Camelot Care (Somerset) Limited

Avalon 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Avalon Nursing Home is a nursing home. It specialises in providing care for up to 55 people who are living with dementia. It was providing personal and nursing care to 50 people at the time of the inspection.

People's experience of using this service:
Throughout the inspection we received positive feedback from people and relatives about the service.

The provider had failed to notify CQC about one incident which had taken place at the service. They are legally obliged to do this.

When people lacked the mental capacity to make decisions, records did not always demonstrate current statutory guidance had been followed to ensure people were not restricted any more than necessary.

Some aspects of the service were not always safe. For example, specialist air flow mattresses were not checked as required, and information about mattress settings was not always clear. Also care plans for people who could display behaviours which challenge lacked detail. This meant that staff did not always have adequate guidance about managing risks.

People's medicines were administered as prescribed and managed safely by competent staff. Medicines trolleys were not anchored securely when they were in corridor areas.

There were enough staff to meet people's needs. The provider was recruiting to vacant posts, and safe recruitment processes were followed.

Staff felt supported by the management team and received training to ensure they could effectively perform their role. Staff received supervision regularly, although records required updating.

People were supported by staff to eat and drink enough to maintain a balanced diet. We received mixed feedback about the meals provided.

The environment was bright, clean and well maintained, with points of interest and sensory objects for people to interact with.

People accessed routine and specialist healthcare appointments. Most relatives told us they were consulted with and informed about people's care.

People were supported and treated with dignity and respect and staff knew people well and were kind and patient.

People's individual needs and preferences were considered, although some care plans and records required reviewing to ensure staff had the information they needed to provide high quality care.

Quality assurance systems were in place to monitor and review quality and performance and ensure risks were well managed. However, the regular completion of checks and audits had lapsed in the few weeks before our inspection. We highlighted this to the management team.

Rating at last inspection:
Good (report published 08 November 2016).

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Enforcement:
We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take towards the end of the full report.

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Avalon Nursing 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 was carried out by two adult social care inspectors, a specialist advisor who was a registered nurse, 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. The expert by experience's area of expertise was dementia care.

Service and service type:
Avalon Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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, although this person was working their notice period at Avalon Nursing Home. The service was being supported by the deputy manager and provider director team during this time. A new manager had been recruited and future start date confirmed. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection, we reviewed the information we held about the service and the service provider. The registered provider had completed 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.

We looked at the notifications we had received for this service. Notifications are information about important events the service is legally obliged to send us within required timescales. We used all this information to plan our inspection.

During the inspection, we looked at the care records of 10 people who use the service and five people's medication records.

We reviewed five staff files. These contained information about recruitment, training, induction and supervision. We also looked at records related to the management of the service. These included audits, meeting minutes and health and safety documents. We reviewed policies and procedures including safeguarding, whistleblowing, complaints, mental capacity, recruitment and medicines. We considered all this information to help us to make a judgement about the service.

During the inspection, we spoke with 11 people who lived at the service. Some people were unable to tell us about their experiences of Avalon Nursing Home because they were living with dementia and unable to discuss their views verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the relatives or friends of six people who lived at the service. We also spoke with 11 members of staff, as well as the deputy manager, temporary manager, development director and human resources and IT lead. During and after the inspection, we spoke with three health or social care professionals who worked with the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management
• The environment was safe and well maintained. Risks were assessed, including checks of water temperatures, cleaning tasks and trip hazards. A plan was in place to ensure checks were carried out every day.
• Servicing and repairs were usually carried out to ensure people were safe, although there were occasions when catering equipment was not replaced in as timely a way as required.
• Where risks were identified, the provider was open and honest and worked with others to resolve issues.
• People were placed at potential risk of harm from pressure ulcers. Some specialist air flow mattresses were not checked as required, and information about mattress settings was not always clear. We highlighted this to the management team, who planned to review checks and standards. No-one living at the service had pressure ulcers at the time of our inspection.
• Risks to people had not always been assessed or ways to mitigate risks put in place. Care plans for people who could display behaviours which challenge lacked detail. This meant that staff did not always have adequate written guidance about managing risks.
• Emergency plans were in place, and people had a personal emergency evacuation plan (PEEP) to ensure they received the support they needed to stay safe in the event of an emergency. Fire drills and training had been carried out to ensure staff knew how to respond in the event of a fire.

