

Camelot Care (Somerset) Limited

Avalon Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avalon Nursing Home is a nursing home providing personal and nursing care to 47 people at the time of the inspection. The service can support up to 55 people. Accommodation is laid out over two floors, both floors incorporate private bedrooms, with some offering walk-in showers. All bedrooms have ensuite facilities. The ground floor provides level access to a garden, with patio and outdoor dining furniture. There is additional outside space in the form of a small courtyard adjacent to the large communal lounge. Smaller lounges and seating areas are available throughout the home. The registered manager's office is located next to the main reception area.

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

People received safe care and were protected from potential abuse. People told us they felt safe and relatives confirmed this. Since our last inspection, the service had introduced measures to improve the safety of care provided, including in relation to pressure ulcer management. There were sufficient numbers of staff deployed across the service to meet people's needs. Medicines were managed safely, and measures were in place to prevent the spread of infection. Lessons were learnt when things went wrong.

Staff, people, and relatives spoke positively about the management team. Since our last inspection, the service had made changes to ensure quality assurance systems were used effectively and routinely, to identify concerns errors and omissions. The service was introducing initiatives and looking to develop care provision by working with external organisations and gaining accreditations. Feedback was sought from people, their relatives and stakeholders. The service provided people with person-centred care and the staff worked as a team. The provider was working in line with regulatory requirements.

People received effective care and experienced good outcomes. Since our last inspection, improvements had been made to ensure people consented when they needed care and treatment. When people could not consent, the service worked in line with the principles of the Mental Capacity Act (MCA). Staff were passionate about ensuring people were empowered to make their own decisions and take risks. People were supported to eat and drink enough, and their needs were assessed in line with published guidance. Staff received support and training relevant to their roles and the people they supported.

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.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 05 July 2019) and there was a breach 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 we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avalon Nursing Home on our website at www.cqc.org.uk.

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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Avalon Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Avalon Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We 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 eight people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care workers, Mental Capacity Act Lead and registered nurse. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication 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 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 received feedback via email from two professionals and five relatives.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm, and people told us they felt safe. Comments from people included, "I feel safe; I have had no falls", and "I feel safe." They [staff] are friendly and they look after me." Relatives confirmed people were safe. Comments from relatives included, "I can walk away always knowing [person's name] is safe."
- At our last inspection, we identified people were at risk from pressure ulcers deteriorating. This was because air mattress settings were not always correctly set, and guidance about mattress settings was not always clear. At this inspection, we found improvements had been made; air mattress checks were completed daily, and the results were recorded on a document reviewed by senior staff. Air mattress settings we checked, were correct.
- At our last inspection, we identified that risks to people were not always assessed, and guidance was not always available for staff about how they should mitigate risks. At this inspection, we found improvements had been made. When the service identified potential risks, comprehensive risk assessments were produced, that included detailed guidance for staff about keeping people safe.
- The environment was well maintained, and measures were in place to protect people from the risks of avoidable harm. For example, low temperature radiator surfaces and water temperature checks meant people were protected from the risk of burns. The service had also worked with the local fire service to check fire safety in the home.

Staffing and recruitment

- There were sufficient numbers of suitably qualified staff to meet people's needs and staff were recruited safely.
- The service used a staffing assessment tool to determine staffing levels, in accordance with peoples' needs. The registered manager was proud not to have used agency staff since the previous year, and did not admit people if their needs could not be met by the existing staff team.
- People and relatives we spoke with, were very positive about staff. Comments from people included, "The staff do a fantastic job. They are special people" and, "When I wake up they [staff] pop their head in and will bring me coffee if I like." Comments from relatives included, "The entire staff structure of nursing, care, domestic, and administration, has always been to the highest standards in every respect, for which we have the highest regard, and are eternally grateful" and, "I have always found the staff amazing...In all my time of visiting and helping out at Avalon Nursing Home, I have never heard the words, 'we haven't got time!'."
- Staff were recruited safely. Checks undertaken included those with the Disclosure and Barring Service (DBS). These checks are important because they help prevent unsuitable applicants from gaining employment and working in the care sector.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and processes were in place if safeguarding concerns were identified. Staff received safeguarding training. One team leader said, "All staff have training in safeguarding and whistle-blowing; we share this with the teams." Records we viewed confirmed this.
- Staff spoke confidently about how they would identify potential signs of abuse and what actions they would take if abuse was witnessed or suspected. For example, one staff member said, "Unwitnessed bruising and poor manual handling" could constitute abuse. Staff we spoke with said they would report safeguarding concerns to the registered manager and were confident about escalating concerns to any senior staff.
- The registered manager alerted and worked with the local authority safeguarding team when potential safeguarding concerns were identified.

