HC-One Limited

Avalon Park Nursing 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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Avalon Park is a residential care home providing personal care for up to 60 people. At the time of our inspection there were 45 people living at the home. Accommodation is provided over two floors and consists of 60 single rooms with en-suite facilities.

People's experience of using this service and what we found
There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. There were enough staff to provide the appropriate level of support to people. The environment was clean, well-maintained and attractively decorated. Good infection control practices were followed. People had access to appropriate equipment where needed. Medicines were administered safely and as prescribed. Risks associated with people's needs had been assessed, were understood and managed by staff, which meant people were safe from harm.

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. Staff had completed appropriate training and received regular supervision to help develop their skills and support them in their role. Staff helped people to access healthcare services and receive ongoing healthcare support.

People were supported by staff who showed kindness, compassion and respect towards them. However, several relatives told us they had concerns about the standard of personal care provided by staff and we noticed during our inspection that a number of people were unshaven and had dirty finger nails. Care documentation around people's personal care was not always completed. We raised the matter with the registered manager and they took immediate steps to rectify it.

Care plans contained sufficient information to guide staff with how people wished to be supported. People were provided with opportunities to take part in activities to occupy their time and provide enjoyment and stimulation.

The registered manager was open and transparent. They understood their regulatory responsibility and engaged with people as much as possible. People were complimentary about the way the home was managed. Quality assurance systems were in place to monitor the service.

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 (report published 14 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

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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
The inspection was carried out by an 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 Park 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 the inspection
We reviewed information we held about the service. This included the previous inspection reports and notifications. Notifications contain information about events the registered manager must tell us about. For example, safeguarding concerns, serious injuries and deaths, that have occurred at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager, an activities coordinator, one senior care assistant, two care assistants and the area manager.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and training. We looked at a variety of records relating to the management of the service, including policies, audits and minutes of meetings.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• All of the people we spoke with said they felt they or their relatives were safe in the environment and in the hands of staff, and not at risk of bullying or aggression from anyone. Some also said they would feel confident that a staff member would help them if they felt worried or afraid in any way. One person said, "I feel safe here in every way; I feel safe sitting here [in my room] with the door open because there's always somebody on the staff going past."
• Staff could describe how they would identify and report safeguarding concerns.
• The manager had made safeguarding referrals to the local safeguarding authority appropriately and carried out their own investigations.
• There was one on-going safeguarding concern being looked into by the local authority. This has yet to be concluded. The service had carried out its own investigation and taken action.

Assessing risk, safety monitoring and management
• Risks to people's health and well-being, such as from poor nutrition, choking or falls and risks concerning the environment had been identified and the appropriate action taken. Risk assessments were regularly reviewed.
• Servicing of equipment was up-to-date. Regular safety checks were carried out which ensured the building was safe and well-maintained.
• We noticed several uneven paving stones in the garden area, one of which wobbled when stood on; the area was freely accessible to people at points throughout the day. We told the registered manager about this.
• Fire safety risks had been assessed and measures were in place to reduce fire risk. These included a fire safety risk assessment, fire drills, checks of fire-fighting equipment and personal emergency evacuation plans.
• We watched staff moving people using the portable hoist and found their practice was safe. We saw two care workers enabling a person to move from their wheelchair to an armchair. They explained what they were doing and encouraged the person at each stage.
• However, we saw one member of staff move a person in a wheelchair without using the wheelchair foot plates. These minimise the risk of damage to a person's feet and limbs. The registered manager spoke to the staff member and reminded them about the correct way to use a wheelchair.

Staffing and recruitment
• Staff had been recruited safely. All pre-employment checks had been carried out, including Disclosure and Barring Service (DBS) checks
• At our last inspection we identified some concerns with staffing, as there were times when people were left

unsupervised in the communal areas. At this inspection we found there were no problems with staffing levels.
• Staff responded promptly to people's requests for help and most people told us that on the whole they did not have to wait long for help during the day.

Using medicines safely
• Staff had received training in medicines administration and had their competency to administer medicines checked annually.
• Medicines administration records (MARs) and 'as required' (PRN) medicines protocols provided clear information on how to ensure people received their medicines as prescribed.
• We observed a member of staff giving out medicines and found their practice was safe. Staff took time and were respectful when they supported people to take their medicines. For example, staff spoke quietly when they asked people if they required pain relief.

Preventing and controlling infection
• Staff followed good infection control practices and used personal protective equipment, such as disposable gloves and aprons, to help prevent the spread of infections. Antibacterial hand gel was easily available.
• Staff had completed infection control training.
• The home was well-maintained and visibly clean throughout, with no unpleasant odours.