Using medicines safely
• Medicines were administered and disposed of safely.
• There was a risk because medicines trolleys were not anchored securely or supervised by staff when they were in corridor areas. This is contrary to the Royal Pharmaceutical Society's professional guidance on the safe and secure handling of medicines. We highlighted this to staff during our inspection.
• Medicines administration records (MAR) were accurate and clear. Only nurses who were trained and assessed as being competent administered medicines.
• Staff administering medicines were organised and knew people's preferences when taking medicines.
• People who administered their own medicines did not always have best practice followed by nursing staff. Staff told us that they brought one person's medicines to them and, "Left it on their table". Staff then signed the MAR to indicate the medicines had been taken. We discussed this with staff, and one nurse told us they would update their practices so they could better monitor when medicines were taken by a person.
• Medicines which required additional security were appropriately stored, checked and administered.
• Medicines audits were usually carried out to monitor safety and ensure risks were managed.

Systems and processes to safeguard people from the risk of abuse

• Systems and policies were in place and staff had received safeguarding training. They understood how to keep people safe from abuse or harm and how to act if they had concerns about safeguarding.
• People told us they felt safe and they appeared comfortable in the presence of staff.
• Staff told us how they would ensure people were safeguarded from harm. One staff member explained that keeping people safe and well looked after was important to them, adding, "I am passionate about it."

Staffing and recruitment
• There were enough staff to meet people's needs and keep them safe. One person said, "Yes I think so," when asked if there were enough staff, although another person added, "Sometimes, sometimes not."
• Care staff told us, "There are enough staff. We have enough time to do what we need to do."
• One relative felt there were enough staff, "Yes, definitely; there's always someone about," although another relative added, "The staff work hard. I think they are short at the moment."
• People had ways of calling staff when they required assistance. Throughout the inspection call bells were responded to quickly.
• Safe recruitment and selection procedures were in place. Staff files had pre-employment and other checks in place that confirmed staff were suitable to work with people. Staff files were being reviewed and updated at the time of our inspection.

Preventing and controlling infection
• People were supported in a clean environment with no unpleasant smells. One person said, "The cleaners are very good," and another added, "They keep it at a good standard I think."
• Staff had received infection control training and followed safe practices in hand washing and using protective equipment, such as gloves and aprons.

Learning lessons when things go wrong
• Accidents and incidents were recorded, and actions were taken where necessary.
• The registered manager had regularly reviewed incident reports until the few weeks prior to out inspection. Reviewing reports helped to identify any changes to practice or learning required in the service.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.

• The service did not always seek consent to care and treatment in line with legislation and guidance.
• When people lacked capacity, records did not always demonstrate current statutory guidance had been followed. For example, one person had a capacity assessment which was not about specific decisions. Three people who were identified as lacking capacity and with a high risk of falls required close supervision and the use of technology such as door alarms or sensor mats. Although decisions had been made to keep these people safe, their capacity and consent had not always been sought or documented to show the actions were in their best interest.
• Practice at the service was that alarms on people's bedroom doors were activated when they were in their bedrooms. However, people's consent to this was not documented and there was no evidence to show whether less restrictive options had been considered for some individuals.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• People who had capacity were asked for consent to treatment and most records reflected this.
• Staff had received training in MCA and DoLS. They put the training into practice by giving people choice and asking for their verbal consent when offering support.
• The provider had made appropriate DoLS applications and followed these up with local authorities. However, there was no clear method of demonstrating how conditions which had been applied to DoLS had

been met. We raised this with the management team, who told us they would update their practice to record this centrally.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People had detailed assessments prior to moving into the home. They were involved as much as possible, as were other people important to them. This provided the foundation for the support they received daily.
• People's care and support needs were regularly reviewed and changes made when required. Sometimes changes were not updated in care records, but staff communicated these verbally.

Staff support: induction, training, skills and experience
• New staff received an induction and local orientation when they started in post.
• Staff told us training was relevant to their role and improved their knowledge and skills. When asked if staff had the skills and training to care for them, one person said, "Definitely, they wouldn't be here if they didn't."

• People felt that staff were competent in their roles. One person told us regular staff knew them well and knew their needs. A relative told us, "Staff can read [Name's] facial expressions as to how they are feeling."
• Staff were given opportunities to review their work and development needs through supervision and appraisal. Staff told us that they felt well supported.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink enough to maintain a balanced diet. People were encouraged to be independent where possible.
• People had access to food and drink during the day in bedrooms and communal areas.
• People were encouraged to make choices about food and drinks where possible. One person said, "I can always choose something different."
• People gave mixed views about the food provided at the service. One person said, "Yes, it's nice. Not a great choice. Always nice," when asked what the food was like. Other comments included, "Yes, very good. Good choices," and, "Well presented. Good variety." However other people told us they were not keen on the food. The chef regularly met with people and their relatives to discuss food and menus.
• We observed a midday meal and noted that people's dining experiences varied. For example, some people had to wait a long time for their meal to arrive, and others had a lot of very effective support from staff. Some people enjoyed having their meal in a shady area in the garden.
• People's weight was regularly monitored and guidelines were in place for staff to ensure people received a diet which met their needs. Some weight changes had not been entered in care plans. We highlighted this to staff who planned to update the records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to access routine and specialist healthcare services when necessary. For example, one person had recently been reassessed at a memory clinic. Staff worked with health professionals to ensure care was in line with recommendations.
• A relative told us, "I have no doubt whatsoever that if a doctor or chiropodist or anyone else was needed, staff would get onto it."
• One person said, "Seeing the doctor is not a problem; the staff sort it for me." Another person added, "They get the doctor quickly for me."
• The provider had established regular GP visits to the service to manage a range of health issues and conditions. One of these visits took place during our inspection.
• People had received input from GPs, chiropodists, dentists and opticians. Records contained details about

