

HC-One Limited

Avalon Park Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out over two days on the 14th and 21st January 2015. Our visit on the 14th January was unannounced.

We last inspected Avalon Park Nursing Home in July 2013. At that inspection we found that the service was meeting all the standards we assessed.

Avalon Park Nursing Home provides accommodation for up to 60 people who require personal or nursing care. Accommodation is provided over two floors and consists of 60 single rooms with en-suite facilities. Access to the

first floor is provided by a passenger lift. Avalon Park is a purpose built home situated in Salem, approximately one mile from Oldham town centre. At the time of our inspection 49 people were living at the home.

We found the building to be well maintained, clean, tidy and odour free.

Avalon Park Nursing Home is legally required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal

Summary of findings

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager left the home in October 2104 and since then there had been two acting managers. We were told a permanent replacement manager had been appointed and was due to start at the home in February 2015.

People we spoke with were positive about the attitude and competency of the staff team. The atmosphere in the home was calm and relaxed. We observed good interactions between the staff and people who used the service.

People told us they felt safe living at the home. Staff understood their responsibilities to protect the wellbeing of the people who used the service. People believed that any complaint would be responded to.

We looked at the way in which medicines were managed by the home. The records of the administration of

medication did not give us confidence that the correct dose of medication was always given to the right person at the right time. You can see what action we told the provider to take at the back of the full version of the report.

There were menu choices available at each meal and people had plentiful access to drinks and snacks throughout the day.

Staff had access to a range of appropriate training and experienced their colleagues and senior staff to be approachable, helpful; and supportive.

The management of the home undertook comprehensive quality monitoring activities. These processes had identified where improvements were needed. However, improvements had not always been consistently maintained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

The building provided a safe environment and staff understood their responsibilities to safeguard the wellbeing of people. People who used the service told us they felt safe.

The policies addressing the way in which people were helped with their medication were not robustly followed. This meant some people were not always getting their medication as it had been prescribed.

Requires improvement



Is the service effective?

The service was effective

Staff were appropriately trained to enable them to support people effectively. If necessary, staff could readily access support from colleagues or senior staff.

Appropriate action was being taken to safeguard people under the Mental Capacity Act 2005 (MCA) where they lacked the ability to make decisions themselves and needed to be deprived of some aspects of their liberty.

People who used the service received nutritious food and plenty of liquids.

Good



Is the service caring?

The service was caring.

The atmosphere in the home was calm and people were treated with respect.

People who used the service and relatives found the staff to be caring and helpful.

Staff had received training in end of life care which helped to ensure people could still make choices about the nature of the care and support they wanted at that time.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and a plan of how to meet those needs was agreed. Assessments were kept under review and plans amended if necessary. People's likes and dislikes were recorded.

There was a complaints procedure and people believed any complaint would be responded to.

Good



Is the service well-led?

The service was not well led.

Requires improvement



Summary of findings

Since the registered manager left the service approximately three months before our visit there had been two acting managers. The service provider had comprehensive quality monitoring procedures. However, weaknesses in some areas had not been addressed in a way which ensured best practice was always followed.

The senior team members were approachable and responsive.

Avalon Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 14th January 2015 and was unannounced. We returned on the 21st January to talk to more people. The inspection team consisted of two inspectors and a pharmacist inspector.

Before the inspection we looked at information we held about the service. We had also gathered information from meetings with the local CCG (clinical commissioning group) and the local authority commissioners and safeguarding team. After our visit we spoke with a representative of Age UK which was an organisation which had contact with Avalon Park Nursing Home.

We did not ask the service to provide us with information before the inspection.

We looked at records at the home including four files relating to the care needs of individuals, four staff files, maintenance records, training information, the staff rota and quality audits. We looked round the home. This included the communal areas and a selection of bedrooms. We observed staff interactions with people who used the service as we were talking to people and walking about. We shared one meal time with people who used the service.

We spoke with seven people who used the service, five relatives of people who used the service, and nine members of staff. Additionally we spoke with the acting manager and the assistant operations director and two visiting health and social care professionals.

Is the service safe?

Our findings

Before this inspection we had been contacted by the local authority safeguarding team and commissioners, and the local CCG (Clinical Commissioning Group) in connection with concerns related to unsafe administration of medication. In the light of this we undertook this inspection with a pharmacist inspector.

We found that medicines were stored safely and at the right temperatures. The temperature of the medicine refrigerator was monitored in the right way. Arrangements for storing and recording medicines that are controlled drugs met legal requirements. Records were kept for medicines received and disposed of, and the amount of medicine left in stock was written on a person's medicine chart each day. This was so that all medicines could be accounted for. One person missed several days' doses of medicines because they were out of stock.

