Family Mosaic Housing

Avalon Nursing Home

Inspection report

Longhouse Road,
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was completed on 13 March and 14 April 2015 and there were eight people living in the service when we inspected.

Avalon Nursing Home is one of several services owned by Family Mosaic Housing. The service provides accommodation, personal care and nursing care for up to eight people who have a learning disability and physical or sensory disabilities.

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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Regular health and safety checks relating to fire safety were not routinely completed so as to ensure their health and wellbeing.

Summary of findings

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

There were sufficient numbers of staff available. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff felt well supported in their role and received regular supervision.

Care plans were detailed and provided an accurate description of people's care and support needs. The management of medicines within the service was safe. Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected. People's healthcare needs was good and people had access to a range of healthcare services and professionals.

People were supported to be able to eat and drink sufficient amounts to meet their needs. The dining experience was positive.

People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

There was an effective system in place to respond to comments and complaints. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

Summary of findings

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.

Regular health and safety checks relating to fire safety were not routinely completed.

There were enough staff to meet people's needs.

The provider had systems in place to manage safeguarding concerns.

The provider had arrangements in place to manage people's medicines safely.

Is the service effective?

Good

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Is the service caring?

Good

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The manager was clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive.

Avalon 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 was planned to check 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.

The inspection took place on 13 March 2015 and 14 April 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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.

The majority of people who lived at the service were not able to verbally communicate with us. We spoke with three people who used the service, two qualified nurses, four members of care staff, the manager and the operations manager.

We reviewed four people's care plans and care records. We looked at the service's staff support records for three members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Requires improvement

Is the service safe?

Our findings

Where environmental risks were identified, prompt action was taken by the manager and the staff team to address these through the provider's 'estates' department. However, we found that regular health and safety checks relating to fire safety, for example, the service's emergency lighting, fire extinguisher checks, fire alarm system and self-closing devices for fire doors had not been completed at regular intervals in line with the providers procedures or fire regulations. This meant there was a potential risk to people's safety as the reliability and safe operation of fire-fighting equipment, fire detection and alarm systems had not been checked for its safe use and effectiveness in the event of a fire.

Staff told us that they felt people were kept safe at all times. We found that people were protected from the risk of abuse and avoidable harm. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff were confident that the manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. The manager was able to demonstrate their knowledge and understanding of local safeguarding procedures.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing such as the risk of developing pressure ulcers and poor nutrition, staff were aware of people's individual risks and risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

Staffing levels were appropriate for the numbers and needs of the people being supported. Our observations showed that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided in a timely and prompt manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for two members of staff appointed within the last six months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

The arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people living at the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for each person and these were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

We found that the arrangements for the administration of covert medication for one person had been assessed and agreed in their best interest by the appropriate people involved in their lives. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Good

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver good quality care to people. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. We spoke with one newly employed member of staff and they confirmed that they had completed the organisation's internal 'Academy 10' induction. This was undertaken over a four to seven day period depending on the member of staff's role and previous experience and covered several key topic areas. In addition, they had commenced 'Skills for Care' Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. They also told us that they had completed a number of 'shadow' shifts whereby they worked alongside a more experienced member of staff. They said that their induction had been very informative and, "Excellent."

Staff received regular supervision and an annual appraisal of their performance and development needs. Supervision was used to help support them to improve their practice. Records confirmed this. Staff felt that this was a two-way process and that they were supported by the manager.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied. Prior to our inspection we had received two notifications advising us that two DoLS applications had been forwarded to the local authority for their consideration and authorisation.

Records showed that each person had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. People were offered choices and this included decisions about their day-to-day care needs and participation in leisure activities.

Comments about the quality of the meals were positive. People indicated by their non-verbal cues that they liked the meals provided. Our observations of the lunchtime and teatime meals showed that the dining experience for people was positive and flexible to meet people's individual nutritional needs. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition and hydration, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, for example, where people were identified as having swallowing difficulties, interventions and advice from the local Speech and Language Therapy Team and/or dietician had been sought and implemented so as to ensure the person's health, safety and wellbeing.

People's healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services. Each person had a comprehensive health action plan in place and these identified individual's health care needs and the support to be provided by staff. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. We noted that staff interactions with individual people was positive and the atmosphere within the service was seen to be friendly, welcoming and calm. Staff communicated well with the people, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand.

Staff demonstrated affection, warmth and compassion for the people they supported. During our inspection one person became distressed and anxious. A member of staff supported them and showed patience, kindness and understanding in their approach. The outcome was positive as the person relaxed following the member of staff's support. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and key events.

Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked so as to feel comfortable and staff were seen to respect people's choice of dress and hairstyle.

People were supported to maintain relationships with others. The manager told us that where some people did not have family or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People received the support and assistance they needed and staff were aware of how the person wished their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to meet their specific assessed needs.

People's care plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The care plans were comprehensive and detailed. Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff and reading people's care records. This meant that staff had the information required so as to ensure that people would receive the care and support they needed.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

It was evident from our discussions with staff that they tried to ensure that people had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. People were able to enjoy a range of activities both 'in house' and within the local community. One person's records showed that they regularly attended and enjoyed coffee mornings, going to church and completing personal shopping. We discussed this with the person and they indicated they enjoyed these activities. The manager told us that they were exploring suitable adult education classes for some people as an opportunity for them to gain new experiences and meet new people.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. No complaints had been raised since our last inspection in January 2014. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. A record of compliments had been maintained to record the service's achievements. A recent compliment by relatives provided positive comments about their member of family's wellbeing and the quality of the staff working at the service.

Good

Is the service well-led?

Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits. This also included an internal review by the provider.

Specific audits relating to health and safety, infection control and medication were completed at regular intervals. General overview audits were completed at quarterly intervals and these audits looked at information relating to people who used the service and staff employed at the service. An annual Service Improvement Plan had been completed in November 2014 and demonstrated how the manager and provider identified where improvements were needed, for example, how better to support people to access more meaningful social activities. This showed that there was managerial oversight of the service as a whole by both the manager and the provider. However, the audits had not picked up that fire safety checks had not been completed at regular intervals. The manager confirmed that she was aware of this and that systems were being developed to ensure that these were completed.

People knew who the manager was and staff told us there was an open and inclusive culture in the service that supported good staff morale and promoted good teamwork. People received care from a confident and well supported staff team. Staff were clear about the manager's and provider's expectations of them and staff told us they were well supported. Staff also told us that they felt valued and respected by the manager and provider. In addition to regular staff meetings, staff were able to speak with the manager on a regular basis for advice and support and their views were taken into account and respected.

People had completed satisfaction surveys in Autumn 2014 and these showed that people were satisfied with the overall quality of the service provided. Two relatives recorded, '[Name of person] is well looked after and they seem happy' and 'They are always well cared for and always happy.' Although there was little evidence to show that regular formal meetings had taken place for people to discuss their views and experiences, the manager confirmed that more suitable arrangements were being explored to enable this to happen in a more meaningful way.

The manager was able to demonstrate an awareness and understanding of our new approach to inspecting adult social care services, which was introduced in October 2014. They told us that this had been discussed in management meetings, however it was their intention to disseminate this information to the rest of the staff team through staff meetings and staff supervision so that they too had an understanding of how this applied to their everyday practices.

Encouragement to increase staff performance and to recognise good practice was provided through a special incentive, such as, the provider's 'WOW Awards.' This recognises achievements by a person who used the service or a member of staff.