

Surrey Rest Homes Limited

# Avens Court Nursing 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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Avens Court Nursing Home provides care and accommodation for up to 60 older people living with dementia. Following our recent inspections due to our judgements an embargo had been placed on the service by the local authority which meant that the registered provider was unable to admit any new residents to the home until further notice. Therefore on the day of our inspection 34 people were living in the home.

This was an unannounced inspection that took place on 4 July 2017.

The home did not have a registered manager. A registered 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 and associated Regulations about how the service is run. The new manager who was in the process of registering with CQC helped us on the day of our inspection.

We carried out an inspection to this home in January 2017 where we identified six breaches of the HSCA (Regulated Activities) Regulations 2014. This included a lack of safe care and treatment, a failure to following the legal requirements in relation to the Mental Capacity Act (2005), a lack of person-centred care, a failure to always treat people with dignity and respect, a failure to provide suitable premises and a lack of good governance within the home. We also took enforcement action on the registered provider as many of these breaches of Regulation were continued breaches. We also placed the service into Special Measures. Following that inspection the registered provider submitted an action plan to tell us how they planned to address our concerns. We undertook this fully comprehensive inspection to check that the provider had taken appropriate action in line with their action plan. At this inspection we found there had been improvement in most areas and on the whole we found the care and service provided to people had improved.

People's care plans were detailed and contained information for staff in order that they could provide people with appropriate care. However, we found there was further work needed to ensure care plans were person-centred. A wide range of quality assurance audits and checks were in place to monitor the quality of care provided and the manager reviewed actions regularly. However, we found some areas we identified had not been picked up during these audits. This included some medicine management records and gaps in care plans.

People were cared for by a sufficient number of staff. Staff were deployed appropriately and we saw people being attended to when they needed it. Staff demonstrated a caring attitude towards people showing them respect and treating them with dignity. Staff were patient with people and took time with people to allow them to express their needs. Relative's told us they felt they could speak to staff or management if they were unhappy about any aspect of the care provided. Relatives only gave us positive feedback about their experience of the care their family member received.

People's medicines were managed appropriately and staff sought the input of healthcare professionals when needed. Although we did find some minor records errors relating to this. Although risks were identified for people, some information and guidance was missing for staff. Where people had experienced accidents or incidents staff took appropriate action.

Staff had a good understanding of what they should do if they suspect any abuse was taking place and the provider had good recruitment processes in place to help ensure that only appropriate staff were employed. The registered provider had a contingency plan in place to help ensure people would be kept safe and their care would continue in the event of an emergency. We observed improvements in the décor and maintenance of the home compared to our previous inspections, although there was still further work to be done. We also found the premises were much cleaner and that infection control processes were being monitored regularly.

Where people had specific dietary requirements these were recognised by staff. People were supported to eat if they needed this and people were seen to be given a choice of foods and drinks. We saw an increase in the activities within the home, although the manager told us this was on-going work as they were trying to recruit an activities lead. In the meantime staff spent time with people and people were encouraged to participate in what was going on.

People were cared for by staff who felt supported by the manager. Staff had been provided with appropriate training which was on-going. Staff told us they could request to attend training courses which may be of interest to them.

The manager had good management oversight of the home and knew the people who lived there. They demonstrated they had driven improvement since taking up the post and a willingness to continue to improve. Any issues we raised during our inspection were immediately picked up by the manager.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. We found improvements had been made to the service and most of the outstanding actions and breaches of Regulation had been addressed. There were some areas that still needed to improve, however any negative impact to people of these outstanding areas was low.

During our inspection we made five recommendations to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe.

People's medicines were managed appropriately, although we found some errors relating to medicines records.

There was still further work to do to ensure people lived in a well maintained environment.

Although risks to people had been identified these were not always supported by information or guidance for staff.

When people had accidents or incidents, action was taken to prevent reoccurrence.

People were kept safe because there was an appropriate number of staff deployed in the home. Staff underwent robust recruitment processes before they started to work at Avens Court. Staff were knowledgeable about what they should do if they suspected abuse was taking place.

