

Avery Homes Downend Limited

# Avon Valley Care Home

## Inspection report

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Date of inspection visit:  
15 June 2022

Date of publication:  
18 July 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Avon Valley is a care home providing accommodation and personal care for up to 78 people. At the time of the inspection, 68 people were living at the home.

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

There had been significant improvements following the inspection of 15 September 2021. Positive changes had been made to infection control measures. Staff wore face masks appropriately in line with the latest guidance. The shortfalls identified with masks had been dealt with by the registered manager. The staff involved had been spoken with and all staff had been retrained in how to safely wear masks. The systems for monitoring the home and short falls in the staff practice had improved. Spot checks were carried out of staff to check person protective equipment was worn safely. We were assured by the infection, prevention and control measures.

People told us they felt safe living at the home. Staff were trained in safeguarding and understood their responsibility to protect people from avoidable harm and abuse. Risks to people's health and safety were assessed with guidance for staff to follow. Staff were recruited safely and there were enough staff to provide safe and effective care. Medicines were stored and administered safely in line with people's prescriptions. Accidents and incidents were reported and recorded with audits in place to help identify any trends or patterns.

Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. There was a programme of audits in place to assist the management team to identify and address shortfalls. As a result, the home continuously improved.

Rating at last inspection

The last rating for this service was Requires Improvement (published 22 October 2021). At our last inspection we found people were not protected from the risk of infection. Official guidance was not being followed in relation to staff wearing masks. Systems for monitoring the home and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in staff practice. At this inspection we found improvements had been made.

Why we inspected

We carried out an inspection of this service on 15 September 2021. We rated the service requires improvement in Safe and Well Led due to the shortfalls, which we identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider 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 and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

#### Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avon Valley Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Avon Valley 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 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 carried out by one inspector.

#### Service and service type

Avon Valley Care 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.

#### Registered manager

The home 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

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy, quality manager, four staff and five people who lived at the home. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home, recruitment, infection control and quality assurance.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found people were not always protected from the risk of infection. This was in relation to staff wearing face masks where official guidance was not being followed. At this inspection we found improvements had been made.

### Preventing and controlling infection

- Since the last inspection improvements had been. People were protected by the safe infection prevention and control measures. We observed all staff were wearing a face mask safely in accordance with the guidance from the DHSC (Department Health Social Care). We did not identify and shortfalls with PPE during the inspection.
- Staff were made aware of the importance of wearing face mask appropriately. Staff had been retrained in infection control procedures. The deputy told us 'rapid improvement' audits and spot checks were carried out of staff. This was to check masks were being worn.
- 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.

### Visiting in care homes

The registered manager facilitated visits for people in accordance with government guidance. People were

able to see their friends and relatives at a time that suited them and were supported by staff to do so.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- People told us they felt safe and were treated well. Their comments included; "Good gosh yes I am cared for very well. I do feel safe as the staff give me reassurance" and "Yes, I do feel safe. The staff are here to help me. I do feel I receive good care".
- Staff we spoke with told us they would speak to the registered manager or local authority safeguarding team or go higher in the organisation if they believed people were at risk of abuse.
- Staff completed safeguarding training and had access to safeguarding information and guidance to help support their practice. Staff knew the signs and symptoms of abuse and the reporting procedures.
- The registered manager had alerted the relevant local authority safeguarding teams about any allegations of abuse and worked in partnership with them to keep people safe.

Assessing risk, safety monitoring and management

- Appropriate risk assessments risk assessments continued to be place. Staff had good knowledge of risks and how to reduce these. Risk assessments and care plans were regularly reviewed and updated.
- The premises and equipment were monitored to ensure they were safe for people to use. Health and safety audits of the building were regularly carried out. Regular checks of fire safety equipment and systems were completed
- People had personal evacuation plans (PEEPS) in place. PEEPs contained important information such as people's mobility their equipment needs and if they required assistance in an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Five people that lived at the home had an authorised DoLS in place. Any conditions related to DoLS authorisations were being met with a tracker in place to monitor this.

