

Aveland Court Care Limited

# Aveland Court Care Home

## Inspection report

Aveland Road  
Babbacombe  
Torquay  
Devon  
TQ1 3PT

Tel: 01803326259

Website: [www.avelandcourtcare.co.uk](http://www.avelandcourtcare.co.uk)

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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?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Aveland Court is a residential care home providing personal care for up to 30 older people. The home is registered with CQC to provide accommodation and care for older people who may be living with dementia, have a physical disability, a sensory impairment or an eating disorder. At the time of the inspection 24 people were living at the service.

### People's experience of using this service and what we found

Although some improvements had been made since the last inspection, people were not always protected from the risk of harm. Medicines were not always managed safely. Risks to people's safety had not always been assessed and detailed guidance was not always available. People were placed at risk from unsafe moving and handling techniques and from aspects of their environment.

People were not always protected by safe recruitment processes. The provider had not always obtained the necessary pre-employment checks before new staff started working at the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The training records available did not evidence specific training was undertaken by staff to keep people safe and provide safe care and treatment.

Systems and processes to monitor the service had not been operated effectively to assess, monitor and mitigate the risks to people's health, safety and welfare. The provider's quality assurance processes did not identify the issues we found at this inspection.

The registered manager understood their responsibility to be open and honest when things had gone wrong. They welcomed our inspection feedback and took action in response to the issues we found.

People, relatives and staff spoke highly of the registered manager and the positive culture they created. People told us they were happy living at Aveland Court and said they felt safe. There were enough staff to meet people's needs.

People had the opportunity to take part in activities and we saw people enjoying quizzes and musical entertainment during our visit. We made a recommendation about activities for people who may be at risk of social isolation.

Most of the service was designed to meet people's needs. However, we found improvements were required to promote people's independence and safety. We made a recommendation about the environment.

People were supported by staff who were kind, caring and understood their likes, dislikes and preferences. Staff understood how to respect people's privacy and dignity and promote their independence. Care plans contained information to support staff in providing personalised care.

People told us they enjoyed the food, chose where they wanted to eat their meals and their food preferences were considered when menus were planned. Staff knew people's preferences and dietary requirements.

People's health care needs were monitored and responded to promptly. Staff worked with healthcare professionals to ensure people received positive outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 18 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had not been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 18 August 2018). The service remains rated requires improvement. This was the third consecutive inspection where the service has been rated as 'requires improvement'.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment, recruitment processes, the Mental Capacity Act 2005, the provision of staff training and governance.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 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 always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Aveland Court 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. We planned this inspection to check 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 one inspector, a pharmacy 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

Aveland Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had received about the service from the provider and other agencies since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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. We used this information to plan our inspection.

#### During the inspection

We spoke with ten people and three visiting relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager and deputy manager. We also spoke with one visiting health care professional.

We reviewed a range of records. This included eight care records and seven medication records. We looked at three staff files in relation to recruitment, supervision and training. We looked at a variety of records relating to the management of the service, including policies and procedures, and systems for monitoring quality.

# 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 remained the same. This meant 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found the service did not ensure medicines were stored safely and administered as prescribed, and improvements were required to the quality of the information in people's care records. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had not been made and further risks had been identified which meant the provider continued to be in breach of regulation 12.

- People were not always safe and were at risk of harm. At the time of the inspection we observed staff using unsafe moving and handling techniques which were not in accordance with good practice guidelines and could place the person and staff at risk of harm and injury.
- Risks to people's health and welfare had not always been assessed and detailed guidance was not always available for staff to refer to. Where people were living with long term health conditions, such as, diabetes or seizures, records did not identify how they were to be supported to reduce any risks and maintain their safety. For example, we looked at the records for people living with diabetes. We found there were no care plans or risk assessments to support staff to deliver effective diabetes care. There was no guidance for staff about how to identify high or low blood sugars or what action they should take to keep the person safe. There was no information about dietary needs or regular diabetic checks, such as specialist foot and eye care services. This put people living with diabetes, at risk.
- Two people had been identified as being at risk of dehydration and were having their fluid intake monitored. We found staff were not consistently recording their fluid intake. This potentially placed them at risk of not receiving enough fluids to maintain their health. For example, one person had recently been discharged from hospital following being admitted with dehydration. Records showed their GP had requested staff to encourage and monitor this person's fluid intake. We found fluid recording charts from the two days prior to the inspection, showed the person had only consumed 180millilitres. We spoke with staff who confirmed this information had not been shared with the person's GP.
- There was no risk assessment or care plan in place to guide staff on the safe management of people with urinary catheters.
- Regular checks of the environment had not been sufficiently undertaken to protect people from the risk of harm. For example, we found window restrictors on some windows had been disengaged as they had not been fitted with tamper-proof fittings. This did not comply with Health and Safety Executive guidance and potentially placed people at risk. We saw a radiator cover in one person's room was broken, had sharp

