

Peabody Trust

# Avalon

## Inspection report

Longhouse Road  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service - Avalon is a residential care home registered to provide accommodation with personal care for eight people who have a learning disability. There were eight people living at the service on the day of our inspection. The premises are single storey and wheelchair accessible.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found - Relatives made positive comments about the care provided at Avalon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Mental capacity assessments were not always completed in line with law. We have made a recommendation that mental capacity assessments are reviewed.

All known and expected risks in the service had been identified and mitigated. Positive risk taking was also supported within the service.

Staff were recruited safely, were visible in the service and responded to people quickly.

Staff knew people well and had developed meaningful relationships with them.

People could take part in a range of activities internal and external to the service which promoted their wellbeing.

People's health was well managed and there were positive links with other services to ensure that individual health and nutritional needs were met.

People received their medicines when they needed them.

End of life care plans were not always in place for people. We have made a recommendation about this. Relatives and professionals made positive comments about the management team at the service.

People were treated with dignity and respect.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

This service was registered with us on 29 March 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was 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 well led.

Details are in our well led findings below

Good ●

# Avalon

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector conducted the inspection.

#### Service and service type

Avalon 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. The registered manager was also registered to manage another service for people with a learning disability in the local area. We inspected both services together

This inspection was unannounced. This inspection was undertaken on 25 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

## During the inspection

We spoke with five members of staff including the registered manager, assistant manager, and support workers

The majority of people we met had complex needs and were not able to tell us of their experiences of life at the home. We therefore used our observations of care and our discussion with relatives, professionals and staff to help form our judgements.

We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At this inspection, this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care. A relative told us, "[Person] is safe living at Avalon and is well cared for."
- Staff had received training on safeguarding of adults and knew how to recognise and protect people from the risk of abuse.
- Staff knew how to report any safeguarding concerns, within the service, and externally. A staff member told us, "If I saw something that concerned me, I would refer it to my manager or higher if I needed to."
- The registered manager and provider were aware of their responsibility in reporting any concerns and knew how to contact the local safeguarding authority.

Assessing risk, safety monitoring and management

- Staff supported people to keep safe.
- Personalised risk assessments in people's care plans provided staff with guidance on providing safe care. This included risks associated with people's mobility and epilepsy. People were supported to take positive risks and staff understood how to support people with these, specifically when accessing the local community.
- Risk assessments relating to the environment were in place. This included personal evacuation plans for use in case of an emergency. Staff were able to tell us what they would do in an emergency. One staff member told us, "I would feel confident getting people out in an emergency."
- Care plans detailed people's health conditions and how these affected them. This included managing seizures to ensure people's safety.
- Behaviour care plans were in place for people with behaviours that could challenge the service. Staff were aware of the approaches to use and told us how they reduced any anxieties or behaviours that could impact on a person's wellbeing, and others near them.
- Systems were in place to ensure equipment was regularly serviced and tested to ensure it was fit for purpose. This included fire safety systems and equipment used when supporting people to mobilise.

Staffing and recruitment

- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.
- Observations and rotas showed there were enough staff to meet people's needs. Relatives and staff also confirmed this when we spoke with them.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should.

- People's medicine records confirmed they had received their medicines as prescribed. However, staff did not always record when medicines were returned to the pharmacy. This meant staff did not always know what medicine was being held in the service. We carried out a stock check of medicines and found that stock levels held were correct. We raised this with the registered manager who told us they would undertake more spot checks following the inspection.

We recommend the provider consider current guidance on returning medicines and take action to update their practice accordingly.

- Staff told us they were trained and assessed as competent before they administered medicines. They also told us that the registered manager completed these on a yearly basis. Records showed this had taken place and where needed, action was taken. One relative told us, "When staff give out medicine, they always talk to people and explain what they are doing."

- People received support to manage their 'as required' medicines. Protocols and procedures were in place for staff, so they knew how to respond to people and administer their medicines appropriately.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection and staff received training in infection control. The service was clean and free from odour.

#### Learning lessons when things go wrong

- Lessons were learnt in the service when incidents happened. We saw evidence of the registered manager investigating incidents and putting appropriate actions in place to reduce the risk of it happening again.



# 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 this inspection, this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Related assessments and decisions had been taken although this was not always in line with national guidance. One person's capacity assessment was in relation to personal care and was not decision specific. When we discussed this with the registered manager and staff they told us this person could make some of these decisions for themselves. The registered manager agreed to review all capacity assessments

We recommend the provider review mental capacity assessments to ensure they are compliant with MCA 2005.