Staffing and recruitment

- There were sufficient numbers of staff to support people and to meet their needs. All shifts were covered by the current staff team with annual leave and sickness covered as overtime.
- People received safe care and support from the right amount of suitably trained staff. People and family members comments included, "Yes, I think we have enough staff. I see plenty of them around to help" and "I think we have enough. I am not aware they are low on staff".
- Staff confirmed there were sufficient numbers of staff to support people. Comments we received included, "Yes, we do have enough staff. We are also recruiting but staff are happy to pick up shifts as overtime" and "I would say we have enough staff. The home is also not full to capacity".
- Applicants underwent a series of pre-employment checks to assess their fitness and suitability for the job

including, a disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The home used an electronic medicines management system. Medicine Administration Records (MAR) were therefore electronic. This helped the staff to monitor that people's medicines were administered correctly.
- The staff that administered medicines had been trained and assessed as competent.
- Medicines were audited regularly to check people had received their medicines safely. The senior medicines lead maintained good oversight of medicines. They worked closely with the GP surgery and pharmacist to ensure adequate stock levels were managed.
- Daily temperatures of the room and fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature.

#### Learning lessons when things go wrong

- There was a culture of learning when things went wrong. Accidents and incidents were reported, monitored and responded to in a timely manner. The staff recorded the information on a computer system. The registered manager and deputy reviewed the information and actions taken before closing this.
- The registered manager reviewed this information to identify patterns and trends and to make changes to people's care as needed. They were able to monitor the statistics of infections within the home and pressure sore injury's which had occurred. The regional manager told us they regularly reviewed this information and had a good oversight of the system used.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found the systems for monitoring the home, and ensuring people and staff were kept safe were not always robust. They had not identified the short falls in staff practice. At this inspection we found improvements had been made.

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

- Since the last inspection improvements had been made to quality assurance monitoring systems.
- The deputy told us 'rapid improvement' audits and spot checks were carried out of staff. This was to check masks were being worn and procedures were being followed. The regional manager also carried out checks whilst visiting the home.
- The registered manager and deputy completed a range of audits in relation to care plans, medicines, infection control, environment, accidents and incidents and safeguarding.
- The regional manager maintained good oversight of the home. They visited the home regularly and carried out monitoring audits.
- Governance reports helped the regional manager and registered manager to monitor the quality of service provided to people.

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

- The registered manager and deputy lead demonstrated effective leadership skills within their roles. Their knowledge and commitment to the home, the people in their care and all staff members was without doubt of a high standard. Both managers led by example and the staff embraced their visions and values.
- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation. Avon Valley was a large home with an equally large workforce. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team.
- Staff felt that the working culture in the home was supportive. Comments included, "I feel really well supported by the managers here. We have good communication which is key" and "I think we have a really supportive team here. We all help each other, and I know I can speak to the management at any time".
- The registered manager spoke to us about the effect the COVID-19 pandemic had on the staff and others. They planned to have memorial sentiments for the home which included a bench and water feature. This was in memory of the people that lived at the home who had died during the COVID-19 pandemic.

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. Continuous learning and improving care. Working in partnership with others

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate and there was a culture of transparency.
- Learning had taken place and the required improvements had been made since the last inspection to improve the quality and safety of the home. The registered manager had continued to promote continuous learning and improvements across all areas of the home.
- Staff were provided with opportunities to learn and develop within their roles through regular training, meetings and supervisions.
- The home regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs. This included local GP surgery who completed a weekly visit, district nurses, physiotherapists, dementia wellbeing team, dentist, chiropodist and opticians.

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

- Regular staff meetings continued to take place. We were told these were useful to attend and kept the staff up to date with key changes at the home.
- The home worked closely with the local school who visited the home to meet with people and staff. They had been invited to attend events at the home.
- The management team people and staff were looking forward to the home's open day event being held in June 2022. The local community were invited to the event where they could spend time with people and staff.
- The home hosted its third anniversary party since opening. We were told the staff dressed up in Hawaiian fancy dress, which included grass skirts. This had united the staff and people together to celebrate the achievements of the home.
- Continuous feedback from people and their families was sought. Regular resident and relative's meetings were held. The meetings were an opportunity to discuss any forthcoming changes planned at the home and feedback about the care.