In the event of an emergency or the home having to close people's care would continue with the least disruption possible as there was a contingency plan in place.

### Is the service effective?

**Good** ●

The service was not consistently effective.

There was a lack of evidence that staff attended refresher training when they should.

Staff followed the legal requirements of the Mental Capacity Act (2005).

People were provided with foods which were appropriate to their dietary requirements and preferences.

People were supported to see a healthcare professional when the need arose.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with respect by staff. Staff showed people a kind, caring attitude.

People could have privacy if they wished.

People were supported and encouraged to maintain relationships with those who were close to them as visitors were welcomed into the home.

### **Is the service responsive?**

The service was not consistently responsive.

Activities for people had improved but there was still improvement to be made to ensure activities were individualised and meaningful.

Care plans required further work to ensure they were person-centred.

There was a complaints policy in place.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led but continued work was needed to ensure improvements were sustained.

Care records for people contained some inaccurate information or lacked guidance for staff.

The manager had made significant improvements to the service since they had taken up post. We found they had good management oversight of the home.

People, relatives and staff were all involved in the running of the home.

Good quality assurance processes were in place to monitor the quality of service provided.

Staff felt supported by the manager and felt there was good team work in the home.

**Requires Improvement** ●

# Avens Court Nursing 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 checked 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 unannounced inspection took place on 4 July 2017. The inspection team consisted of three inspectors.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the registered provider to complete 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. This was because we carried out this inspection to see what improvements the registered provider had made to the service following our last inspection.

During our inspection we spoke with six people, the manager, five staff, and two relatives. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included six people's care plans, three staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

# Is the service safe?

## Our findings

One person told us they were happy and felt safe living at Avens Court. They said, "I feel safe as there are always staff around." A relative told us, "Staff are always checking on him."

At our inspection in January 2017 we had concerns in relation to safe care within the home. This was because people did not live in a well maintained environment, poor infection control processes were being carried out, risks to people had not always been identified, there was a lack of robustness in relation to recruitment and staff needed to be deployed more appropriately. We found at this inspection an improving picture. The manager and staff had carried out a lot of work to address our concerns and although there remained a few things that still needed to improve the negative impact to people had been massively reduced.

At our inspection in January 2017 we found poor infection control processes in the home. This was because some people's rooms did not have soap and staff were unable to describe to us how to use the sluice to clean people's commodes. At this inspection we found improvement had been made. We saw that a new sluice room had been created. This contained a sink, soap and handtowels in order that staff could clean commodes appropriately, dispose of clinical waste and wash their hands. We also found that people's rooms contained soap. We did however find that the temperature of the water in some of the shower rooms and bathrooms was too hot. We discussed this with the manager who told us they would address this immediately with the maintenance person.

At our inspection in January 2017 we found people were living in an environment that was not properly maintained. Some people did not have hot water in their rooms, rooms were impersonalised and in need of redecoration. The registered provider had commenced a programme of refurbishment however this had been very slow. We found at this inspection improvements had been made, although there was still further work to be done as some people's rooms still required some repairs and refurbishment. On the whole however, people's rooms had been made more homely and personalised. The manager told us new flooring was to replace the threadbare carpet on the first floor corridor and we saw that corridors and people's rooms had been repainted. There was also a new bathroom suite fitted downstairs. However, the action plan the registered provider sent us following our inspection in July 2016 stated that the refurbishment programme was due to be completed by July 2017. We found this not to be the case.

We recommend the registered provider ensures that the refurbishment programme continues without delay in order that people live in a suitable environment which is fit for purpose.

At our inspection in January 2017 we identified people may be at risk of unsafe care because staff lacked knowledge in the action they should take to reduce the risks to people. We found at this inspection that risk assessments were undertaken for people and most risks identified. Risk assessments covered areas such as falls, skin integrity and nutrition. One person was at risk of falls and there was information to staff on what support this person needed in order to ensure they were safe when mobilising. However some guidance had not been updated, such as for one person could display behaviours that may cause them harm but there

was no guidance for staff on how to de-escalate any behaviours or distraction techniques for staff. The manager told us they had sought the input of a healthcare professional in relation to this person who had made some recommendations. Some had been put into place and other's were yet to be trialled. The manager was aware that they had not update this person's risk assessment in line with this guidance. Another person was at high risk of pressure sores but there was a lack of information to staff on what this meant and what preventative action they should take.