Our pharmacist inspector looked at the current medicine charts for three quarters of the 49 people living in the home. The administration of medicines (or why a medicine wasn't taken) was mostly recorded but there were 'gaps' on a particular day in three people's records. We found a small number of discrepancies between the records and the quantity of medicines we checked. This meant that some records of administration could be inaccurate. One person's record indicated they had been given double the correct dose of one medicine on the previous two days. The service provider's assistant operations director took immediate action when we brought this to her attention.

We found that one person had the same medicine entered twice on their medicine chart. Duplication on medicine charts could result in too much medicine being given, though this hadn't happened with this person. Another person's medicine had to be at given at specific times for maximum benefit, and we saw a notice drawing this to staffs' attention.

We watched people being given their medicines after lunch. We saw that staff administered medicines in a safe, kind and patient way. However, we saw one nurse give two people pain killers prescribed 'when required' without first asking if they were in pain. Detailed written guidance about

the use of medicines prescribed 'when required' was in place for most people, but not everyone. This meant a few people might not receive these medicines in the way their doctor intended.

The home's managers had identified concerns similar to those we found in weekly medicine audits. There was an action plan to make medicines handling safe and the latest audit showed that progress had been made.

These shortfalls constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service, who we asked, said they felt safe living in the home. One person said "I feel safe knowing that the staff are caring", and another told us "it is a very comfortable home and everyone is friendly". Similarly relatives who we spoke with were confident about people's safety. One said "I do feel my relative is safe in the home". Another visitor, when asked what the best thing about the home was said "I personally know she [relative] is being looked after and the relationship with the workers is really good".

Staff who we asked also believed people who used the service were safe. Care staff who we asked demonstrated a good understanding of the need for safeguarding procedures and of their role in them. Staff told us they had good access to training. Staff told us they would pass on any concerns in connection with poor practice they observed. One said "I believe in whistleblowing. If I suspected abuse I would raise this with a senior member of staff or manager and if it didn't get sorted I would report to the head office."

A health and social care professional who had regular contact with people who used the service told us that "residents seemed fine when spoken with".

The acting manager told us they believed the staffing levels were appropriate to meet the needs of the people who were living at the home. We were shown a copy of the staff rota which recorded staff attendance. We saw a copy of the home's internal audit in November 2014 which identified a relatively high dependency on 'agency staff' and that this did not have a positive impact on the service provision. Some people who we spoke with thought the home might benefit from more staff. However, no one identified specific

Is the service safe?

problems associated with staffing levels. We were shown accident and incident audits. These were used to identify if there were any patterns in connection with incidents happening in particular locations or at particular times. Analysis of such incidents was used to identify how or if staffing resources needed to be altered.

One person who used the service told us “staff are brilliant and have got time for me”. A relative told us “there seem to be good staffing levels and we have never had any problems. We can always find a staff member if we need them”. Another said “I have always seen plenty of staff around to assist me and my relative.”

We looked at a sample of four personnel files in connection with recruitment and vetting. These all provided evidence that the legally required checks had been undertaken. This included a full employment history, DBS (Disclosure and Barring Service) or Criminal Record Bureau (CRB) disclosures and, in the case of staff employed as nurses, confirmation of registration with the Nursing and Midwifery Council (NMC). These checks help the service provider to make an informed decision about the person’s suitability to work with vulnerable people.

The home was seen to be clean and tidy when we visited. We saw the cleaning schedule for the home and a housekeeper told us they were able to keep to it. Good cleaning helps to minimise the likelihood of cross infection. Regular infection control audits were undertaken. Mattresses were also regularly checked to ensure they had not become contaminated. Personal protective equipment (PPE) was available and used appropriately by staff.

In December 2014 the kitchen had been independently assessed and awarded five stars by the Food Standards Agency. This is the highest rating achievable

Staff told us that they had been trained in moving and handling, including the use of equipment such as hoists. They also told us that equipment was maintained so that it could be used safely. We saw a range of documentation to confirm the regular maintenance of the building and equipment.

Is the service effective?

Our findings

People who used the service spoke positively about the skills and attitude of the staff. Comments included “I think the staff have had training as I haven’t had any mishaps”; “staff treat me very well”; “staff here work hard, they are very pleasant”; “they [staff] seem to know me and they always know what to do. Staff do listen and talk to us” and “they [staff] have a lovely manner.”

Similarly relatives were generally positive about the staff. Comments included “staff are brilliant”; “I have seen the way staff help people living in the home and I have found they support me as well as my relative”; “we feel staff are well trained and we have seen good examples of how staff treat people”.

