

Bliss Care Torquay Limited

Aveland Court Care Home

Inspection report

Aveland Road
Torquay
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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Aveland Court is a residential care home providing personal care to up to 30 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 19 people using the service.

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

People received person-centred care from staff who knew them well and understood their needs and preferences.

People received their medicine safely and as prescribed. Improvements were needed in relation to 'as and when' medicines guidance and the recording of medicines delivered through patches. We made a recommendation about this.

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. However, we made a recommendation in relation to having the correct documentation in place to demonstrate the service was working within the principles of the Mental Capacity Act 2005.

The service was well-led. The provider had a clear vision for the direction of the service and showed their commitment to working in a person-centred way. Systems and processes were in place to monitor and evaluate quality of the service people received to manage risks and drive improvement.

People told us they were happy living at the service, and they were cared for by kind and caring staff that treated them with dignity.

People told us they felt safe living at the service. There were systems in place to protect people from abuse and staff had received training on safeguarding and knew how to respond to any allegation of abuse.

Appropriate checks were carried out before staff began working at the service to ensure they were suitable to work with people. Staff had received appropriate induction, training and support which ensured they had the skills and knowledge to care for people.

Risks to people's safety were managed well and frequently reviewed. Person centred care plans were developed with people and their families, and included people's life stories, preferences and wishes.

Staff followed safe infection control practises and all relevant personal protective equipment (PPE) was seen to be used.

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

Rating at last inspection

This service was registered with us on 16 September 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement published on 5 November 2022.

Why we inspected

This was a planned inspection to provide a rating for the service.

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.

Recommendations

We have made two recommendations in relation to medicines management and complying with the principles of the Mental Capacity Act.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well led

Details are in our well led findings below

Good ●

Aveland Court 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 Health and Social Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, and an assistant inspector.

Service and service type

Aveland Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aveland Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the provider was also the registered manager. We refer to them as the provider in this report.

Notice of inspection

This inspection was unannounced

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had received about the service under the new provider. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with 11 people who lived at the service. We spoke with 11 members of staff which included the provider, deputy manager, administrator, care staff, cook, cleaning staff, maintenance worker and activities coordinator. We reviewed a range of records, including 11 people's care records and medicines records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed. We reviewed the provider's policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- We were satisfied, and records confirmed people received their medicines as prescribed. However, where people were prescribed medicines through a patch on their skin, staff were not using a placement chart to record the site of application and removal to ensure skin patches were rotated reducing possible skin damage.
- Improvements were needed to ensure protocols in place contained enough detail to guide staff when to give people their 'as and when required' medicines. For example, in relation to recognising when a person was in pain.
- Medicines were stored safely, and room and fridge temperature checks had been completed correctly.
- People were supported to manage their medicines where it was appropriate and safe to do so.
- Staff responsible for administering medicines had received the relevant training and underwent assessments of their competency.

We recommend the provider reviews 'as and when' protocols to ensure they contain sufficient detail and seek appropriate guidance on recording medicines given via a patch through people's skin.

- Following the inspection, the provider confirmed they had implemented pain management guidance for staff to refer to and site rotation and removal charts for skin patch medicines.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed. These included risks related to people's mobility, diet and nutrition.
- Whilst we saw some care plans and risk assessments contained sufficient information to guide staff, we found some care plans would benefit from more detailed guidance. For example, one person's catheter care plan did not guide staff about potential complications to look out for such as infections or when they should seek advice. We brought this to the attention of the provider who took immediate action.
- Staff understood risks relating to people's health and well-being and knew how to respond to these.
- Equipment was in place to manage risks. For example, people had pressure relieving mattresses and cushions in place to protect them from skin damage and sensor equipment was in place for people at risk of falls.
- Where people required monitoring such as weight loss, fluid intake or repositioning to prevent skin damage, records had been completed appropriately.
- Improvements had been made to the environment and the premises were safe. Regular health and safety checks, including fire safety checks, were carried out to maintain the safety of people and staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and happy living at Aveland Court. One person said, "Of course I feel safe, why wouldn't I? Staff are very good and helpful."
- Systems and processes were in place to protect people from abuse and avoidable harm.
- Staff completed safeguarding training, knew how to recognise signs of abuse and understood the action they should take to protect people from the risk of harm. One staff member said, "I would go to the senior if I witnessed anything and if I was not happy with their response, I would go to [provider's name] and [deputy manager's name]. And if I was not happy with the action that had been taken, I would phone safeguarding direct as I have done before."

