

K Jones and R Brown

Avalon EMI Care Home

Inspection report

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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 ●

Summary of findings

Overall summary

About the service:

Avalon EMI Care Home is a residential care home that was providing personal and nursing care to 18 people aged 65 and over at the time of the inspection.

People's experience of using this service:

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions Effective and Well Led to at least good. We asked the provider to take action to make improvements to monitoring staff training and to mental capacity assessments, and this action has now been completed.

People told us that they felt safe living at the service. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm. Person centred care was delivered, giving people choice over their daily routines in line with their preferences.

Staffing levels were appropriately managed and people received care from consistent, regular staff. Enough staff were employed each day to meet people's needs and keep them safe. Our observations during the inspection showed that care was provided in a safe manner and staff were available when people required support.

Recruitment processes were robust. The necessary pre-employment checks were completed, and people received care from staff who were suitable to work in adult social care environments.

Processes and systems were in place to ensure people received their medicines when they needed them, from trained and competent staff.

People's overall health and well-being was effectively assessed and managed. Referrals were made to external healthcare professionals accordingly.

People made positive comments about the food they received. Menus offered a variety of home-made and fresh meals each day. People received support to eat their meals when they needed it.

People were supported in a kind, caring and compassionate manner. Staff were familiar with the support needs of the people they were supporting. Staff engaged in meaningful conversations with people to provide stimulation and reassurance.

The registered provider had a complaints policy in place. No complaints had been made since the last inspection.

People were encouraged to participate in a programme of activities.

The home was clean and hygienic. Health and safety measures were in place to ensure people lived in a safe, well-maintained environment.

More information is in Detailed Findings below

Rating at last inspection: Requires Improvement (Report published October 2018). At this inspection we found the overall rating had improved.

Why we inspected: We were due to inspect the service in October 2019, based on the rating of the previous inspection. However, the inspection was brought forward due to information of concern we received regarding low staffing numbers.

Follow up: No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor the service through the information we receive. If any concerning information is received 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 safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was now 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 now well-led

Details are in our Well-Led findings below.

Good ●

Avalon EMI 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors.

Service and service type:

Avalon is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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:

The inspection was unannounced.

What we did:

Prior to the inspection we reviewed the information we held in relation to Avalon. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider had not been asked to complete a Provider Information Return (PIR). The PIR is information providers must send us to give us key information about the service, what it does well and improvements they plan to make.

We contacted the local authority to get their opinions of the service. We also considered any information received from the public and professionals. We used this information to plan our inspection.

During the inspection we spoke with the registered manager, the deputy manager, business manager, four carers, and the chef. We spoke with four people who lived at Avalon. We looked at four people's care files, three staff recruitment files, medicine administration processes, incident records, and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms of some people who lived at Avalon, bathrooms and lounge and dining areas. We also carried out a Short Observational Framework Inspection (SOFI) on two occasions during the inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- Enough suitably qualified and trained staff were employed each day to meet people's needs and keep them safe.
- Staffing rotas showed a consistent number of staff worked each day. Dedicated staff worked to support people specifically at meal times and with medication.
- Our observations throughout the day showed staff attending to people's needs when they needed assistance. People were supported with their meals and staff had time to chat to people.
- Our observations showed that people using their call bell for staff assistance were attended to in a timely way.
- Recruitment was safely managed. All necessary pre-employment checks were carried out. People were receiving care from staff who had been deemed fit to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Individual risks to people had been assessed. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- Regular safety checks were completed on the environment to ensure it remained safe.

Assessing risk, safety monitoring and management

- Systems and processes were in place to keep people safe from abuse.
- Staff had good knowledge of safeguarding, how to report concerns and how to keep people safe.
- People told us that they felt safe living at the service. Comments included, "I feel able to speak up if I need to."
- Some people became anxious or distressed because of their memory loss, or after family members had gone home after visiting them. Staff used techniques to distract and reassure them and keep them safe. This information was recorded in people's care records to inform all staff.

Using medicines safely

- Medication processes and systems were in place. Staff received the necessary training and regularly had their competency assessed.
- Medication was safely stored in locked trolleys and fridges, were administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.
- Routine medication audits were completed. Audits ensured that medications processes were assessed, and areas of risk were identified and improved upon.
- Dedicated care staff worked each day to administer and manage medication.

Preventing and controlling infection

- Domestic staff worked six days a week to ensure the home remained clean. Night staff were regularly given some domestic duties to complete during their shift if time allowed.
- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) where required.
- The home appeared clean throughout.

Learning lessons when things go wrong

- Records were kept of any incident or accidents that occurred and were reviewed regularly to identify any patterns or trends. The information was used to re-evaluate people's assessed needs.

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

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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care. Where people did not have the capacity to make specific decisions, for example, to regularly take medication or to move to another care home, then decisions were made in people's best interests following due process and involved health and social care professionals and family members.
- Applications had been submitted to the relevant local authority for assessment to deprive people of their liberty.

At the last inspection in September 2018 we asked the provider to take action to make improvements to the recording of mental capacity assessments. At this inspection we found records had improved to demonstrate decision specific mental capacity assessments. This action has now been completed.