Staff who we spoke with told us they had received induction training when they started at the home and that they had good access to appropriate training, including periodic refresher courses. This was mostly done by ‘e learning’. There was a dedicated room for staff to undertake this e learning on line. Staff told us they were encouraged and supported to use the learning opportunities. One person said they had got behind with the expected learning and had received management support “to get back on track”. Another member of staff said that while they preferred ‘face to face’ training they valued the access to ongoing learning. This member of staff also said that if they believed they had a specific training need they could speak to management, who were good at listening and responding to requests.

Information from staff about structured supervision sessions varied. Some could not recall having any, whilst others reported receiving them regularly. All staff who we asked told us they found the management team to be supportive. One person said “if I get stuck with any issues I know I can request more training or advice”.

The management team at the service had undertaken an audit of staff supervision and appraisal. This had identified a shortfall in the expected frequency of both activities. We saw that a chart had been created to plan and record the structured supervision sessions and appraisals for all staff within the first three months of 2015 to address this shortfall. This record indicated that planned sessions were taking place.

We saw records of the information which was handed over at the change of each shift. This helped to keep staff up to date with people’s changing circumstances. Staff who we spoke with, were positive about the way their colleagues worked. One staff member said “we work well together as a team, all the staff team help each other”.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. We saw records of a large number of applications to the local authority under the DoLS procedure. This was appropriate due to the key pad locks on doors restricting people’s ability to leave the unit. Discussion with the unit manager indicated they had a good level of understanding in relation to the effective implementation of the MCA in the home.

We joined people who used the service for lunch. The main meal of the day was at tea time. The lunch menu was on the notice board in the dining room. This included two specific choices as well as a reminder of the availability of other options. The meal was well presented and tasty. Staff were seen to be attentive to the people who used the service. Staff told us that people could choose to have meals in their rooms if they wished. This was confirmed by other people, who we asked.

People who used the service, who we asked, were generally positive about the provision of food. They confirmed that there was always a choice at each meal. One person told us they thought the meals were “nice”. Another said they thought “the meals are varied, some days better than others, but the cook comes to talk to me about my meals. This is good because I have some problems with my eating”.

The management team regularly audited the meal times. This included the layout of the tables as well as the quality of the food. We observed the chef speaking with people who used the service about their preferences and meal choices. We saw documentary evidence that people were assessed to ascertain if they were at risk of malnutrition. If a risk was identified the person’s weight was monitored more frequently and support obtained from other professionals such as dieticians. We saw records of weekly meetings to check on the progress of individuals whose weight loss was causing concern. These meetings involved the chef.

Is the service effective?

A health and social care professional told us that whenever they visited there were drinks and snacks available in the lounges. They were confident that people received sufficient food and hydration throughout the day.

Is the service caring?

Our findings

No one who we spoke with was critical of the caring attitude of any staff. Two people told us they found a difference between the day and the night staff and felt the day staff knew them better. However there were many positive comments, which included: “the staff are good and very caring, I feel happy they look after me”; “staff treat me very well”; “nice staff” and “there are some special staff here, always smiling, always listening and they try to understand”.

Relatives who we spoke with were also positive about the caring attitude of the staff. Comments included “staff are brilliant, they know the service users well”; “anything I ask them to do they do it” and “whatever staff are trained in it has a good ingredient because staff give care with love”. Another relative said they were “really pleased with the care. We have high standards and this home doesn’t disappoint.

A health and social care professional told us that the service users looked clean and well cared for. They also told us that family members and other professionals they had contact with were happy with the care provided.

Observation of interactions between staff and people who used the service provided evidence of caring and supportive relationships. The atmosphere was calm, people were being treated with respect and their dignity was being maintained.

We saw evidence that some staff had undertaken the ‘six steps’ training. This is a training course designed to enable people who use the service to receive high quality end of life care provided by a care home that encompasses the philosophy of palliative care. We saw evidence on some of the care files we looked at that end of life planning had been discussed with the person and family members. We saw evidence that the decision about whether or not the individual wanted Cardiopulmonary Resuscitation (CPR) was made with the person involved. This included, in some case, recording that the person did not want to make a decision before discussing it further with family or their doctor. The acting manager told us that “every resident can start planning for end of life care, or it can be left”.

Is the service responsive?

Our findings

We looked at a sample of files relating to the assessment and care planning for people who used the service. Each had a care plan which was based on an assessment of the person's individual needs. We saw examples of people being assessed before they moved in to the home, to ensure their identified needs could be met.

