

K Jones and R Brown

Avalon Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Avalon Care Home is a residential care home providing personal care for up to 26 people. The service provides support to adults aged over 18, including people with a learning disability and or autism. At the time of our inspection there were 26 people using the service. The home is set over three floors, and these are accessible via a lift. There are two communal lounges and a dining area.

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

Not all risks and concerns were identified or managed with effective systems.

We have made recommendations about the management of medicines and Mental Capacity Assessments.

Staff had good knowledge of people's needs, likes and dislikes. A relative told us, "The staff are caring and kind and know (the person) well." The home was clean and tidy; one relative said, "It is always nice and clean. They change (the person's) bedding daily."

People's needs were assessed, and they were supported by staff that had the right training, skills and experience.

People were positive about the menu and one person told us they loved the food. People could decorate their room how they liked and the home made changes to make sure people were comfortable.

There were some gaps in the overall governance of the service. However, we found a positive culture amongst managers and staff which benefitted the people who lived at Avalon Care Home. Senior managers engaged well with others and responded to feedback quickly to make improvements to the care given.

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.

Based on our review of safe, effective and well-led, whilst the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture, we were not assured about systems and processes which support good governance.

People were supported to have choice and control and staff encouraged independence. Adaptations were being made so that people with a learning disability could have appropriate spaces within the home which met their needs.

Care was person centred and promoted dignity, privacy and human rights. Care plans reflected the holistic needs of people and were written respectfully and with people at the centre.

Managers and staff had values which made sure that people using the service were empowered to live confident and positive lives. Staff worked alongside other professionals to make sure they had the necessary knowledge and skills to support people in an inclusive way. People had the opportunity to gain skills such as cooking and gardening.

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

Rating at last inspection

The last rating for this service was good (published 8 May 2019).

Why we inspected

We received concerns in relation to the management of safeguarding issues. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end 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. This included checking the provider was meeting COVID-19 vaccination requirements.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the governance of the service at this inspection. 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 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?

Requires Improvement ●

The service was not always 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Avalon Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 was undertaken by one 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

Avalon Care 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with nine members of staff including managers, care staff, cooking and domestic staff. We spoke with two people that used the service and eight relatives.

We looked at a range of records including four care plans, medicine records and policies. We checked three staff files.

After the inspection

We continued to review information sent electronically after the inspection.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Using medicines safely

- Systems and processes to ensure the safe management of medicines were not always operated effectively.
- Senior staff told us they would routinely complete medicine audits, however we were told they had got behind with these in recent weeks due to pressures resulting from the pandemic. We did not see any medicine audits meaning mistakes could be missed and not acted upon.

We recommended the provider consults national best practice guidance for the management of medicines within a care home setting.

Following our feedback, the provider told us they had started to complete medicine audits again.

- Medicine policies including use of controlled drugs and 'as required' medicines were in place and up to date.
- We checked people's medicines care notes and found they were accurate and up to date. They had the right information including details about allergies.
- All medicines were locked away and stored appropriately.
- Staff assessed people as to whether they could manage their own medication.

Assessing risk, safety monitoring and management

- The registered manager completed risk assessments and health and safety monitoring. We found gaps in the recording of maintenance needs of the home.
- The provider completed regular walk rounds to check the environment and maintenance needs. Staff used a communication app on their mobile devices to highlight any issues. However, there was no formal system to record when things needed fixing or replacing, and what actions were taken. We did not observe any concerns about the environment during the inspection.
- Following feedback, the provider told us they had a system in place to record and monitor maintenance needs. They also told us they replaced the fire alarm system after identifying faults with the previous system.
- People's care plans and risk assessments were up to date, detailed and person centred. They were reviewed regularly and showed clearly how people's needs should be met.

- Health and safety risk assessments were in place and up to date. For example, fire risk assessments, electrical safety and gas safety. Staff completed regular fire evacuation rehearsals.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems to safeguard people from the risk of abuse.
- There was an up to date policy and staff could describe what actions they would take if they had concerns.
- The registered manager had systems to identify and record concerns and made sure they were reported to the right people.
- Relatives agreed that people were safe, one person told us their relative was "safe and well cared for".

Staffing and recruitment

- There were safe and effective staffing and recruitment practices.
- The registered manager made sure there was enough staff on duty to meet people's needs.
- Relatives told us people received consistent care and one person said, "There is enough staff, although they are busy."
- We checked staff recruitment files and saw that all necessary safety checks were made.

Preventing and controlling infection

- There were effective measures in place to manage infection prevention and control.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives' feedback was positive. One person said, "Generally it is clean and comfortable and warm."

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- The registered manager was committed to improving the service and made sure lessons were learned when things went wrong.
- Staff understood their responsibilities to report any concerns and said that managers always took action, and provided feedback regarding any changes made.
- There was an electronic recording system for managers to fill in incident and accident forms. The registered manager monitored these and identified any themes.
- The registered manager made changes following incidents and made sure staff knew about changes to practice. For example, updating risk assessments and care plans after someone had a fall.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found gaps in the recording of Mental Capacity Assessments.
- We asked the registered manager for copies of Mental Capacity Assessments however this was not provided. We were not assured that managers understood their responsibilities, meaning there was a risk they were not following guidance to support people to make decisions.