people's appointments.

Adapting service, design, decoration to meet people's needs
• The environment was bright and well maintained and met people's needs and preferences.
• People were able to personalise their bedrooms with things which were important to them. One person had a computer in their room, and some people with memory difficulties had scrap books and photographs of trips and important people.
• The deputy manager told us people were involved in choosing pictures and decoration around the home.
• There were points of interest and stimulation around the building, such as themed areas and objects to touch. There were reminiscence and sensory opportunities available for people, and these helped to create a calm atmosphere.

Good

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 supported people in a kind and caring manner. Staff used touch where appropriate to aid communication and provide reassurance.
• Staff had good relationships with people, and appeared to know them well.
• One person said, "Staff are very nice". Other comments from people included, "Staff are absolutely amazing. They are brilliant," and, "'I'm naughty me, I have a joke with them, but they are very kind."
• One relative said, "Staff not only know what mum needs, they support me too." Another added, "[Staff are] very caring. I come in regularly and I have never heard them raise their voices. It's not easy here at times."
• People were supported to maintain relationships with friends and relatives, and visitors were welcome at any time. During our inspection relatives were welcomed and involved in discussions. One relative told us, "'They always acknowledge me, and give me a hug too."
• People's protected characteristics under the Equalities Act 2010 were identified and respected in an individual way. This included people's needs in relation to religion, gender, culture and diet.

Supporting people to express their views and be involved in making decisions about their care
• People were encouraged to make decisions about day to day matters such as food, clothing and routines where possible. One person told us they made their own doctor's appointments and liaised with staff when they did this.
• Most relatives told us they were involved in decision making and reviews of care. One relative said, "I am kept informed if there are any changes," although another noted they, "Would like feedback more frequently."
• Staff told us that they usually sought feedback from people about the service on an individual basis. They found this to be more effective than meeting as a large group. Staff recorded issues and concerns that people raised, and a 'you said, we did' board provided updates about actions that had been taken.

Respecting and promoting people's privacy, dignity and independence
• Throughout the service there was consideration to the needs and dignity of people. Dignity blankets were located around the home which could be used to protect people's privacy. Screens were available in communal areas and could easily be moved to protect people's dignity and allow some appointments to take place. A relative told us that staff were, "Very discreet."
• People's preferences about staff gender were met to respect their dignity. One person told us, "I can't have a bath alone. Male helpers help me."
• People told us that staff respected them as individuals. One person said, "I was very upset the other day as it was the anniversary of the death of my son. Staff were very kind to me, they comforted and supported me."

• People were supported to be independent where possible. One person said, "They wash me carefully. They always say, 'would you like to wash your own face and hands?'"

Good

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
• Care plans were detailed and person centred in some areas, but did not always provide sufficient guidance for staff. For example, one person's needs in relation to falls had changed. A new strategy had been put in place to help monitor their movements, but the old method of monitoring was still on their bedroom door. Another person had a care plan which stated their medicines should be administered in a specific way, but a nurse told us that this had changed and was no longer the current practice. The person's care plan did not reflect this. Examples such as these could lead to confusion amongst staff, or incorrect support or care being given.
• People were involved in their care plans where possible. When people were unable to be involved, relatives had input. Life histories were in place which provided important conversation points for people with limited verbal communication.
• Care plans reflected people's likes and dislikes, needs and interests. However, at times there were contradictions or lack of details in some parts of the care plan. We highlighted this to the management team who planned to review care records. Staff were aware of people's preferences and needs because they knew them well.
• People were able to participate in a wide range of activities. The service employed activities co-ordinators and regular activities included singing, exercises, seasonal crafts, multi-sensory activities, visiting entertainers and trips and outings.
• People told us, "Staff take me out for coffee," and, "I like the music and singing." One person added, "I can choose if I want to join in or not."
• The service understood people's information and communication needs. These were identified, recorded and highlighted in care plans and shared appropriately with others.