The care plan structure was comprehensive. We saw one example where an assessment tool used to help predict the risk of pressure sores developing had indicated a high risk. However there was not a corresponding discrete plan to address that identified risk. Discussion with the acting manager indicated that the risk was implicitly addressed through other aspects of the care plan. However, having clearly recorded strategies for dealing with identified risks helps to provide clear and consistent guidance to the staff members providing the care.

We saw evidence that each care plan was reviewed monthly. Some reviews were not as rigorous as they should be and identified no need for a change in the plan where other recorded events suggested the plan would be improved if modified. This did not indicate that people were receiving inappropriate care, rather that the written plans could become unreliable. A health and social care organisation we had contact with, had also identified the quality of information in some written care plans as an area which could be improved. The need for accurate and up to date information on care plan records is important in all services. However, this is crucial in services where agency and bank staff are more frequently used.

We saw that the relatively new management team at Avalon Park were auditing the care files. This was being done systematically for everybody's care plan. We saw evidence in the audit records that errors or omissions were referred back to the staff responsible for the record, to rectify. At the time of our visit there had not been time for all of the identified updating to have taken place.

We saw that care files included a personal profile of the individual and a record of their likes and dislikes. Family members who we talked with told us they felt involved in discussions about their relatives care. One person said "before we moved our relative into the home we were

asked to complete a sheet giving information about the history and background of our relative. The staff made an effort to get to know our relative and our family as well. That was nice. The staff have always kept us fully informed and pull me to one side to let me know what is going on. I feel involved." Another relative said "the staff keep me informed and I feel fully involved with decisions about care."

Staff who we talked with understood the need to respond to the individual. One said "people living here have choice, they spend their time in a way that suits them. People have their own little ways and we support people to live as they want". They also said "it may take longer to support people by encouraging independence, but it is the right thing to do as people generally feel better about themselves".

The service had a written complaints procedure a copy of which was on display in the foyer. The procedure addressed the fact that a complainant could take their complaint further if they were not satisfied with the response from the service provider. This would be improved if it specifically mentioned the role of the local authority complaints process and the Local Government Ombudsman.

Everybody we asked was confident that they could complain if they needed to. Comments from people who used the service included "I complained about my bedroom being cold and they sorted it" and "the girls are cheerful and I think if I had a complaint they would listen to me". A relative said "I feel confident that I can raise issues with the management and I will be listened to".

We saw records of visits to individual people who used the service by health care professionals. People who we asked were confident that medical support would be sought if necessary. A member of staff told us that if an emergency admission to hospital was needed it was usual practice to send a member of staff to support the individual.

On the files we looked at there were 'resident transfer' forms which provided the opportunity to ensure important information went with anyone who needed to transfer urgently to another service. These were not completed and the acting manager said they would be if, for example, someone was to be admitted to hospital.

Is the service well-led?

Our findings

The registered manager had left Avalon Park in October 2014. We were told by the service provider of the alternate management cover which was to be provided pending the appointment of a new manager. These arrangements were changed in December 2014 when we were told by the service provider that a different acting manager was to cover, pending the newly appointed manager starting in February 2015.

Information from health and social care professionals indicated they had received positive responses from staff and members of the management team when issues were identified which could be improved. In particular this related to the quality of the information in care files and issues related to medication. However, improvements had not always been embedded in practice which had resulted in continued incidents of omission or error.

There was a comprehensive system of quality assurance and quality monitoring. There was documentary evidence of this being undertaken at a local level and at an organisation level. The organisational overview of Avalon Park was maintained by the home manager regularly submitting data to the service provider on a range of performance indicators and by senior staff visiting and reporting back to the service provider.

At the time of our visit the acting manager was being supported by a senior member of the company's

operational staff. Discussion with the acting manager indicated that the current round of audits was being undertaken thoroughly and identified actions were being followed up. It was apparent that shortfalls had been identified through these procedures, and remedial action taken. However the timing of the managerial changes meant that it was not possible for the service to demonstrate that consistency in leadership had resulted in positive changes being maintained.

Staff who we asked understood the culture values of the service. People told us they were expected to value people as individuals. One member of staff told us "what one person wants may be different from what others want – just listen to people, that is what is important."

Staff told us that the management team were approachable and supportive. Similarly relatives who we asked said they felt confident in approaching the management team.

We saw documents relating to a range of regular meetings between the manager and different groups of staff. Some of these were to look at specific topics such as health and safety and nutrition. There were also meetings to which relatives were invited. The last meeting included topics about food and activities. One relative who we talked to told us that while the meetings were organised by the home, they were often only attended by a few people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>People who use services and others were not protected against the risks associated with unsafe management of medicines. This was because people were not always getting their medication as it was prescribed.</p>