Learning lessons when things go wrong
• Accidents and incidents were investigated thoroughly.
• Appropriate action was taken when people fell. This included contacting the appropriate health care service and, where necessary, monitoring the person for 24 hours after a fall.
• The provider had a system in place to analyse incidents and accidents. They used this to identify themes and provide ways to prevent their reoccurrence.
• Medicines errors were investigated. Lessons learned were discussed with staff in supervisions and additional competency checks completed when necessary.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs
• The home was well-maintained, with good quality furniture and equipment.
• There was a welcoming reception area and communal areas were pleasantly decorated.
• Corridors had hand rails and were wide enough for easy wheelchair access.
• There was a large, enclosed garden which was attractively laid out with a patio area, garden furniture and plants.
• People were encouraged to personalise their bedrooms and bring in their own belongings.
• There was a lack of clear signage, such as pictorial signs, throughout the home to help people find their way around. Although some communal rooms displayed large clocks, there was no other information, such as the date and season, displayed. There were no pictorial menus available. Use of pictorial signage is important in helping people with dementia orientate themselves to their surroundings. The registered manager told us the provider was currently looking in to improving signage.
• There were no 'rest stops' along any of the corridors, to support people with mobility difficulties when moving around the building.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before they moved into Avalon Park. This ensured they could be supported appropriately when they moved into the home.
• Staff used nationally recognised tools to assess risks to people's health and well-being, for example risk of pressure ulcers. People who had been identified at high risk of developing pressure ulcers had the appropriate pressure relieving equipment in place and staff used the correct care interventions, such as re-positioning.
• Policies and procedures were available to guide staff on best practice.

Staff support: induction, training, skills and experience
• All new staff received an induction to the service. This included working alongside more experienced staff until they were competent to work alone.
• Staff completed training in a range of topics and the provider's training spreadsheet showed a good level of staff compliance with training.
• Staff received regular 1:1 and group supervision. This gave them the opportunity to discuss their work performance and training needs. Group supervisions were used as additional training sessions to discuss particular topics.

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

• Staff assessed people's nutritional needs and any risks related to their eating and drinking. People were weighed regularly and staff sought specialist advice when people consistently lost weight.
• Staff were aware of people's dietary needs and any help they required to eat and drink. For those people who needed to have their drinks thickened because of the risk of choking, guidance was easily available for staff to follow.
• We observed lunch in two of the dining rooms. Tables were attractively laid with linen napkins, table mats, cutlery and flowers. Condiments and a selection of sauces in individual packets were also available on each table. There were enough staff to help people who needed support.
• One person was provided with their food pureed. Each separate element had been kept apart, so the care worker was able to explain what they were offering to the person.
• A choice of food was provided, with snacks and drinks offered between meals.
• People's comments about the food varied but were broadly positive. Comments included, "The food is very good; usually the same day we are asked [about menu choices]. There's always an alternative – soup or omelette" and "[The food] is not very good but you can eat it. If we don't like it we can have an omelette."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• The service liaised with a range of healthcare professionals, such as speech and language therapists, dieticians, podiatrists and doctors to ensure people's health needs were met.
• The service responded promptly when people's health needs changed. One family member told us, "The opticians come here and [my relative] has new glasses. A referral has been made to the falls prevention team as well. They call me and let me know if [my relative] has fallen and I know somebody always stays with them while they're waiting for an ambulance."
• Regular meetings were held with the local district nursing team and community matron to discuss people's nursing needs.

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.

• We observed that staff obtained consent for people's care and support and whenever possible helped people to make their own decisions.
• When people did not have the mental capacity to make important decisions for themselves, the best interest decision making process had been followed.
• Where people were deprived of their liberty, the registered manager had submitted applications to the local authority to seek authorisation to ensure this was lawful.
• People told us they were free to make their own choices. One person told us, "There's no problem with doing what you want in the day. It's not compulsory to go to the lounge or the dining room for example; you can have your meals in your room if you want." Another person said, "You can stay in bed if you want;

sometimes I just feel I want to stay here. You're free to move about [the home, and] we choose what we want to wear – I've got a wardrobe full!"

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This was because people were not always supported with personal care to an appropriate standard.

Respecting and promoting people's privacy, dignity and independence
• Everyone we spoke with said that staff were respectful and careful to protect their privacy and dignity. For example, knocking on doors before entering people's rooms and closing curtains when supporting them with personal care.
• During the first day of our inspection we noticed that some people had rather unclean looking hair and some had long, dirty finger nails. Several of the men were unshaven. People living at the home told us they were happy with their access to shower/bath facilities. However, although the majority of relatives we spoke with were happy about their loved ones personal care, a small number expressed some concerns about this. One person told us, "Our loved one's nails needed a good scrub, so we asked and a carer did them and cut them." Another said, "My relative has not been shaved for a couple of days and this isn't the first time."
• We looked at the care records that staff used to record what personal care each person had received. We found the records had not always been completed. For example, we saw oral care records for some people had not been completed for a week. We could therefore not be sure that people had received the appropriate level of personal care.
• We spoke to the registered manager about this matter and they immediately carried out supervision meetings with staff and ensured us the problem would be rectified.
• During our inspection we saw that staff spoke with people in a respectful and polite way.
• Staff encouraged people to be as independent as possible. We saw people being encouraged to do things for themselves, such as holding their own cup when drinking, and moving around freely when possible. The registered manager said they encouraged people to try to stand up with staff support, rather than using a stand aid, to maintain independence with mobility for as long as possible.