We recommend the registered provider ensures all risks are identified for people are supported by guidance and information for staff to help ensure people receive appropriate care.

At our inspection in January 2017 we made a recommendation to the registered provider to ensure that appropriate recruitment processes were carried out. The manager had already identified some checks had not been undertaken or files lacked evidence of checks on potential new staff. We found at this inspection all actions relating to the audit the manager had carried out prior to our last inspection had been completed. Staff recruited since January 2017 had gone through robust recruitment processes. This included obtaining references, providing information about previous employment, providing evidence of their right to work in the UK and undergoing a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At our inspection in January 2017 we made a recommendation to the registered provider to review deployment of staff as we found there were occasions that staff did not always have the opportunity to spend time socialising with people. At this inspection we found deployment of staff had improved. We saw staff engaging with people regularly throughout the day; particularly on the ground floor. No one was seen waiting to be supported and staff actively went to people's aid if they saw them attempting to get up from a chair or walk unsupported. Staff told us they felt there were enough staff on duty. One person told us, "I don't have to wait if I need help. There are always staff around." Another said, "Staff are around if I need them." A relative said, "Even when he's asleep staff are regularly checking him to see that he is okay."

People received their medicines as staff followed good medicines management processes. We found a specimen signature list for staff who were trained to dispense medicines and medicines were stored appropriately. Each person had a Medicines Administration Record (MAR) which contained their photograph (for identification), information regarding their GP and any allergies they had. One person told us, "I get my medicines when I need them."

However, we did identify a couple of areas where records relating to medicines were not as up to date as they should have been. We found one person appeared not to have received their medicines for two consecutive days however staff were able to evidence this person's medicines had been given to them. We spoke with the manager about this who had assured us they would investigate this records error. We also found some people's PRN (medicines as required) protocols did not match with the information on their MAR chart. Again we discussed this with the manager who told us they would review these immediately but reassured us that as trained nurses they would always follow the instructions on the MAR chart, rather than the protocol which was held separately.

We recommend the registered provider ensures that records relating to medicines management for people are accurate and up to date.

People were helped to remain safe as staff were aware of their responsibilities in relation to reporting a suspicion of abuse or actual abuse. One staff member told us, "I would raise the alarm with the team leader

or manager." Another said, "I would go the manager and tell them. Then she has to take the process from there. If she doesn't I would go to social services."

Accidents and incidents relating to people were recorded and action taken to prevent reoccurrence. We found the accidents had taken place since our last inspection had not resulted in serious injury to people. This was reflective of the attention staff were giving people on the day of our inspection as we found staff were aware of people's whereabouts. We saw staff using moving and handling belts to assist people out of chairs and we observed staff carrying out these transfers in a safe way, explaining to people what they were doing along the way.

In the event of an emergency staff would try to ensure people's care would continue in the least disrupted way possible. The registered provider had two other care homes should Avens Court have to be evacuated and closed for a period of time. A recent fire risk assessment had taken place, there was an evacuation procedure, fire emergency plans and everyone had their own individual fire evacuation information in place.

# Is the service effective?

## Our findings

People were cared for by staff who had access to appropriate training. Staff told us the training was good and left them feeling competent to carry out their role. Staff had access to a range of courses such as infection control, fire, moving and handling and safeguarding. Regular updates and refresher training was provided to help ensure staff knowledge was current and up to date.

New staff told us they had received an induction. One told us they did training and got to know the residents. They said, "Staff are very supportive. They haven't left me on my own." Another said, "On my induction I spent time with a senior carer. She showed me how to do it. She told me about the residents, how the keyworker system is, fire exits and meals times. Each day I got to know a different resident."