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

- Assessments of people's care needs were completed in good detail and included people's needs and choices. A comprehensive assessment was completed prior to people receiving support and used to help plan effective care for people.
- Care records were reviewed and updated following a change in need, for example, following a fall or deterioration in physical health.
- Staff knew people well and how to best meet their needs. Conversations with staff and managers evidenced this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited

staff completed a comprehensive induction.

- Training was provided for staff throughout their employment to maintain up-to-date skills and knowledge.
- Staff received regular supervision and an annual appraisal.
- Staff they told us they felt supported on a day to day basis by the managers.

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

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day. Staff brought snacks to people when they requested them.
- Staff were knowledgeable of people's individual dietary needs and preferences and meals and snacks were provided accordingly.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks. Meals were served to meet their needs. Some people required a thickening agent added to their drinks to prevent choking. Staff showed good awareness and recorded what was given.
- Staff supported people who needed assistance to ensure they ate meals and drinks. Support was given with respect and close attention to the person.
- People appeared to enjoy the food and drinks provided. One person said, "I get to choose what I want to eat."
- Meals were served hot and looked appetising.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- We saw that staff responded promptly to people's changing needs. Records showed staff had engaged well with health and social care professionals, such as social workers, the falls team, the speech and language team, to ensure that people's needs were met as effectively as possible.
- Information was shared with other agencies if people needed to access other services such as GPs, district nurses and community psychiatric nurses.

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

- The home was maintained to a good standard.
- People could safely and independently mobilise throughout the home; a passenger lift provided access to other floors. Adaptations, equipment and handrails were available in bathrooms and bedrooms to assist people and keep them safe.
- Access to the care home was via a flight of steps. Level access for people with mobility issues and those who used a wheelchair from the side of the property.
- Some signage was visible in the home. Toilets and bathrooms were clearly indicated. People's bedroom door resembled a front door.
- A portacabin situated at the side of the home was set up to resemble a shop where people could buy toiletries. Tables and chairs were in situ, where people could have a drink.
- The outdoor garden area had been adapted to provide stimulation for people living with dementia.

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

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

- Staff were familiar with people's needs. They were attentive, responsive and provided support and care in a respectful manner.
- People were treated with care, compassion and kindness. Staff were seen to be patient when supporting people who were anxious.
- People appeared relaxed when being supported by staff and in staff's company.
- Staff were observed having meaningful conversations about current news issues and people's family members.
- There were no restrictions for relatives and friends to visit.

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

- People were supported to make decisions about their care and staff ensured people were provided with 'choice' on a day to day basis. Some people enjoyed a 'lie-in' in the morning; some chose to stay in their rooms, whilst others enjoyed being in the lounge.
- Staff were familiar with the level of care and support people required as well as being familiar with their likes, dislikes and preferences.
- People and family members had been given the opportunity to share information about their life history, important relationships and in completing care records.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were observed supporting people to move safely around the home.
- People told us staff always knocked on their doors before entering.
- People were supported to remain as independent as possible with aspects of daily living such as mobilising around the home and eating meals.
- Care records recorded when staff needed to ensure people wore their spectacles and hearing aids to be able to communicate effectively.
- People with communications needs were supported to communicate using signs and pictures.
- People appeared well presented and appropriately dressed for the time of year.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- Care records were contained relevant and up-to-date information regarding people's needs. Records were completed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.
- People were supported to access a range of activities on a regular basis. Activities were planned based around people's needs and preferences. An activities worker was available each week day to provide activities and musical entertainers visited the home. People were encouraged by staff to join in. During our inspection we observed people singing and dancing and enjoying the activity.
- The service had a minibus to take people on outings. Some people had recently visited the local pub for lunch.
- People enjoyed visits from staffs' children and there were plans for a local nursery to visit on a regular basis.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people. However, no complaints had been made.
- Positive feedback had been received from several relatives.
- The registered manager arranged specific times and visited during the evening to meet with relatives to address any issues they might have.

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone. Staff were aware of the processes and procedures required. Some staff had completed the 'Six steps' training, whilst others were hoping to complete the training in the near future.
- People's health needs had been assessed using the gold standard framework. The Gold Standards Framework (GSF) is a framework used by care homes to enable earlier recognition of patients with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end.
- Information relating to people's preferences and last wishes was recorded in people's care records.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection in September 2018 we asked the provider to take action to make improvements to the recording and oversight of staff training as the current process was not operating effectively. At this inspection we found processes had changed and the business manager now had oversight of the training programme; training was recorded and up to date. This action has now been completed.
- There was a registered manager in post, who had the support of the registered provider.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.
- Staff received supervision and support to develop their practice. Team meetings took place regularly.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was run by the registered manager, a deputy manager, business manager and senior carers.
- The registered manager promoted a positive person-centred culture. Staff described the culture of the home as 'family orientated'.
- Staff were positive about their management of the service and told us they were well supported. Staff we spoke with said they would recommend the home.

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

- People voiced their opinions and the management team responded to comments and suggestions made.
- Feedback was sought from people in the home and their family members each year. Feedback from the 2018's survey was positive. Questionnaires for 2019 were to be sent out shortly.
- Feedback submitted to an online care home review site in 2019 was positive from relatives whose family members were or had been living at Avalon.

Continuous learning and improving care

- There was an effective system in place for checking on the quality and safety of the service and making improvements.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits

and checks were completed on a regular basis by the management team.

Working in partnership with others

- The registered manager and staff maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.