- The registered manager understood their responsibility to apply for DoLS as needed and their responsibility to inform the commission.
- Staff received training and told us they understand the requirements of the Mental Capacity Act in their day to day job. One staff member told us, "One person I am keyworker for has capacity to decide what they want to wear and eat. However, I know they haven't got capacity to make bigger decisions like money." Relatives confirmed staff gave people as much choice as possible.
- Staff understood the importance of gaining consent before providing support. Observations of staff with people consistently showed us this.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely. The registered manager told us how they supported people to move into the service. They told us, "I will go out and assess someone and take a colleague with me. We will let the person have a visit at the service to see if they like it and to make sure they get on with everyone. Over a period of 6 weeks, they will come, have dinner, have an overnight stay to see if it's right for them. We offer families the opportunity to stay as well to make people feel comfortable."

Staff support: induction, training, skills and experience

- Staff had a clear understanding of their role and what was expected of them. Training was completed via face to face and e learning. This included safeguarding, medicines and MCA DoLs.
- Relatives told us they felt staff were trained and knew what they were doing.
- Staff had the training they needed to support people's individual needs. One member of staff told us, "I do feel we have the right training and I am quite confident to deal with any issues with specific needs of people."
- Competency assessments took place for staff on a yearly basis. Records showed this had taken place and where needed, action was taken.
- The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff received a comprehensive induction programme into the service. Agency and bank staff also had an induction into the service, giving them an overview of each person and their needs, likes and dislikes. One member of staff told us, "The induction was very good. We do the academy first and complete the training we need. It's very intense but we work through a booklet which you need to be signed off before you can work alone."

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

- Staff supported people to eat and drink enough to maintain a balanced diet, and people chose what they ate. Staff understood the importance of giving people healthy choices of food.
- People were supported to make their own meals in the service linked to their ability. One relative told us, "The other day, I know [person] was in the kitchen cooking." Observations showed people accessed the kitchen and had freedom of choice over meals.
- People's care plans contained information about their nutritional needs, specialist diet, likes and dislikes.
- People's weight, where appropriate, was monitored and action was taken where required. Dieticians and Speech and Language Therapists (SALT) provided support and their advice was followed and was available for staff to use.

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 maintain good health and had access to a range of health care professionals including dentists, GPs, and Speech and Language. Referrals were made in a timely manner and recommendations they made were followed by staff. A relative told us, "If [person] needs an ambulance, staff have called it for them."
- Where a person's complex health needs required regular admissions into hospital, each person had a hospital passport in place which went with them. If people are admitted to hospital this is used to provide hospital staff with important information about the person.
- The registered manager told us the service liaised with the hospital learning disability nurse to ensure good consistency of care for people.
- Staff communicated effectively with other staff. Information about changes to a person's condition were

recorded in their daily care records and discussed during staff handover periods. Staff shift patterns were split so there was an overlap between different shifts. This allowed staff to handover information consistently to each other throughout the day. The registered manager told us this was the same in both the services they managed.

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

- The environment was well maintained, clean and had been adapted to meet the needs of people living there.
- People were involved in decisions about the premises and environment. A staff member told us, "People can decorate the room however they want." People's rooms were personalised, accessible, comfortable and decorated with photos.

# 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 this inspection, this key question was rated good. 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; equality and diversity

- Staff treated people with kindness and compassion.
- Staff spoke respectfully to people and showed awareness of people's needs and preferences. We observed staff being kind to people and assisting them with tasks and activities they had chosen to do. For example, staff were supporting people in the activities room individually and as a group where appropriate. From people's demeanour, we could see they were enjoying the activity.
- Relatives told us that staff knew their preferences and used this knowledge to care for them in the way they liked. One staff member told us, "For people who can tell us, we will ask them. For people who are nonverbal, we use different ways of talking to them. For the person I support, they will use their hands to talk to me and that's how we know, and this works for everything."
- People had their life history recorded, which staff used to get to know people and to build positive relationship with them. Records provided information and guidance on historic health or social issues that staff needed to be aware of. One staff member told us, "Staff know [person] well and they are now regular staff and they know what to do if there is a problem with [person] care."

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

- Staff knew people well. They understood people's preferred routines likes and dislikes and what mattered to them. One relative told us, "Staff are able to calm [person] down when they need to. Staff have the patience of a saint." Another told us, "Staff know [person] doesn't like cold drinks and likes chocolate and will offer food they know [person] likes if they are feeling under the weather."
- Information held in people's care plans, and our observations further demonstrated how staff were ensuring people were being actively involved in making decisions about their care, were being listened to, and were being listened to and any actions followed up.
- Resident meetings were held regularly. Minutes from these meetings showed people could discuss what they wanted to see as well as any other issues.
- People, and where appropriate relatives and advocates were involved in making decisions about the service as well as their daily lives.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected. People's care records provided staff with guidance on how to ensure this.
- Relatives told us staff promoted people's dignity. One relative told us, "Staff talk to people as a person not an object." People were supported to be independent through goal setting created with them and relatives

where appropriate. Records and outcomes for people showed they were supported to meet these.