edges and was not sufficiently covering the radiator to protect the person from the risk of burns.

- Staff did not follow national guidance when giving medicines to people. Medicines were prepared and given to people by two staff members. This meant the staff member administering the medicine had not removed it from packaging and made appropriate checks. There was a risk the wrong medicine could be given.
- One person was having a medicine crushed and mixed with food before giving, yet the pharmacy label said to swallow whole, not chew or crush. Staff had not checked to make sure that they were giving this medicine safely.
- One person had a tablet added to their lunchtime meal by the chef. Staff signed the Medicines Administration Record (MAR) to indicate the tablet had been taken at the end of the meal. Staff did not observe the person taking this medicine.
- There was no guidance to help staff administer medicines prescribed to be taken when required.
- We saw one person had their behaviour inappropriately controlled by a sedating medicine. Medicines prescribed to be given to calm the person when they were agitated due to dementia, were regularly being given because the person was "shouting out". The care plan did not guide staff about how to reduce the persons agitation and anxiety without having to use a medicine.
- Care plans did not contain specific information about people's medicines and their medical conditions. For example, care plans for people prescribed anticoagulants (to thin the blood) did not contain risk assessments or guidance for staff to follow if the person fell or developed unexplained bruising.
- Medicated creams were not always given and there was no guidance for staff to know where to apply them.
- There was no room temperature monitoring of ambient medicines storage areas and no risk assessment to determine if this was necessary.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Other risks to people had been assessed and managed appropriately.
- We saw individual risk assessments for people including assessments for falls, nutrition, weight and skin care. Risk assessments were reviewed monthly or as people's needs changed.
- Systems were in place to keep people safe in emergencies. Firefighting equipment and systems were monitored, and fire drills carried out. Evacuation plans were in place to ensure people received the support they needed in an emergency.

#### Staffing and recruitment

- The suitability of staff to work with people was checked as part of the recruitment process. These checks included obtaining proof of identity and a disclosure and barring (police) check to ensure that staff did not have criminal cautions or convictions that could impact on the role they had applied for.
- However, a full work history and an explanation for gaps in employment history had not been obtained.
- Where staff had previously worked in care, the references had not always been obtained from their previous employers.

This is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we raised our concerns about the lack staff available to support people in the lounge

area. We made a recommendation to the provider to review how staff were deployed during their shift to ensure people have the supervision they require to respond to their needs and protect their safety.

- During this inspection we found there were sufficient numbers of staff on duty to respond to people's needs and staff were deployed in a way that ensured people were always supported in the communal areas.
- People told us there were enough staff. One person said, "When I press my call bell the staff come quickly to help me."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One person told us, "I feel safe and content living here." A relative said, "I am happy that my Mum is safe living here, the care is good, and the staff are attentive."
- Safeguarding procedures were in place to protect people from harm. Information on how to report any concerns if people might be at risk of harm or abuse was on display.
- Staff knew to report any suspected or witnessed abuse to the management team.
- The registered manager understood their responsibility to share information, when required with the local authority and with us (CQC), to ensure allegations or suspected abuse were investigated.

Preventing and controlling infection

- The service was clean and tidy throughout.
- Staff used Protective Personal Equipment (PPE) such as aprons and gloves when needed. There were adequate hand-washing facilities available throughout the home.

Learning lessons when things go wrong

- All accident and incidents were recorded and reviewed by the registered manager to determine if there were any lessons to be learnt and shared with staff to prevent re-occurrences.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found the provider had failed to work within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had not been made and the provider continued to be in breach of regulation 11.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were mental capacity assessments and best interests decision records in place for some decisions for people, but not all. For example, some people, who lacked the capacity to make decisions about their medicines, had their medicines given to them hidden in food or drink. These decisions had been discussed and agreed with the persons GP, but, there were no capacity assessments or best interests decisions show this was the least restrictive option or in the people's best interests.