Using medicines safely

- Medicines were stored and managed safely.
- At our last inspection, we identified people were at risk because medicines trolleys were not always secured to the wall, or supervised when in use. At this inspection, we found improvements had been made. Medicines trolleys were supervised while in use and secured to the wall in the medicines room, when not in use.
- There were protocols in place for staff when administering 'as required' medicines. The protocols were person-centred and included guidance for staff, such as how and when to administer medicines, including people's preferences and choices. Staff checked the effectiveness of medicines in different ways, including using a recognised pain tool for people who could not communicate verbally.
- The service had implemented body maps to guide staff about where to apply topical creams. The documents were used alongside guidance confirming how creams should be applied. The service had introduced 'resident of the day', when senior staff checked a named resident's paperwork, including body maps and cream charts, to ensure they had been completed correctly.
- Medicines had recently been audited by an external organisation, and no areas of concern had been identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff were supported by the registered manager to ensure lessons were learned when things went wrong. For example, the service had introduced a post-office for people with dementia to access. However, staff observed people were not using the area frequently and were planning to introduce a bar area as a replacement.
- The registered manager had oversight of the service and looked to identify potential themes and trends, when unwanted accidents and incidents had occurred. This meant changes could be made to prevent a reoccurrence.

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 now improved to 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 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.

At our last inspection, we identified the service was not always working in line with the principles of the MCA and ensuring people consented to care and treatment.. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- During our last inspection, we found capacity assessments lacked detail and did not always relate to a specific decision, in line with the MCA. At this inspection, we found improvements had been made, and detailed, person-centred capacity assessments about specific decisions, were in place. For example, assessments were in place when people needed bedrails and sensor mats. The least restrictive options were always considered and introduced in the person's best interest. When appropriate, the service worked with external professionals and relatives to make best interest decisions.
- During our last inspection, the service had placed door alarms on all bedroom doors. At this inspection, we found the door alarms had been removed and were only used when people requested them, or as a result of best interest decisions.
- As a result of our last inspection, the service had introduced an 'MCA champion'. The registered manager said, "We have an MCA/DOLS 'champion' [who] has developed [their] knowledge and is extremely passionate and educated in this area. This knowledge is shared in team meetings and nurses have complimented how they feel much more confident in this area."
- Staff we spoke with were confident about empowering people to make their own choices and take risks. Comments from staff included, "We support people to live their lives in the least restrictive way...we assume

people have capacity...just because a decision doesn't seem wise to me, it doesn't mean a person doesn't have capacity" and, "[We] support people to make a decision and choose the least restrictive option."

- When required, the registered manager completed applications to deprive people of their liberty. At the time of our inspection, seven people were living with DoLS in place. The registered manager had submitted additional DoLS applications and these were monitored to ensure information was up to date and relevant.

Staff support: induction, training, skills and experience

- Staff told us they were very well supported and provided with opportunities to learn, and progress.

Records we reviewed showed staff supervision and appraisal sessions, were used to identify areas for development, learning opportunities, and to recognise positive contributions.

- Staff spoke positively about training and support they received. Comments from staff included, "I feel very supported, I have progressed and been given the chance to learn a lot."

- Staff received training relevant to their roles and to the people they supported. Training records we reviewed included manual handling, dementia awareness, diabetes and fire safety.

- The registered manager had introduced initiatives, including an 'awards board' and 'employee of the month' reward scheme, to celebrate staff achievement and dedication. People had recently been supported to vote for care staff in an awards ceremony. The registered manager said, "The staff deserve great acknowledgement for their efforts, and I am extremely proud of them."

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

- People were supported to eat and drink enough. Staff supported people to make choices and eat and drink what they wanted.

- Some people required a specialist diet or modified food. The service worked with professionals, including the Speech and Language Therapy team (SALT), to implement guidance for the staff and chef. Pureed meals were well presented, with each food group separated, so people could taste individual foods. People said they liked the food. Comments from people included, "Food is good" and, "Food is nice, good choice."

- We observed lunch time, and saw staff offering people choices about what to eat and drink. People were presented with two plates of food to choose from. This meant people who could not communicate verbally, were able to indicate what they wanted to eat. A large print and pictorial menu were also available. If people did not want one of the choices offered, alternative meal options were provided. One relative said, "[I] find the staff helpful, caring and nothing too much trouble. They put the residents first asking, 'what is their favourite meal?' In a couple days' time, it is put on the menu."

- People could choose where they had their meals, for example, outside on the patio (weather permitting), in their bedrooms or in the lounge. The dining room was set up with tablecloths and cutlery. The registered manager said they were working to improve peoples' dining experiences and had recently introduced themed food days.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with external professionals and agencies to ensure people experienced good outcomes.

- Staff told us they had working relationships with external partners, including independent mental capacity advocates, physiotherapists and occupational therapists.

- Professionals who provided us with feedback about the service, were positive. Comments from professionals included, "Our relationship with the home is very good and professional. Management and staff are always polite to us and offer professional, person-centred advice to ensure the service users and their families are supported" and, "Staff are receptive to being given feedback and welcome a discussion on how things are best achieved for their residents."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives and access healthcare services. For example, the service sought advice from the GP when needed and had recently re-registered people with alternative GPs, after their existing surgery had closed.
- People had recently been supported to attend a reiki session in the home. The registered manager said, "Both staff and residents enjoyed their experience."