Staff received support from their line managers and had the opportunity to meet with them on a one to one basis. We noted from the information provided to us by the manager that following our last inspection the manager had ensured staff were enabled to meet with their line manager to discuss their role, any issues they may have and any training they may require. A staff member said, "I have supervision with the deputy manager. The first supervision we talked about how I was feeling, any concerns, how I'm getting on and she told me how I was getting on."

At our inspection in January 2017 we found staff were not following the legal requirements of the Mental Capacity Act (2005) (MCA). We found there was a lack of decision specific mental capacity assessments made for people. At this inspection we found improvements had been made, although we did identify one person who lacked capacity had not had a mental capacity assessment in relation to their smoking. We spoke with the manager about this at the end of our inspection who told us they would address this straight away.

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Some people were on covert medicines (medicines disguised in food) and we found mental capacity assessments and best interest discussions had been carried out. There was also supporting evidence from the person's GP and the pharmacist to ensure that the medicines were given to the person in the most safe and appropriate way.

We found staff had a better understanding of the Mental Capacity Act from our previous inspection. A staff member told us, "We have to assume capacity and give people choices. We should ask them. Sometimes we make decisions for people in their best interests. For example, which clothes to wear for the weather; having a bath or shower." A second staff member said, "Where people can decide what is right and wrong. They have the right to make their own choices."

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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). Where people had restrictions in place, the registered manager had made appropriate DoLS applications, such as the locked door.

We received positive comments about the food served at Avens Court. One person said, "The food is very good. I can ask for something different if I want." Another said, "The food is fairly good." A relative told us, "The food is wonderful. Sometimes I visit on a Friday just to have the fish and chips!"

Staff were aware of people's dietary requirements, likes and dislikes as well as any nutritional risks people may have. The chef had an information sheet provided by care staff which recorded any dietary needs and how these should be met. Where people required support to eat we saw this was provided in an unhurried way. Drinks were provided to people throughout the day and when people were offered drinks and food they were given visual choices to help their decision making.

We saw people being offered a choice of food during lunch time and the food people was served looked appetising. People could choose where they sat to have their lunch. One person opted to sit in the lounge area, whilst another chose to sit on a chair in the middle of the dining room which was not up against a table. We saw staff observe this person's wishes and bring a small side table to them so they could eat comfortably. It was noted in the minutes of the residents and relatives meeting held in January 2017 that people had commented, 'The menus have improved considerably'.

People were supported to access the services of healthcare professionals should they have a need to, such as the GP, physiotherapist, optician or dietician. Appointments with healthcare professionals and their outcomes were recorded in people's care plans. We saw staff recorded when they wished the GP to review a person and found that people had been prescribed antibiotics when needed, such as in the case of one person who had a chest infection. Where people were at risk of malnutrition staff took appropriate action in that they made referrals to the GP, dietician or Speech and Language Therapy team. One person told us, "They get the GP if I need them." A relative said, "Staff are very diligent in relation to his health. He is much more settled and has put on weight."

# Is the service caring?

## Our findings

We asked people and relatives for their views on the staff at Avens Court and received positive feedback. One person told us, "I like it here very much, staff are nice to me." Another said, "Staff are very friendly." A relative told us, "The staff are really nice. It's wonderful and there is nothing they could improve."

At our inspection in January 2017 we found people were not always treated with respect by staff. We did not have any similar concerns during this inspection.

People were treated with respect and dignity and cared for by staff who knew them. Staff were able to describe people to us and knew their individual characteristics. There was clearly close relationships between some staff and people. Staff were able to describe people's routines and their needs.

People were treated by staff who cared for them. We saw staff crouch down by people speaking to them in low tones. When it was lunch time and staff needed to wake a person who was snoozing they did this in a gentle way waiting until the person became orientated before explaining to them it was lunch time. We heard regular encouragement from staff. We heard them say to people words such as, "Beautiful", "Lovely job" or, "Very good." On one occasion we saw a staff member blowing kisses to one person who responded by smiling.

People's privacy was respected by staff and people were encouraged to maintain some independence. Some people preferred to spend time in their room or in areas of the home other than the communal areas and we found staff respected this. Other people walked around a lot and we saw people walking together and engaging with each other. One person told us they preferred to stay in their room and only came into the dining room for their meals. Another liked to lie on their bed and we saw them return to their room frequently in order to do this. Where people were in their rooms we saw staff knock on doors before entering.