We found no evidence that people had suffered because their rights had not been fully protected. This placed people at risk of receiving care that was not in the person's best interests. This was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found for other decisions, such as, having an alarm on people's bedroom doors, mental capacity

assessments and best interests decision processes had been completed within the principles of the MCA.

- Referrals had been made to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way.
- Staff we spoke with understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. We saw staff approach people and ask their consent before assisting them with personal care or their food and drink.

Staff support: induction, training, skills and experience

- The training records available did not evidence specific training was undertaken by care staff to keep people safe and provide safe care and treatment.
- Staff told us they received training to support them in their work and we saw from the training matrix that a range of training was available on annual basis. However, the training matrix showed gaps in some staff's training. For example, not all staff had received training in areas including fire safety, safeguarding, deprivation of liberty and mental capacity act and moving and handling. We also noted gaps in the training matrix in areas relevant to the needs of people living at the home, including dementia and end of life care.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Staffing support and training)

- Staff told us they received an induction and shadowed experienced staff before they worked with people on their own.
- Staff told us they had started to get more training in the past few months. Staff spoke positively about this. One staff member said, "I feel well supported and fully trained here."
- Staff were supported in their role through supervision and appraisal. Records showed actions for improvements were planned when shortfalls in staff performance were identified.

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

- Most of the service was designed to meet people's needs. However, we found improvements were required to promote people's independence and safety. For example, we observed two people walking along one of the corridors on the ground floor, touching the wall for support, particularly where there was a slight slope along the corridor. There were no hand rails in place to ensure the safety of people and promote their independence whilst walking along this corridor.
- Whilst improvements had been made to the signage at the home, such as, indicating where the toilets, bathrooms, lounge rooms and dining rooms were, further improvement was needed. For example, some bedrooms had no form of identification on them at all, such as a room number. Other rooms had room numbers but there were no names or photographs of the person living in that room, to assist them to identify their room.

We recommend the provider seek advice based on current best practice, on how to ensure the environment meets the needs of people living with dementia and memory loss.

- People and their relatives told us they appreciated the garden and outside space at Aveland Court.
- People were able to personalise their rooms and furnish them as they wished.

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

At the last inspection concerns were raised about the recording and monitoring of people at risk from weight loss. At this inspection improvements had been made.

- People at risk of malnutrition were having their weight monitored. We saw from records that action was taken when people lost weight, such as, referrals to a dietician and people were given a diet with added calories and regular snacks.
- People told us they enjoyed the food on offer, their comments included, "I have no complaints about the food, it's very good, it's as good as being at home", "The food is good and if I don't like it I can change it for another meal" and "The food is great, there are good choices and if I refuse any food, I can have an alternative."
- There was a choice of two dining rooms at the service. People chose where they wanted to eat their meals and we saw some people chose to eat in the dining areas and others remained in their bedrooms.
- People's food preferences were considered when menus were planned. The cook told us they knew peoples' preferences and dietary requirements and knew who required special diets and fortified food.
- People had correctly modified texture diets and fluids, where there were risks of choking. All meals were attractively presented to encourage people to eat.
- Where people needed support with their meals, this was provided appropriately. We observed staff sitting on chairs and maintaining eye contact with people. They spoke softly and asked if they would like more food or offered alternative choices.

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 the home. Where possible people and their relatives or representatives, had contributed to their assessment.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and meet their needs.

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

- People's healthcare needs were assessed, and the service worked with a range of health professionals to help meet people's needs. Information and advice from professionals were recorded, to help ensure people's needs were known and met.
- A visiting health professional told us, "This is a good home and I've never had a problem finding staff and staff always stay with me when I visit the people. This is a home that I would feel very happy to have my mum live in. There are no problems here and I think people are well cared for and happy."

