

## Aveland Court Care Limited

# Aveland Court Care 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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

The inspection took place on 18 March 2015 and was unannounced.

Aveland Court Care Home provides care and accommodation for up to 30 people. On the day of the inspection 26 people were using the service. Aveland Court Care Home provides care for older people who may live with mental health conditions which includes people living with dementia.

The service had a registered manager in post. 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 responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff were relaxed throughout our inspection. There was a calm and pleasant atmosphere. People were

# Summary of findings

often seen laughing and joking and told us they enjoyed living in the home. Comments included: “The staff are dedicated and nothing is too much trouble.” “I feel loved”; “The staff are kind” and “Staff are lovely”.

People spoke highly about the care and support they received, one person said, “The people living here are so lucky.” A relative said “This is a wonderful home for my mum.” A healthcare professional commented how pleasant and helpful the staff were and a social care professional commented that Aveland Court Care Home was a “warm, family friendly home with great care plans.”

People’s risks were managed well and monitored. People were promoted to live full and active lives and were supported to be as independent as possible. Activities were meaningful and reflected people’s interests, the seasons and individual hobbies.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, physiotherapists and district nurses.

People told us they felt safe. Comments included “I’m safe and happy”; “I’m well looked after”; “Yes, I feel safe; it is all very good, marvellous!” People’s safety and liberty were promoted. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service’s safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People and those who mattered to them knew how to raise concerns and make complaints. People told us they had no concerns. The registered manager informed us any complaints made would be thoroughly investigated and recorded in line with Aveland Court Care Home’s own policy.

Staff described the management as supportive and approachable. Staff talked positively about their jobs. Comments included “I love my job”. Staff felt any issues they raised were always listened to and solutions / improvements discussed.

Staff received a comprehensive induction programme which included shadowing more experienced staff. There were sufficient staff to meet people’s needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. People told us “The staff are lovely and well-trained” and “Yes, they (the staff) are well-trained, I’d tell them if they weren’t!”

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

# 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 safe.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

The environment was clean.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People experienced positive outcomes regarding their health. The staff engaged proactively with health and social care professionals, and took preventative action at the right time to keep people in the best of health.

People's human rights and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring.

People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good



### Is the service responsive?

The service was responsive and listened to people's views and concerns.

Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

Good



# Aveland Court Care 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 unannounced inspection took place on 18 March 2015 and was undertaken by two inspectors.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who lived at Aveland Court Care Home, the registered manager, the deputy manager and five members of staff. We looked around the premises and observed how staff interacted with people throughout the inspection.

We looked at four records related to people's individual care needs and four people's records related to the administration of their medicines. We viewed six staff recruitment files, training records for all staff and records associated with the management of the service including quality audits and questionnaires completed by people, family and professionals who visited the service.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included; “I’m safe and happy”; “I’m well looked after”; “Yes, I feel safe, it is all very good, marvellous!” and “I feel safe and my property is looked after.”

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, “Any concerns I would talk to the registered manager or CQC.” Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. Incidents of safeguarding were investigated and discussed with the relevant authorities openly and honestly. Following recent safeguarding concerns at the home regarding one person, the staff had taken action and listened to advice to prevent a reoccurrence.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. One relative commented in a questionnaire they had completed “Staff are always on hand to help and advise; nothing is ever too much trouble.” Staff told us they felt there were sufficient numbers of staff on duty to support people. The registered manager confirmed the service was fully staffed, that they reviewed staffing numbers regularly based on people’s needs. Agency staff were not used so people received care from staff they knew well. Staff were not rushed during our inspection and acted quickly to support people when requests were made. For example, we observed one person stand up in the lounge to move. The person was unsteady on their feet, staff were there instantly to reassure them and guide them to their destination.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. The service had a positive risk taking culture enabling people to be as

independent as possible whilst ensuring their safety. People made their own choices about how and where they spent their time. We saw some people preferred the lounge whilst other enjoyed the privacy of their rooms. One person told us “I like spending time in my room, I’m old and lazy and I like the television!”