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

- The service ensured people's needs were assessed in line with published guidance. For example, people's oral healthcare assessments included guidance for staff about how individual, oral healthcare, should be maintained.
- The registered manager had introduced an 'oral hygiene reading corner' to ensure staff had access to information and dementia-friendly strategies in relation to oral healthcare.

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

- The service was adapted to meet people's needs, and well maintained.
- Staff had worked to personalise the environment, including displaying 'memory boards' in people's bedrooms, with personal items such as photographs and cards. If they chose, people's bedroom doors were also personalised with their photographs and information about their 'likes'.
- The service had made changes to improve how people responded to their environment, including painting door frames a bright colour to make them more identifiable. Colourful displays were situated throughout the home.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a clear staffing structure, team identity, and worked in line with regulatory requirements.
- At our last inspection, we identified quality assurance systems were not always up to date and used effectively to identify shortfalls. At this inspection, we found improvements had been made. A comprehensive programme of quality checks and audits was used to monitor care provision. Audits checked various areas, including health and safety, and dignity and respect. When concerns, errors and omissions were identified, an action plan was produced, monitored and updated, as changes were made.
- At our last inspection, we identified the service had not submitted one statutory notification. At this inspection, we found the service submitted statutory notifications as required. Statutory notifications are important, because they tell us about notifiable events. This helps us to monitor the services we regulate.
- Staff told us they worked together as a team and spoke positively about the registered manager. Comments from staff included, "[Registered manager's name] took over, this home has a totally different feel. [Registered manager] is very supportive; a good manager and well respected" and, "Our team give people good care and we have good teamwork."

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

- Staff and the management team worked together to ensure good outcomes for people. One relative said, "Overall I believe that [relative's name] is in the best place as he gets the care that he needs and is treated with respect from the staff. I cannot fault the care home on how they deal with [relative name]."
- The service had recently submitted a portfolio for accreditation with the 'gold standard framework'. The framework supports services to provide better end of life care. When people passed away, jars containing good memories, were sent to their loved ones. The registered manager said this helped relatives find closure. Staff we spoke with were passionate about providing end of life care. One staff member said, "Our end of life care is very good here. Staff want to do last offices."
- Staff treated people in a person-centred way and said they cared for people like they would their own relatives. Comments from staff included, "I love my job. I look after them like my family" and, "The residents are like my relatives." We observed staff adjusting their approach to suit people's individual personalities. For example, one staff member sat with a person, speaking calmly, and intermittently. The person's relative confirmed they, "Would get fed up with too much chatter."

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

characteristics

- People, staff and stakeholders were engaged with making decisions, and driving improvement in the service. For example, surveys were sent out and where changes were suggested, the feedback and corresponding actions, were displayed on a communal notice board under the heading, 'you said, we did'. The registered manager implemented action plans to ensure changes were made effectively and in a timely way.
- The service celebrated various cultures of the staff team. A display presented in the lounge, told people about staff heritage, education and how they had achieved their qualifications. One relative said, "For the record, it is lovely to see a multinational team of health care workers bringing with them the old fashioned 'care of the elderly', so often missing in this modern age."
- Prior to their admission, and during the pre-assessment process, the registered manager explored people's equality characteristics. The registered manager said, "We try to gather this information at the pre-admission stage to protect and fulfil their characteristics, and enable meaningful relationships during their time at Avalon."
- The service shared monthly newsletters, in easy read format, incorporating information from the LGBTQ+ community, and a gender identity research charity.

Continuous learning and improving care

- Staff were supported, by the registered manager, to learn and improve care provision in the home. The registered manager was proud to have achieved a score of 9.7 out of ten on a care home review website. Feedback was monitored for themes and patterns to help improve care provision.
- The service worked with an external consultant, monthly, to help identify areas for improvement. The registered manager maintained a 'service development plan' to ensure improvements were made and the service continuously developed. The registered manager had a clear vision for the service and said, "Our Avalon Ethos, is creating a holistic approach to dementia and nursing care."
- The registered manager visited the service unannounced and out of their usual working hours. Records showed visits were followed-up with actions as required. This helped to identify areas for improvement and monitor the service provided at night.
- The registered manager operated an open-door policy. People, staff and relatives confirmed they could raise complaints and concerns with the registered manager as required. One person said, "I tell them [staff] if I am not happy about anything; carers or nurses. I talk to [registered manager's name]; I will talk to any of them. Comments from relatives included, "[Registered manager's name] rose to the new appointment of manager, a position she has impressed us all with her leadership and approachability."

Working in partnership with others

- The service worked in partnership to improve care provision and outcomes for people. For example, the service had recently worked with the local authority to review and improve their Treatment Escalations Plans.
- The service had appointed a 'well-being coordinator' to explore alternative therapies and support people to improve their well-being.

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 registered manager was aware of their responsibility to act openly, transparently and apologise when things went wrong.