- People were supported to maintain relationships with those who were important to them. Relatives told us they were kept up to date with any issues and were welcomed into the service when they visited.

# Is the service responsive?

## Our findings

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

At this inspection, this key question was rated good. This meant people's needs were met through good organisation and delivery.

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

- People received support which was individualised to their personal needs and aspirations.
- People had a person-centred care plan, which detailed their preferences about the way they wanted staff to give them care and support. The information was kept under regular review and updated as required.
- The service ensured significant people in the person's life, who had cared for them / knew them well, were involved in decision making where appropriate.
- Staff told us they were given time during their induction to read people's care plans, which supported them in providing personalised care.

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.

- Staff demonstrated good awareness of people's individual communications needs, and how to support them.
- Throughout the inspection we saw how staff adapted the way they provided people with information to suit their needs, and for people unable to verbalise a reply, interpret their response.
- Care records provide detailed guidance to staff on meeting people's communication needs. Information in the service was produced in different formats including easy read, picture format and large font. One person was supported to visit the local library service to use assistive technology to access resources.

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.

- People were able to follow a variety of interests and activities internal and external to the service.
- Observations during the inspection, found people were supported to access the community whenever they liked as well undertaking activities within the service.

Improving care quality in response to complaints or concerns

- Since the last inspection, no complaints had been received by the service. However, a complaints process was in place and displayed in the service including in easy read format.
- Relatives told us they could raise complaints or concerns. One relative told us they had previously raised concerns and were happy with the way it had been dealt with by the registered manager. They said, "I had to

make a complaint about something I wasn't happy with, but the manager managed it well and dealt with it."

- Relatives said they felt able to speak to the registered manager at any time. One relative told us, "I feel comfortable talking to the manager."

#### End of life care and support

- At the time of inspection, no-one was receiving end of life care. However, the management team knew how to access support from other healthcare professionals should this be required.
- Staff had not received end of life training and this training was not offered by the provider to staff.
- Documents to record the arrangements, choice and wishes people may have for the end of their life were not in place to ensure peoples final wishes were met. We spoke to the registered manager who told us that following the inspection, this would be developed both within both services they managed as well as by the provider.

We recommend the registered manager develops and implements end of life care plans for people in line with national good practice recommendations.

# 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 this inspection, this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives were positive about the service. Comments included, "I have recommended the home to someone I know because it's a pretty good place."
- The culture of the service was caring, and staff were passionate and motivated about supporting people. One member of staff told us, "The culture here isn't limited and if you find something you wanted to do with someone, you can tell the manager and then as long as it's safe it can be done!"
- Regular quality audits of the service took place to check practices and records were maintained to a good standard and were effective.

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

- The service was well led. The registered manager put measures in place to ensure that the areas of risk identified during inspection were checked often.
- Senior managers visited the service regularly and completed audits and provided support for the registered manager. These included inspections of records, complaints and premises. Records showed any action that was needed following these audits, had been completed.
- The provider had a clear philosophy of care which staff and management consistently embedded into the service. This including being 'caring and empowering' to people, all of which was seen during the inspection. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The registered manager and the staff team knew people and their families well which enabled positive relationships and good outcomes for people using the service.
- Relatives and staff had completed a survey of their views. This had been used by the registered manager to find where any improvements were needed in the service.
- Staff received supervision of their performance and regular team meetings. Staff told us they were provided an opportunity to feedback their views and suggestions for improvement which were considered. One member of staff told us, "I had an idea of having a sports day after seeing it somewhere else. The manager encouraged me to bring the idea in which I did."

Continuous learning and improving care

- There was a focus on continuous improvement. Lessons were learnt, and issues were discussed in meetings to see if anything could be done differently. The registered manager told us that lessons learnt were shared between both services they managed.



### Working in partnership with others

- Staff were aware of external community and voluntary organisations and supported people to socialise and be part of the wider community to improve their health and wellbeing. During the inspection, people were in and out of the service, accessing the community. One person told staff they wanted to go swimming but had not had a good experience at a local pool. The registered manager told us, "After this happened, staff researched and found a swimming pool locally which is open for people with learning difficulties and we supported the person to access this. They love it."