Risk assessments were in place to identify where there were health concerns such as those at risk of falls, skin damage or malnutrition. For example one person had trouble commencing their own personal care but once started was able to wash independently. They had a shower seat and grab rail to help them do this independently and safely. Where people were at risk of slipping in the bathroom there were clear directions for them not to be left unattended. People told us all staff regularly checked the temperature of the water for them so they did not burn. Those people nursed in bed had frequent checks to keep them safe.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff were knowledgeable with regards to people’s individual needs related to medicines. For example, we observed staff encouraging people to take their pain relief medicine for pain they were experiencing in their arm. Staff knelt down at the person’s eye level, explained what the medicine was and gave the person a drink between each tablet. One staff member told us how a person often declined their medicine and they needed to be mindful of offering the person their medicine when they were in the right mood. This approach helped ensure they accepted their medicine. Where people had difficulty swallowing their tablets, the doctor had been involved in discussing an alternative way to help the person have their medicine. Staff knew to crush the person’s tablets in their yoghurt. This plan was documented clearly for staff to follow.

People were protected by staff who managed and controlled the prevention of infection well. One person told us “There are two lovely cleaners who look after everything.” Staff understood their role, used protective equipment for personal care and followed policies and procedures that reflected current guidance on keeping people safe. Staff explained to us how they had managed a recent infection control outbreak. Staff had promptly put in place barrier nursing and liaised with people’s doctors to

## Is the service safe?

ensure all other people at the home were treated for the contagious skin infection. Barrier nursing is a technique

used to help reduce the risk of infection spreading within the home. Aveland Court Care home was clean and fresh. Staff were trained in infection control and there was a lead care worker with an interest in this area.

# Is the service effective?

## Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: “The staff are lovely and well-trained”; “Yes, they are well-trained, I’d tell them if they weren’t!”

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people’s needs. Newly appointed staff shadowed other experienced members of staff until they and the registered manager felt they were competent in their role. A member of staff told us they had no care experience when they started so they worked in the kitchen and got to know people first and then they shadowed a more experienced care worker. The registered manager told us staff could openly discuss and request additional training and would be supported to achieve their goals. Staff had been encouraged to complete essential training and undertake additional healthcare qualifications in health and social care. Staff were clearly able to explain how they would respond to different clinical situations for example if they found a person with skin damage or discovered someone had fallen.

The registered manager confirmed they were aware of the new care certificate, recommended following the ‘Cavendish Review’ and planning to attend training in this area. The aim of the care certificate is to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. New staff were encouraged to undertake additional care qualifications. Staff confirmed they had been supported by the registered manager to improve their skills and obtain qualifications. Staff told us this gave them a sense of achievement and helped them to meet the needs of people living in the home.

Staff training and development needs were met through formal one to one meetings, informal discussions and observation of care and staff meetings. These were seen as important to share learning, knowledge and good practice and support those staff new to care work. Supervisions (one to one meetings) were undertaken every two or three months and staff received an annual appraisal to enable reflection of their performance over the past year. Open discussion provided staff the opportunity to highlight areas

of good practice, identify where support was needed and raise ideas on how the service could improve. Staff had been part of a dementia pilot alongside Torbay Trust and confirmed this enabled them to feel motivated to improve this area of care.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person’s legal status and helped protect their rights. The registered manager had a good knowledge of their responsibilities under the legislation and had undertaken training in this area.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people’s behalf. A staff

member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink. However, when it came to more complex decisions such as a do not resuscitate order, a health care professional or, if applicable, a person’s lasting power of attorney in health and welfare was consulted. This helped to ensure actions were carried out in line with legislation and in the person’s best interests.

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health and social care professional’s advice had been obtained regarding specific guidance about delivery of specialised care. For example, the GP had been contacted promptly when staff identified a person was not eating or drinking well following a fracture in their arm. Another person had



## Is the service effective?

been low in mood and had been isolating themselves following bereavement. Staff sought advice from their doctor to consider how they might best support them through their grief. A district nurse had given written feedback in a questionnaire in January 2015 stating "Always pleasant and helpful staff who assist with patient care." A social worker colleague had also left feedback commenting, "...calls are appropriate, records and information available."

People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. People were encouraged to say what foods they wished to have made available to them. We saw lunch was a social experience with people eating in a relaxed manner in the dining room and chatting to their friends. Staff were readily available to encourage those who required additional support.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed

people's needs. Everyone told us the food was good and available in ample quantities. One person commented "Breakfast is my favourite meal, Weetabix and a nice cuppa!" Another person told us "The food is delicious, I eat in my own room out of choice but the food is always hot." People said if they were hungry staff would always get them something extra. We saw in the questionnaires people had completed that one person had requested kippers. The registered manager had noted this request and the person had enjoyed kippers as a result.