Staff were attentive to people's needs. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing care. People were asked where they would like to sit when they were brought into the lounge area and the senior staff member said hello to each person as they came in. One person said to us, "Staff do chat to me when they have time."

Staff communicated with people effectively. Some people were non-English speaking and staff spoke to them in their mother tongue. One staff member knew a person well and said, "I speak fluent (x) and I have conversations with him." We sat with one person in the hallway of the home. Every member of staff who walked past said hello to them and asked how they were. At one point the person was offered a drink by staff which they refused. Staff respected this but came back 30 minutes later to ask them again at which time they were ready for their drink.

People were supported to maintain relationships with those close to them. Visiting was unrestricted. Relatives were able to spend quality time with their family member, either supporting them to eat, or

chatting to them uninterrupted by staff. One relative told us, "It's like a little community here."

## Is the service responsive?

### Our findings

We asked people and relatives if there was enough going on for them in Avens Court. This was because at our inspection in January 2017 we found there was a lack of purposeful activities. One person told us, "Sometimes I get bored, but usually I am okay." Another said, "I don't get bored, I like to watch television and I have one in my room." A relative told us, "They could do more (activities). However, staff do encourage him to participate in what they do."

The manager told us they were struggling to recruit an activities lead and said, "It's the one area I can show the least improvement." She said in the meantime care staff were leading activities. We found people had access to more activities than at our previous inspection. There was more of a buzz within the home from our previous inspections and staff were seen taking time engaging with people, interacting with them and trying to stimulate them. However, we did find that there was still a lack of interaction and stimulation for people on the first floor. Whilst many people came down to the main lounge area during the day, those who remained in the first floor lounge slept for much of the day and we did not see staff spend much time trying to engage with them.

During the morning we saw people looking at the Daily Sparkle (reminiscence newspaper), some people doing quizzes and others chatting to staff. We noted people who had not previously been down in the main lounge were participating in activities and more engaged in what was going on around them. We observed an activities person arrive during the morning and engage several people in painting and spend time with one person in the garden playing with a ball. During the afternoon staff were singing and dancing with people. Holy Communion took place in the home for those people who wished to attend.

At our inspection in January 2017 we found a lack of person-centred care as people did not always receive care in line with their care plan or what they should expect. We found improvements had been made in this area but there was still further work to be done. One person's care plan stated, 'always introduce and address (name) with name when starting conversation, assist with passive exercises, record daily food intake, focus on engaging (name) in activities'. However, we did not see any of this happen during our inspection. Another person's care plan stated, 'encourage to use the toilet at regular intervals' but we did not see staff encouraging this person to do this. This same person's plan stated they should have a weekly weight check, but we saw their weight was being checked monthly.

The manager told us at the beginning of the inspection that further work was needed on people's care plans to make them more person-centred and accurate and that this was an on-going piece of work.

We recommend the registered provider continues the work to ensure people receive person-centred care and have access to individualised meaningful activities.

However, other guidance was being followed by staff such as one person who required an air cushion when they sat on a chair and we saw this was provided for them. Daily records completed for people were fairly comprehensive in that they included detail on the person's mood, together with how they had spent their

day. Care plans contained information on areas such as people's medicines, skin integrity, nutrition, mobility and personal care needs. There was some information on people's personal histories, however this was limited and an area the manager was aware further work was required. A relative told us they were involved in decisions on how they would like their family member to be cared for.

There was a complaints policy available for people. The policy detailed how complaints would be managed. We noted there had been one complaint since our last inspection to which the manager had responded formally. A relative told us they would have no hesitation speaking to management should they have any concerns.

## Is the service well-led?

### Our findings

We received positive feedback on the management at Avens Court. A relative told us they had noticed improvements since the registered manager's arrival. They said, "She's brightened the place up. It looks a lot better."