Improving care quality in response to complaints or concerns
• Systems and policies were available for recording and dealing with complaints.
• The service had received 11 complaints in the previous 12 months. These had been responded to and resolved, with actions taken as needed to improve the service.
• People knew who they could speak with if they had any concerns or complaints. One person said, "I haven't got any complaints. I would find someone to complain to". Another person told us they had recently spoken with one of the providers to discuss a concern they had. They told us they felt listened to.
• Relatives told us that they would feel confident if they had to make a complaint. One relative said, "I had a concern, but I can't remember what it was. I know I was satisfied with the response."
• Staff told us that they felt able to raise concerns or complaints, and a whistleblowing policy was available.

End of life care and support

• People were supported by staff who helped to give them a dignified death. Most care plans contained personalised details about people's wishes for end of life care.
• The provider had recently invested in implementing the Gold Standards Framework. This is a set of standards which promote high quality care by giving people choice and meeting their needs as they approach the end of life.
• The provider was participating in an international initiative called the ECHO project (Extension of Community Healthcare Outcomes) which aims to develop excellence in end of life care.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in September 2016, we rated the provider 'requires improvement' in the well-led domain because there had been insufficient time to ensure improvements could be sustained. At this inspection, we found that improvements had been sustained until recently.

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 provider had informed families and other agencies, such as safeguarding services, about events which had occurred within the service. There was an open and honest culture within the service.
• During the inspection, we found that CQC had not been notified when one person sustained a serious injury when they fell. We highlighted this to staff during our inspection.
• The provider had a set of values which were reflected in the actions of staff during our inspection.
• People, relatives and staff spoke positively about how the service was managed and led. One staff member said, "The managers are all approachable. Even if [Name] is busy, they will still always give me time."
• Relatives told us that the service kept them up to date and communicated with them regularly.
• One member of staff told us they found the daily "10 at 10" meetings incredibly useful for sharing important information about people and their needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There had been changes to the management team since the last inspection. A temporary manager and new operational leads were a visible presence during our inspection. Staff felt supported by the management team to provide high quality, person-centred care.
• There were clear lines of responsibility and accountability in the service, and staff understood what was expected of them.
• People, relatives and staff spoke positively about how the service was managed and led. One person said, "I think it's great. They couldn't do any better." A relative told us "The manager is very obliging." Staff said, "The manager is supportive."
• Quality assurance systems were in place to monitor and review quality and performance and ensure risks were well managed. This included internal and external audits of medicines, care plans and health and safety. These checks had not always identified the shortfalls we identified during our inspection. Until approximately 8 weeks before our inspection, audits had been completed regularly, but this had lapsed recently. We highlighted the importance of carrying out thorough checks regularly to the management team, who planned to review their completion.

• The provider displayed their CQC rating at the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and their relatives told us they were involved in discussions about the service and their care.
• Regular 'Friends of Avalon' meetings took place for families and friends. Minutes of recent meetings showed that issues such as mealtimes, housekeeping, activities and events had been discussed, and actions taken to make improvements. Changes were displayed on a noticeboard in a 'You said, We did' format.
• Staff meetings took place regularly, and minutes showed that items such as staff morale, recruitment, training and care issues had recently been discussed. Staff told us that they felt able to approach members of the management team with concerns, queries and suggestions.
• The provider sent regular surveys to relatives, staff and professionals involved with the service. Feedback was positive, and the management team reviewed the results to ensure areas for improvement were identified.

Continuous learning and improving care
• During the inspection, the management team were very responsive and open to feedback to develop and improve the service.
• The service had received a number of compliments and had introduced a 'spontaneous feedback' form. A visiting professional noted, "Having gone on many visits to other care homes, we noted the cleanliness of the home and the individual rooms. It was a refreshing experience coming into a home where patient care is clearly of paramount importance." A card from a person's family stated, "Thank you for looking after [Name] with the care and dignity they deserved. We really appreciate all you did for them."

Working in partnership with others
• Strong links had been developed with health and social care professionals. During the inspection, there was a meeting between the management team, representatives from the local authority and health professionals. A shared vision was clear to ensure people received safe care and support which met their needs.
• The provider had developed links with local colleges so students studying health and social care could gain practical experience.
• There was a strong focus on developing and strengthening links with the local community. The service was involved in the local carnival and hosted a summer fete as well as attending a local 'memory café' and going on regular trips and outings. Members of the local church visited people, volunteers were encouraged and local schools regularly visited the service. One member of the management team said, "Part of our work is to break down walls with the community".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights were not consistently being upheld in line with the Mental Capacity Act (MCA) 2005. Where a person lacked mental capacity to make an informed decision, or give consent, staff did not always act in accordance with the requirements of the MCA and the associated code of practice.