People informed us they were weighed regularly. Staff were careful to ensure people had a good nutritional intake and liaised promptly with family and people's doctors if there were concerns. Some people had been referred to the speech and language team (SALT) for assessments where there were concerns their health needs impacted on their diet. Staff were aware of those people who required a soft or pureed diet and followed guidance given by the healthcare professionals involved.

# Is the service caring?

## Our findings

People and those who mattered to them felt positive about the caring nature of the staff. People, relatives and external professionals spoke highly of the quality of the care and confirmed they were treated with compassion. Comments included “The staff are dedicated and nothing is too much trouble.” “I feel loved”; “The staff are kind”; “Staff are lovely”; “Staff are polite, helpful and always available to help.” One person who had recently moved to the service commented, “The staff are so nice and I am settling in well.” A health care professional commented that staff were warm, friendly and caring. The registered manager told us the philosophy at the home was to provide “Top quality care, respect and dignity. My job is to train, guide and care.”

Staff showed concern for people’s wellbeing in a meaningful way. Staff were clear it was a partnership and invested time building relationships with people. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people’s distress. For example, one person showed signs of distress in the lounge. We observed they had been to the bathroom several times in a short period of time. A staff member noticed and quietly reassured the person they had recently visited the bathroom. They spoke with the person in a kind manner, asked the person where they would like to go noticing their agitation and anxiety. They offered choices of what the person may have wished to do and supported the person in the decision they made. Within a short space of time we saw the person was more relaxed. Another person commented, “The staff here are very good, they notice things before I do!”

Staff knew the people they cared for commenting “I like talking to them” and “I love the residents here, I listen to them and act when needed.” Staff were able to tell us about individual likes and dislikes, which matched what people told us and what was recorded in care records. People’s comments included; “They know when I like a bath and shower, what temperature I like it, they check the temperature and respect my privacy. They always ask if I am alright or need anything else before they leave me.” Conversations with people during the assessment process helped staff know and understand people’s preferences

and personal histories. For example people were asked if they wanted night time checks and staff respected people’s choices and decisions. Staff spent time with people creating memory albums so they understood people better.

People were given information and explanations about support when needed, so they could be involved in making decisions about their care. Staff knew people’s individual communication needs, and were skilled at responding to people appropriately. For example, some people at the home had difficulty understanding information. Staff knew who these people were and told us they kept sentences short or used pictures. Explanations were brief and clear to aid the person’s understanding. They said they would limit choices so not to create confusion for example a choice of two of their favourite named drinks. Staff also said they would prompt people who sometimes got lost mid conversation to help them remember their train of thought.

People told us their privacy and dignity needs were respected by staff. Care records emphasised the importance of supporting people to preserve their dignity if they were unable to do this themselves. For example ensuring they had the appropriate clothing on for the weather and prompting people when they needed to get changed if their clothes were not clean. We observed people relaxed in the lounge with their favourite personal belongings. People were asked what they wanted to be called, for example did they mind their first name being used and whether they minded being called “love / darling.” This helped ensure staff addressed people in the manner they wanted and which respected them.

We spoke with staff about the care of one person at the end of their life. The person was nursed in their room and no longer comfortable out of bed. Staff had rearranged their room so their bed faced the window and they were able to see the flowers. The staff felt these small gestures helped provide comfort.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. Comments included; “This is a wonderful home for my mum.”

# Is the service responsive?

## Our findings

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. People's personal preferences were known, for example who preferred a shower rather than a bath, people's specific bedtime routines and those who liked to eat with specific people at meal times. The registered manager told us further developments were being made with regards to making the records even more personalised. People and, where appropriate, those who mattered to them were being more actively involved in the process to help ensure their views and preferences were recorded, known and respected by all staff.

People were involved in planning their own care and making decisions about how their needs were met. Personalised care plans were developed through conversations with people and listening to their feedback. Staff were skilled in supporting people to do this and assessing people's needs. Thorough assessments were undertaken prior to admission. Health and social care professionals involved in the person's care and family, where appropriate, contributed to assessments and care plans. This information was shared with staff in handovers and further information gathered as staff built a relationship with the person.