At our inspection in January 2017 we found there was a lack of good record keeping and good governance within the home as some actions from our previous inspections had not been addressed. We found at this inspection an improvement overall, however some records were still inaccurate and although the manager had carried out an audit of care plans this had not identified these errors. One person could not use the call bell, however there was a lack of information to staff on how often they should check on this person. This same person's care plan stated they could transfer from bed to chair independently, but this was not the case. A second person was on medicines to calm them when they became anxious, but there was a lack of information on how these should be used. One person was stated as having epilepsy in their care plan, but this was not mentioned anywhere else and staff were unaware of it. Another person's care plan stated they were 'bedbound' and yet we saw them sitting in a chair in the lounge. Where people had topical creams (medicines in cream format) the records relating to their application were not always completed in full.

We recommend the registered provider ensures the on-going work on updating care records to ensure their accuracy so care plans for people are contemporaneous.

The manager was responsive to our feedback in relation to any areas of concern we highlighted to them. They investigated each area and reported back to us before the end of the inspection, such as the missing signatures on one person's MAR chart. We found most of the areas in the registered provider's action plan had been completed in line with the timescales quoted, however some further work was to be done in order to ensure all actions were closed. This included a further review of care plans and completion of redecoration and refurbishment.

The manager was in the process of applying to register with the CQC. They told us they had completed their application form and were about to submit it. In the meantime the manager was aware of the need to submit notifications to CQC when appropriate, such as when someone suffered a serious injury.

Good quality assurance processes were in place to help ensure the quality of the service provided. The manager had carried out audits of staff recruitment files, room audits and audits to check people had mental capacity assessments undertaken. We noted actions were or had been addressed. Such as improvements to people's rooms or staff files containing all the necessary evidence of good recruitment processes. Where it had been identified a MCA/DoLS workshop was required this had been done. An external pharmacy audit carried out in March 2017 highlighted some areas for improvement, such as ensuring opening dates were written on liquid medicines, two signatures were included for handwritten entries on MAR charts and PRN medicines were recorded on the back of the MAR. We saw all of these were now happening.

Monthly health and safety audits were undertaken. These covered areas such as infection control (kitchen, environment, waste disposal and clinical practice), calls bells, pressure mattress checks and weekly water temperature checks. Other audits and monitoring carried out by the manager included falls and accidents and incidents, medicines, complaints, training and the laundry. It was clear that the manager was keen to ensure the quality of the service was raised and improvements sustained. This was through robust governance structures being implemented and embedded to ensure personalised care for each person.

The manager had developed an overarching action plan which recorded and tracked any actions relating to the home and the service provided. This was split into the five CQC domains. Actions listed included a three-monthly relative/resident meeting, reviewing activities to ensure they were meaningful and review care plan paperwork. We noted the manager planned to allocate responsibility for specific tasks to senior staff which would increase accountability. Champions had been identified in specific areas such as dementia, communication, dignity and nutrition. In addition, they planned to introduce a 'nurse in charge' for each shift.

Staff told us they felt there was good team work in the home and that they were supported by the manager. The manager had introduced a 'star of the month' where staff voted for a staff member who they believed deserved recognition. One staff member said, "There have been big changes since (manager) started. She is conscientious. There has been a big cultural change, she is hands on." Another told us, "She's very good. I can approach her at any time. I feel free to talk to her at any time." A further said, "The managers are very good and the nurses are helpful." A third told us, "She is really friendly and listens to all staff. We have team work now."

Staff had the opportunity to get involved in the running of the home as staff meetings were held. The most recent one was attended by nine staff in which they discussed the up and coming summer fete, activities, workload and deployment of staff. Separate nurse meetings were held which focused on the clinical aspects of people's care, such as body maps, MAR charts and profiles for individual residents.

People were encouraged to be involved in the home. We saw evidence that people had been involved in choosing the colour the dining room was decorated in. A resident and relatives meeting had been held in January 2017 where the new manager was introduced, activities and the menu were discussed as well as changes at Avens Court, such as new staff and renovations.

Relatives also had opportunities to give their views about the home. A recent quality assurance questionnaire had been circulated which had been responded to by 12 relatives. We noted the response showed people felt the overall care provided at Avens Court was 'good'.