Staffing and recruitment

- People told us there were enough staff on duty to meet their needs. We observed a good staff presence and people did not have to wait long for assistance. One person said, "They come very quickly when I ring the bell."
- The provider reviewed people's dependencies monthly or as and when people's needs changed to determine the staffing levels required. This helped ensure there were enough staff available to meet people's needs.
- People were protected by safe recruitment processes. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks, such as, police checks, and employment references were obtained before they started to work for the service.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- There were no restrictions on relatives and friends visiting people. The provider recognised the importance of maintaining contact with loved ones and encouraged open visiting.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents. The provider monitored accidents and incidents within the service to look for trends and patterns to reduce risks to people. For example, where people experienced increased numbers of falls staff supported and worked with them looking for creative solutions and actions to take to reduce the risk of further falls.
- People were referred to the appropriate professionals for further assessment or investigation where needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working in people's best interests and within the principles of the MCA. However, improvements were needed to ensure records clearly demonstrated assessments and best interests decisions undertaken were decision specific.
- DoLS applications had been submitted to the local authority for all those living at Aveland Court. However, one person's DoLS application did not reflect of all of the restrictions in place.

We recommend the provider seeks advice about the MCA and DoLS process from a reputable source and ensures the proper documentation is in place.

- Following the inspection, the provider took immediate action to address the shortfalls in MCA documentation.
- Staff understood the principles of the MCA ensuring people had their rights and freedoms respected and care and support was provided in the least restrictive way. We heard staff giving people choices about what they wanted to eat and drink and how they wanted to spend their day.

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

- People's needs were assessed prior to them moving into the service. This helped to ensure the service could meet people's needs and preferences.
- The assessment formed the basis of the person's care plan and the care plan was built on as staff got to

know people.

- People's care was planned and delivered in accordance with best practice and current guidance. Nationally recognised assessment tools were completed in relation to the prevention and management of pressure ulcers, falls and nutrition.
- People's care plans and risk assessments considered their protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People were supported by staff who received the relevant training and support to meet people's needs.
- Staff received a thorough induction programme led by the provider which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff until they were confident and competent to work alone.
- Staff received training relevant to the people they supported, for example, training in dementia awareness, infection control, nutrition and hydration. Staff were also supported by the provider to complete external health and social care qualifications. One staff member told us, "I think the training is well organised and planned ahead and we have to do certain topics mandatory in a certain time. I think the manager is doing a good job in that and ensuring things are done properly."
- Staff told us they felt well supported by the management team and they felt able to speak with them when they needed to. One staff member told us, "I can always go to them [managers], and they will sort things out and anyone can go in and talk to them and that is how a workplace should be."
- The provider told us since they have taken over the service in September 2022, they had held a number of group supervisions with staff. The provider told us they were developing staff support and were aiming to hold quarterly one-to-one supervisions and yearly appraisals to ensure staff had the opportunity to discuss their performance and development needs.

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

- People received support to eat and drink enough to maintain a balanced diet. People told us the food was good and they had enough to eat and drink. One person said, "It's quite good really. It's well cooked and you can see that there is thought gone into the preparation. The people who cook are very good at their job."
- We observed people being offered a choice of meals that provided a well-balanced diet. A range of drinks and snacks were offered to people throughout the day and people could help themselves from a snack station in the lounge when they wanted.
- People's care plans included assessments of their dietary needs and preferences, including if people needed any staff assistance to help them eat and drink.
- People's weights were monitored and when people had lost weight, guidance and advice was sought from health professionals such as their GP and dietitians. Fortified meals and supplements were provided where there were concerns about a person's weight.
- Specialist diets were catered for including specific textures for food and drinks and diabetic diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare in a timely manner and staff worked closely with other health and social care professionals to ensure that people's needs were met in a timely way.
- Records evidenced appropriate referrals to GP's, dietitians, speech and language therapists, physiotherapists and district nurses. Recommendations from healthcare professionals were incorporated into care plans and followed by staff.