Ensuring people are well treated and supported; respecting equality and diversity
• The atmosphere in the home was friendly and relaxed and we saw many caring interactions between staff and people who used the service during our inspection.
• People were complimentary about the staff. Comments included; "[The carers] I see as more of a friend than anything; that's the feeling I get anyway. I feel they do know me; we talk about my [past life] sometimes, and one of the carers brings me magazines she knows I'll be interested in. [The staff] just occasionally have time for a chat; it depends how much help the other people need" and "The staff are all good; they make you feel comfortable. They treat you as if they've known you for years, more like friends than staff."
• People's diverse needs were respected and care plans identified if people had any cultural or spiritual needs. For example, one person was supported to attend a local mosque.

• People were asked if they had any preference about the gender of their care worker, during the assessment process, and this was respected.
• Staff had received training in equality and diversity and in promoting dignity.

Supporting people to express their views and be involved in making decisions about their care
• We saw staff checked with people before providing support and encouraged them to express their wishes.
• People and their families, when appropriate, were involved in making care and support decisions. People were given the opportunity to feedback about the care provided. One visitor told us their friend had an advocate because they had no family support. They said, "[Person] has their own opinions and can speak for themselves but they need that support to make sure they get what they want." Another person told us, "We have discussions and so on every now and again about [the care plan]. I have power of attorney and I speak on [my relative's] behalf."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were supported by staff who had a good understanding of their care and support needs and their personal preferences.
• People's care plans contained a range of information to guide staff. This included information about their personal care, nutrition and hydration, mobility, medicines, social care, hobbies and interests.
• There was a staff 'handover' between shifts. This ensured vital information about people was communicated to all staff.
• There were two dedicated activities coordinators who presented a range of activities and social events at the home. They talked knowledgably about individual people and their interests and choices. They were aware of the challenges of involving people with dementia in activities.
• We received positive comments about the activities. These included; "The staff come and ask you if you want to join in with anything going on. I enjoy [the activities]", "It's good out in the garden; some of the residents have helped in it" and "We went to the US wrestling in the minibus – the only trip I've been on – organised by [the activities coordinator]. It was brilliant."
• Activities materials were evident in several places around the home and we saw people using these in one of the communal lounges. Some people enjoyed a 'sing-a-long'. One of the activities coordinators told us, "Music is fantastic for the residents."

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.

• People's communication needs were identified and recorded as part of their initial assessment.
• Care plans for communication were in place to guide staff. For example, one person's communication plan said, 'Unable to communicate fully, cannot hold a conversation but able to say short sentences. Uses body language to express needs.'

Improving care quality in response to complaints or concerns
• The registered manager took complaints seriously. All complaints were recorded and investigated, and a written response/apology provided to the complainant. Outcomes of investigations were shared with staff so that any learning was shared.

• The complaints procedure was on display. People told us staff were approachable and would deal with their concerns.

End of life care and support
• People could remain in the home supported by familiar staff when approaching the end of their lives.
• The service worked with other health professionals to provide care for people who were approaching the end of their life.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Continuous learning and improving care
• The registered manager showed committed leadership. There was an 'open door' management approach which meant the registered manager was easily available to staff, residents and relatives.
• There was good communication between the registered manager and the staff team. This was promoted through the manager's daily walk around of the home and through the daily flash meeting. This meeting was attended by key staff from each department and was a time when they could discuss any problems or concerns. The service had a staff 'Whatsapp' group, which was used to share information.
• There was a regular programme of quality audits to monitor the service. This included a monthly 'key clinical indicators' check, which reviewed and analysed a number of key areas, such as falls, weights and infections.
• The registered manager was supported by the provider's senior team and attended area quality governance meetings. Information, safety alerts and actions from these meetings were shared with staff through the daily flash meetings, handover meetings and staff supervisions.
• The registered manager notified CQC of any incidents which took place that affected people who used the service. The CQC inspection rating from our last inspection was displayed in the home, as required.
• Concerns we identified on the first day of our inspection around people's personal care were addressed immediately by the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
• There was an open and transparent culture at the service.
• We received positive comments about the registered manager from people who used the service and relatives. These included, "The manager is a lovely person and has a good sense of humour", "The manager is very approachable, and you see her walking around checking things. She speaks to people; she's not in the office all the time" and "She's always going around seeing what we're doing. Sometimes she has dinner with us and she eats what we eat and sits down at the same table and has a talk with us all."
• Staff told us they felt supported and listened to by the registered manager. One senior care worker told us. "I feel it's a very positive place to work at the minute."
• The registered manager understood the requirements of Duty of Candour. This is their duty to be honest and transparent about any accident or incident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

• The registered manager worked collaboratively with the local authority and other professionals involved in people's care. They were currently working with other similar services to share best practice around the management and prevention of falls.

• Staff meetings were held on a regular basis. These provided a forum for communicating information about the service, discussing concerns and gathering feedback from staff.

• Meetings for people using the service and for relatives were held every few months, although the registered manager told us attendance was often low. However, information was frequently passed on to relatives in an informal way and comments we received from relatives showed that communication with the service was good.

• People who used the service and visitors were encouraged to give feedback and this was used to improve the service. For example, we were told that someone had commented that they did not know about the complaints procedure. The registered manager had responded by ensuring it was displayed.