People explained they were supported to follow their interests such as reading or watching TV in bed. Some people told us they would like more outings external to the home when spring arrived as they were not able to get out very much. Some people liked to engage in the activities on offer such as the Easter egg decorating, bonfire night and the activities held in the lounge, others preferred the privacy of their room. People particularly told us how much they enjoyed the music and movement sessions. Regular residents meetings enabled people to feedback ideas for activities.

People told us they were able to maintain relationships with those who mattered to them and those who had family enjoyed their visits. Aveland Court Care home provided private areas where families could meet. Cheese and wine evenings were held for family members to encourage them to feel a part of the home. Family involvement was important to the staff and the feedback we reviewed related to this was positive. People were encouraged and supported to maintain links with the community if they wished. For example one person attended the memory café. This helped to ensure they were not socially isolated or restricted due to their disabilities.

The service had a policy and procedure in place for dealing with any concerns or complaints. The registered manager and deputy were visible and approachable in the home and there was an open door policy. The policy was clearly displayed in areas of the home and in people's rooms we visited. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People said they would be comfortable raising a concern or complaint. People did not have any concerns and felt confident to discuss these with staff, the registered manager or their family if they did. People commented "No complaints but if I did staff would listen and help." There had not been any written complaints received by the home. The registered manager told us if there were any complaints they would be taken seriously and investigated in line with the complaint's policy. Staff felt any issues they raised were always listened to and solutions and improvements discussed. For example staff had raised that the morning shopping delivery time was not working well and this had been changed to an afternoon.

We reviewed many questionnaires which had been completed by relatives and visiting health professionals over the previous 12 months. All comments were highly positive. Where anyone had made a suggestion we saw that this had been reviewed and actioned immediately by the registered manager.

# Is the service well-led?

## Our findings

The registered manager and the deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Aveland Court Care Home. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, friends and family and staff all described the management of the home as approachable, open and supportive. One person said, "I'm very happy with Aveland and the staff." A relative commented "There has been a great improvement in gran's well-being since she arrived at Aveland Court. I feel confident about my gran being here." Staff comments included; "It's a good team"; "A very good atmosphere." Health and social care professionals gave positive feedback; one of whom said "It's a warm, family friendly home."

The registered manager told us about their philosophy of individualised care, respect and choice and how through their leadership these values were shared amongst the staff team. They explained they involved everyone in decision making, listened, showed appreciation and made it fun. Staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff held key roles in specific areas and then shared their knowledge. Staff told us they felt empowered to have a voice and share their opinions and ideas they had through supervision meetings (one to one's) and staff meetings. A family atmosphere was evident during the inspection where colleagues supported each other and enjoyed their jobs.

The registered manager explained they were encouraged by the owner to improve the service without restriction. Plans were afoot for an improved garden area with ramps and handrails to make it more accessible and secure for people at the home. People had been involved in choosing the plants and seating areas. Refurbishment plans within the home were underway to include redecoration of the lounge and dining areas. People were involved in the changes through regular resident meetings and one to one conversations with the management.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what

was expected of them and were motivated to provide and maintain a high standard of care. The registered manager informed us a process of self-review and learning from health and social care colleagues, training and inspections drove continuous improvement. We found immediate improvements were made following feedback on minor areas during the inspection. The management team listened and took action to improve aspects of medicine management and recruitment procedures.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Questionnaires were conducted that encouraged people to be involved and raise ideas that could be implemented into practice. For example, one person now had kippers for breakfast as a result of relative feedback. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken. For example, changes to the shopping delivery time had been made so staff could focus on care delivery in the mornings when people needed their help most. If suggestions made could not be implemented, staff confirmed constructive feedback was provided as to why. Staff comments included, "Staff meetings are good, each question raised gets taken seriously and talked about, we all get asked our advice."

The home worked in partnership with key organisations to support care provision. Health and social care professionals, who had involvement with the home, confirmed communication was good. They told us the service worked in partnership with them, followed advice and provided good support. The local authority informed us the staff had been receptive to recent safeguarding issues raised and taken action to remedy the concerns.

The registered manager told us people were at the heart of what they were striving to achieve. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example, the service worked in partnership with the local dementia learning community. One staff member held a lead role in this area to consider ways to improve practice.

## Is the service well-led?

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits

were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that the quality of care was not compromised. For example a medicine audit had identified some medicine had gone astray. Additional precautions were put in place to keep this medicine secure and additional checks were now in situ.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

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