## 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 remained the same. This meant 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

- People were treated with kindness and were positive about the staff's caring attitude.
- We asked people living at Aveland Court if they thought that the staff were caring and they told us, "the staff are kind and caring here, I like living here, I like the people, they are chatty and friendly", "The carers are very kind and look after me well, I am spoilt rotten" and "I couldn't wish for a better place to live, it is very family friendly here and the manager and staff listen to us. It's like being with your own family, a 'home from home.'" A relative told us, "[Registered manager's name] and the team here are so kind, nothing is too much trouble. [Registered manager's name] welcomed my mum with open arms. Care is their ethos and I also feel supported as her daughter."
- It was clear staff had developed good relationships with people and knew them well. People's care plans contained information about their past social history, such as their earlier adult life, their family and their employment. Staff said they used this information to engage with people.
- Staff demonstrated good, caring values and we observed many kind caring interactions. For example, we saw staff being very attentive to people, kneeling next to them and taking time to listen to what they were saying. One staff member spent all their time in the lounge, talking to people and doing quizzes and sing-alongs with them. Staff said one staff member is always available to sit and spend time with residents.
- People were treated equally and fairly. No-one living at the service had a diverse need, but the registered manager told us any diverse need would be welcomed and supported. One member of staff said, "I love it here. It's always friendly and we accept everyone, every gender, race, and it applies to everyone, there's no discrimination."

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

- We observed staff provided people with opportunities to make decisions about their care and support throughout the inspection. For example, staff reminded people of, and respected their meal choice.
- People were encouraged to share their views about the care they received through regular reviews and meetings.
- Residents meetings were held monthly and the registered manager had an open-door policy encouraging people and their families to speak with them at any time.
- People were supported to maintain contact with friends and family. A visitor told us they could visit at any time and were always made welcome. One relative told us, "Visitors can come here anytime and are always made welcome and offered a hot drink."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with and about people in a respectful manner, whilst showing genuine affection for people and their relatives.
- People's privacy and dignity were respected and promoted. We saw staff knocking on people's doors before entering and supporting people's discreetly with their personal care needs.
- Staff told us they supported people to remain as independent as possible and to do as much for themselves as they were able.

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection in July 2018 we found that care plans did not contain the level of detail described to us by staff. At this inspection we saw the level of person-centred detail had improved but further improvement was needed in relation to people's specific health needs.

- People had individualised care plans, which detailed the care and support they needed and included key information on their likes, preferences and hobbies. For example, people's preferences about what time they preferred to get up or what food they liked to eat. This ensured staff had the information they needed to provide person-centred support for people.
- Care plans did not always contain information about people's health conditions, for example, diabetes. Although staff had good knowledge about people and their associated support needs, detailed information in care plans would provide staff with more understanding of their health conditions. Additionally, staff who were unfamiliar with people would need to rely on the information in people's care plans and the lack of information posed a risk that they would not have enough information to support people in the most effective way. This has been addressed in the safe section of the report.
- Staff told us they read people's care plans and spent time speaking with people and their families to help them learn about what people needed and wanted. Care plans were regularly reviewed, and information was updated if people's care needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the inspection we observed people who remained in their rooms did not have dedicated one to one time with staff on a regular basis. We observed, and people told us, interaction and time spent with staff was usually when the person was receiving personal care. One person told us they spent their time watching the television in their room and sometimes felt lonely.

We recommend that the service seeks guidance on activities for people who may be at risk of social isolation.

- People told us they enjoyed the activities on offer. One person said, "I like the singers and using the musical instruments, I also like the quizzes and enjoy sitting in the garden."
- The service did not have a dedicated staff member who was responsible for planning and supporting

people with activities, but rather it was the responsibility of all staff. Staff told us they mainly had time to play games or musical activities and chat with people.

- There was a range of activities taking place some of which were provided by outside organisations. People talked of exercise classes and entertainers which they had enjoyed.
- During our visit some people enjoyed a quiz, musical entertainment, talking with staff and having their nails painted.

#### 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.

- Care plans included information on people's communication needs and whether they required any communication aids, such as glasses or hearing aids. This helped ensure staff understood how best to communicate with each person.
- People were provided with information in a format they could understand, such as picture books. Some picture signage was used to help people to navigate their way around their home.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they felt happy speaking with the registered manager if they had any concerns. One person told us, "I would tell the Manager if I wasn't happy with anything but so far I've not had to complain about anything." A relative said, "I've got to know [registered manager's name] very well and feel that I can complain about any issues. The only problem we had was Mum having the wrong clothes and this was dealt with."
- Records of complaints showed they had been investigated and dealt with thoroughly, promptly and in accordance with the provider's policy.