We recommend the provider consider current guidance around MCA assessments.

- The service provided MCA training, and staff had good understanding of the principles of the MCA, such as using least restrictive options.
- Care plans directed staff to consider mental capacity throughout their care tasks showing that staff understood the importance of supporting people's choice and control at all times.
- The registered manager requested authorisation from the local authority to deprive a person of their liberty and kept track of expiration dates.
- There were appropriate conditions in place for people that had a DoLS, which staff were aware of and followed.

Staff support: induction, training, skills and experience

- The registered manager made sure that staff were trained and had the right skills and experience.
- Senior managers provided supervision to staff however we found this was irregular over the past few months. Staff told us they received good levels of informal support and the managers were hands on and always available for support.
- The registered manager made sure staff received appropriate training. We saw certificates in staff files showing they had completed inductions and training, and managers regularly checked competencies. Staff told us they felt they had the right levels of training and support to do their job.

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

- People's needs and choices were assessed, and care was delivered in line with standards and guidance.
- One relative told us, "Learning disability training is now mandatory for all staff, so they are better at understanding how to care for people."
- Assessments considered protected characteristics to make sure that people were not discriminated. For example, care plans included questions about people's race and culture, and any preferences associated with this.
- The service used technology to assist staff to provide safe and effective care. This included handheld electronic devices; several were available in the corridors outside people's rooms. Staff used these to input care notes and view care plans and risk assessments. Staff could use electronic devices to communicate any concerns directly to the managers.

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

- People were supported to eat and drink to maintain a healthy diet.
- The chef had good knowledge of people's dietary needs and preferences. For example, people with diabetes received a special diet.
- There was a good amount of choice, and the chef made something different if people did not like what was on the menu.
- There was a wide range of fresh fruit and vegetables and all meals were made at the home.
- People and their relatives were positive about the food. One person told us, "(My relative) has a good appetite and loves the food. The chef will change something if he doesn't like what is on the menu, he makes soup for him as well."

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

- Staff worked well with other agencies to provide effective care. For example, the community learning disability team recently provided extensive input to help staff understand how best to support people who lived at the home.
- The registered manager worked with other providers to support people who were at the end of their life.
- Staff made referrals to a range of community health professionals in a timely manner. One relative told us, "They will get a GP in quickly and they are good at keeping in touch."

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

- The service made sure they adapted and designed the service to effectively meet people's needs.
- The building had a homely, bright and lively atmosphere with accessible communal spaces which most people used.
- The home was undergoing adaptations during the inspection. The changes included a downstairs dining and living room area to meet the needs of people who used the service.
- There was outdoor spaces and a good size garden for people to use and accommodate visitors.
- People told us they could decorate their rooms according to their preferences.

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

- Staff supported people to live healthy lives and access wider healthcare services.
- The care plans were of a high standard and very person centred. They showed that people and their relatives were involved in the planning of their care.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always make sure there were adequate governance systems in place to support the safety of people using the service.

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

- We found that systems to monitor performance and risk were inconsistent.
- The registered manager was behind with audits, including medicine audits. They told us it was because managers were completing care tasks as a result of the pandemic. This meant it was possible that mistakes or risks were missed, and improvements not made.
- Although staff were up to date with their training as indicated in their certificates, the registered manager did not keep the training checklist up to date. Therefore, there was a risk of not being aware when training would expire.
- Maintenance needs of the home were not being recorded, meaning we were not sure the living environment was checked and managed to support people to stay safe. However, we did not observe any concerns about the environment during the inspection.
- Formal supervision of staff was irregular, although staff could access informal support.

We found no evidence that people had been harmed, however there was a lack of effective systems to monitor performance and risks. This placed people at risk of avoidable harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the registered manager said they would make necessary changes to address, including completing regular audits and arranging regular supervisions.

- There were effective systems to record and monitor incidents and identify themes. The registered manager made changes following investigations of incidents. For example, updating falls risk assessments and care plans.
- The registered manager was aware of their regulatory requirements and notified relevant organisations of issues when required.
- There were clear processes for staff, and managers were supported by their human resources department to make sure that performance issues were dealt with properly.

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

- We found a positive culture at Avalon Care Home.

- Staff worked there for several years and told us they enjoyed working for the service.
- One staff member told us, "We have good working relationships with managers; it is a positive place to work."
- Relatives were positive about the management of the home. One person told us, "The manager phoned before (relative) went in and asked me all about their needs, likes and dislikes. It is like a family there, you feel completely at ease, I have no concerns at all."

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 provider had systems in place to learn lessons when things went wrong and understood their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The senior managers engaged with people using the service, the public and staff.
- Changes were made following feedback, for example the introduction of themed menus.
- The registered manager introduced a handover group where staff could share ideas and concerns.
- The registered manager was committed to learning and improving the service. Feedback from others was welcomed by the service and improvements made as a result. For example, adaptations to the sluice room to improve infection prevention and control, and the provision of additional lounges.

Working in partnership with others

- The registered manager worked in partnership with others.
- Examples included close working with commissioners and the local authority to provide accommodation for people in an emergency.

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 17 HSCA RA Regulations 2014 Good governance There was a lack of effective systems to monitor performance and risk.