and report it. Then I know I will get support straight away."

- Most people had only been living at the service for a short period of time and therefore questionnaires and surveys had not yet been issued. The registered manager had plans to send out questionnaires in the new year once people had lived at the service for a longer period.

Working in partnership with others

- The service had strong links with people's mental health professionals to enable people to receive consistent support with their care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to prevent avoidable harm or risk of harm 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to have robust and effective governance systems in place 17(1)(2).