#### End of life care and support

- People and their families had been supported at the end of their lives. People who wished to, had made decisions about their preferences for end of life care, which were detailed in the relevant section of their care plan.
- Staff aimed to support people's wishes to remain at the service for end of life care, whenever possible. Staff worked in partnership with healthcare professionals to ensure people had a comfortable and pain free death.

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were effective systems and processes in place to monitor the health, safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and we identified new concerns at this inspection which meant the provider was still in breach of regulation 17.

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided.
- We found the systems in place had been ineffective in identifying the areas of concern that were found during the inspection. For example, regular checks of the environment had not been sufficiently undertaken to protect people from the risk of harm.
- Governance systems had failed to identify people were not protected from risks associated with their medicines. Medicine audits did not identify unsafe practice.
- The provider had failed to ensure staff were recruited robustly and received the training they needed to keep people safe.
- The provider had failed to ensure the principles of the Mental Capacity Act 2005 (MCA) was followed.
- We made recommendations in relation to adaptation of the building to meet people's needs, and ensuring people were not at risk from social isolation.
- Aveland Court has received a 'Requires Improvement' rating for the third consecutive inspection with multiple breaches of regulation, three of which were continued breaches.
- Quality monitoring had not ensured sufficient improvement. Improvements that had been made and identified in previous inspections, had not been sustained and have been generally reactive rather than proactive.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The service had a registered manager in post. The registered manager was supported by a newly recruited deputy manager who was being trained to take over from the registered manager when they retired. The management team were supported by a team of senior staff, who managed each shift.
- The management team were open, transparent, responsive to our feedback and demonstrated a good understanding of the improvements needed. During and following the inspection, the managers had begun to make improvements and had reviewed and improved their fluid balance recording charts and were working towards improving their training matrix.
- Staff were aware of their responsibilities and roles. Staff told us the communication between themselves, the senior staff and the registered manager was very good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they received personalised care and were happy with the service. One person told us, "My life is the best it has ever been, no complaints from me, it is a home from home." A relative told us, "I am very happy with Mum's care and would give the home four stars."
- The culture of the home was positive, and people lived in a homely and friendly environment.
- Staff said they enjoyed working at Aveland Court and felt supported by the registered manager. Comments included, "The manager is great and very approachable. [Deputy manager's name] will be the new manager and he has new ideas and a fresh perspective", "The manager is amazing, she makes sure that all staff are happy and that we make the most of any opportunities. I feel supported by all staff, everyone is approachable, and I do not feel intimidated by anyone. It is beautiful seeing how staff are with the residents" and "The staff are so passionate about the people, that's why I love it!"

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

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.
- The previous performance rating was displayed in the service's entrance hallway making it available to all visitors and people.

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

- People and their relatives had opportunities to comment on the quality of the care and support they received at periodic residents' meetings or by completing quality questionnaires. Comments included, "You have all been understanding with mum" , "Always made to feel welcome, staff are always polite and helpful" and "Residents always seem to get the support they need and seem content."
- Staff were also encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to.

Working in partnership with others

- The registered manager worked in partnership with other health professionals to ensure people's needs were met. For example, referrals were made to the 'falls clinic' to seek advice on how to keep people safe

who had fallen. Referrals were also made to a dietician if it was felt people may be at risk of malnutrition or to the speech and language team if people were having difficulty swallowing.

- Some community links had been established such as with the local church who came in to provide worship and activities with people and social activity providers to support people's needs.

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  The provider has failed to ensure capacity assessments and best interest decisions were recorded in adherence with the Mental Capacity Act 2005 code of practice.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider failed to operate a robust recruitment process.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider failed to ensure all staff were suitably trained to meet people's needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider failed to assess, monitor and mitigate risks to the quality and safety of the service. The provider failed to ensure the proper and safe management of people's medicines.

**The enforcement action we took:**

Proposal to issue an NOP for a positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.  The provider had not ensured, improvements to the service provided had been made and sustained.

**The enforcement action we took:**

Proposal to issue an NOP for a positive condition