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

- The service had undergone refurbishment in order to improve the safety and standard of accommodation for people living at the service and ensure the building met people's needs. Further improvements were being made. For example, bedrooms and communal areas were being decorated and refurbished, lighting and flooring was being replaced to ensure it was safe for people to walk around.
- People had access to communal areas such as lounges and a dining room to spend time together and socialise. Dementia friendly signage was available throughout the home which assisted people to navigate around the building.
- People were able to personalise their rooms with items such as furniture, pictures and ornaments.
- Where people required specialist equipment such as a wheelchair, adjustable beds or mobility aids, we saw these had been provided for them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with kindness and compassion and there was a calm atmosphere throughout the home.
- Staff looked at ways in which they could enhance people lives. For example, for one person who was partially sighted, staff put a bird feeder on a tree outside of their room encouraging birds and squirrels and installed a coloured wind blower to reflect light and movement to give this person something interesting to look at.
- People told us staff were kind and caring. One person shared with us their experience of living at Aveland Court, they said, "It was hard going into a home, but they [staff] managed to get me over that. They are used to dealing with people whose world has collapsed and they get you back on your feet. I could not have managed without them." Another person told us, "I'm very happy and feel very lucky to be here."
- Equality and diversity policies were implemented to make sure everyone was treated fairly, regardless of their age, sex, race, disability or religious belief and staff followed this.

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

- People were supported by staff to make decisions for themselves wherever possible and staff ensured they had the information they needed in order to do so.
- Staff had a good understanding of people's preferences and how they wanted to be supported and cared for.
- Staff respected people's choices and took a positive risk-taking approach to support people to make informed decisions about their day-to-day care and support. For example, staff supported one person's decision to remain mobile despite having frequent falls. Rather than having restrictions imposed on their mobility, staff promoted the person's independence by adapting their environment to be as safe as possible, fitting grab rails and improving their lighting.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy. We saw staff knocking on peoples' doors before entering and bedroom doors were closed whilst people were having their personal care needs tended to.
- Staff promoted people's independence. Care plans detailed people's capabilities and what tasks they required support with.
- Peoples' confidential information was kept securely. Electronic care records were password protected to prevent unauthorised access to personal information. Documents were locked away and accessed only when required and by those authorised to do so.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care from staff who knew them well and understood their needs and preferences.
- The service was in the process of transferring paper care plans onto a new computerised system. We reviewed both electronic and paper care plans and found care plans were personalised and reflected people's needs, choices and preferences.
- Care plans included information about people's diverse needs, such as religious and cultural needs and staff supported people to meet these needs. For example, a priest visited the service weekly to sing hymns and pray with people.
- Staff could access people's records on handheld devices and were able to update the records to reflect the care they were giving at the time.
- Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.
- Care plans were regularly reviewed to ensure they reflected people's needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified through the assessment process and care plans identified how staff should communicate with them.
- The provider provided information in different formats, such as large print, for those people with a sensory impairment. Information posters with pictures, informed people of events happening at the home.
- Staff were aware of those people who relied upon hearing aids or glasses to enhance communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and engage in meaningful activities they enjoyed. These included exercise, arts and crafts, cooking, singing, music, visiting entertainers and activities, such as; a fitness specialist providing passive exercise and therapy pet visits.
- The provider had employed a full-time activities co-ordinator who was very passionate about their role

and tailored activities to what people wanted to do and what interested them. For example, one person was taken to the bowling club they used to play at and was able to enjoy watching a game of bowls.

- We observed people participating in activities which they appeared to enjoy. People were laughing, smiling, and chatting with each other and staff. The activities co-ordinator showed enthusiasm as they encouraged people to join in.
- One to one activity was provided to people who were cared for in bed or chose not to join in with group activity and were designed around each person's interests. The activities coordinator told us, "I try and focus on each resident individually, like people who spend time in their rooms. I try to do sensory things with them and like singing. One lady cannot converse, but she will sing the words of songs." They described how they would sit with one person, chatting and play dominos.
- For two people living with dementia, the provider had bought specialist soft weighted dolls for them to hug and cuddle. These provided comfort, reduced anxiety and helped to enhance social interaction.
- People were encouraged to maintain contact with those who were important to them and people's relatives and friends were able to visit when they wanted.
- People were supported to access the community. For example, staff accompanied one person out shopping and accompanied another person on walks.

Improving care quality in response to complaints or concerns

- People told us they felt able to raise any concerns they might have about the quality of care with the staff and registered manager but had had no reason to do so.
- Complaints and concerns were taken seriously and used as an opportunity to improve the service. For example, in response to concerns raised by people about the laundry service, the provider employed a full time staff member to manage people's laundry and improve service delivery.
- We reviewed complaints the service had received since the new provider had taken over the service and saw these had been investigated thoroughly and people and their relatives were satisfied with their responses.

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care.
- The service had received many compliments about the care staff had given people at the end of their lives. One relative contacted the service and said, "The staff at Aveland Court have shown great care, compassion, and kindness to myself and my husband. I am so pleased that my husband spent the last couple of months of his life with such a loving team."
- People and their relatives were supported to have discussions about their wishes for the end of their lives. This information was available in their care plan.
- People approaching the end of their lives had end of life care plans which guided staff to support people to remain comfortable when they reach this stage of life.
- The provider told us they worked alongside external health professionals to support people at this time.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear vision for the direction of the service and showed their commitment to working in a person-centred way. It was clear the management team and staff were passionate about achieving the best outcomes for people living at Aveland Court.
- The provider promoted a positive culture within the staff team, which was open, inclusive, and empowering. This meant staff were inspired and supported to achieve good outcomes for people.
- People told us they felt the service was well led and they knew who the provider and managers were. One person said, "We have the most wonderful owner [provider], he's so kind, he comes round and sees everyone in the morning." Another person told us it was better 'since the new person took over.'
- Staff told us they enjoyed working at the service, found their roles rewarding and placed people living there at the heart of everything they did.
- Staff spoke positively about the management team and told us they felt supported. One member of staff said, "They are lovely [provider's name] and [deputy manager's name] and they are really passionate and hard-working people. They are ready to listen which is a great quality for a leader and always ready to help no matter what. I can always go to them, and they will sort things out. Anyone can go in and talk to them and that is how a workplace should be."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since taking over the service in September 2022, the provider had focused on building a strong management and staff team with the same vision and values to provide the highest quality care to people and their families.
- The management team and staff were clear about roles and responsibilities and knew the people they supported, and their care needs well.
- Systems and processes were in place to monitor and evaluate the quality of the service people received to manage risks and drive improvement. This included project management software to improve the quality of care by tracking quality improvement processes used by the service.
- The management team undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration and health and safety checks audits. Audits were then used to develop action plans to improve care.
- The provider had recently introduced an electronic care planning system. Staff could update and access records quickly and easily. The system produced reports and alerts which highlighted any concerns,

allowing the management team to act quickly to ensure people were kept safe.

- The provider was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.
- The provider and management team were committed to providing good quality care and were responsive to the feedback we gave them, immediately addressing any shortfalls we highlighted to them.

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 provider worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The provider encouraged people, relatives, and staff to talk to them with any concerns or issues they had. They said they operated an 'open door' policy so anyone could come in and speak to the management team when they needed to.
- People, their relatives and health professionals were asked for their views of the service and the quality of the care delivered at the service. Feedback received showed people were very happy with the care delivery at the service. Comments included, "Staff are very friendly and helpful. Nice calm atmosphere in the home with caring approach to residents, thank you", "Receptive staff, and music playing in hallway is good additions" and "Staff show kindness and good standards of care."
- The provider was committed to supporting and developing the staff team and staff excellence and achievements were celebrated. The provider had introduced an 'employee of the month' with a prize for the winner and each week held a 'gratitude Friday' where people and staff could nominate staff that had gone above and beyond.
- Staff told us they felt motivated and valued in their roles, and that staff morale was high. One member of staff told us, "It's the best it has been here. Things are getting done and everyone is happy. It is just a really nice place to work now."
- Staff had the opportunity to discuss new ideas and receive information from the management team through regular meetings.

Working in partnership with others

- Staff worked with different health and social care organisations, agencies and professionals to improve outcomes for people.
- Care records showed input from healthcare professionals regarding the care given to people. For example, from people's GP's, speech and language therapists and community nurses to maintain people's health and well being.