

K Jones and R Brown

# Avalon Care Home

## Inspection report

24 Duke Street  
Southport  
Merseyside  
PR8 1LW

Tel: 01704541203

Website: [www.avalon-care.co.uk](http://www.avalon-care.co.uk)

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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 well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Avalon Care Home is a residential care home providing personal care for up to 26 people. The service is registered to provide support to people living with dementia, people with a learning disability or autistic spectrum disorder, people with mental health needs, people with a physical disability and or sensory impairment, and younger adults. There were 20 people living at the care home at the time of the inspection.

The care home has two floors. The ground floor has become a communal area for younger people and people with a learning disability.

People's experience of using this service and what we found  
Governance and quality assurance systems had improved since our last inspection. People said they felt safe, and risk assessments were clearly written and reviewed. Medication was administered safely by staff who were trained to do so. Some people were supported and encouraged to administer their own medication where able. Accident and Incident logs had improved since the last inspection, therefore opportunities to mitigate risk were identified.

Infection control prevention was improved, and the home looked and smelled cleaner. There were enough suitably qualified staff to support people, however some people told us they could not always go out and about due to lack of staff.

Safeguarding systems and policies were in place and staff could describe the action they would take if they felt people were at risk of abuse.

People were supported to follow modified diets and had choice and control over what food was served. Staff were undertaking training courses, most staff had been trained, however there were some gaps in staff training records. This was due to new staff starting. Staff had been supervised and appraised.

Staff and people living at the home liked the registered manager and felt they had made good progress since the last inspection. The registered manager understood their duty to share information in an open and honest manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Although we found gaps in the support and culture, staff were very caring in nature and upheld people's dignity and privacy. Care plans were written respectfully and put the person at the centre of their care.

Right Culture: Although staff and managers had values to support people to lead confident and inclusive lives, the environment of the home made this difficult. Younger people who had a learning disability lived within a care home environment, meaning opportunities for choice and control were limited. It was difficult for staff to meet the needs of everyone, due to a wide range of service user groups, with different sets of guidance for staff to follow.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (published 16 November 2022).

Why we inspected

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider was no longer in breach of regulation.

This service has been in Special Measures since 16 November 2022. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. We also checked whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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.

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 Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

the service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Avalon 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 2008.

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

This inspection was conducted by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Avalon Care Home 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. Avalon Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 April 2023 and ended on 2 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people that used the service and 1 relative. We spoke to 5 staff including the registered manager, senior staff and care staff.

We looked at a range of records including 4 care plans and medicine records. We looked at health and safety records, audits and 3 staff recruitment records.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, improvements had been made and the provider was no longer in breach of regulation, however this process had not yet fully imbedded into the service.

- Each person has clear and comprehensive risk assessments in place which identified and described how to mitigate risks, such as choking and falls, and reduce the level of harm.
- Risk assessments were reviewed and evaluated regularly, or whenever there was a changing need in the person to ensure they were still relevant. For example, one person's behaviour had become increasingly unpredictable over the last few weeks. The registered manager had sought multi-disciplinary support and updated the persons records based on this advice to ensure the person had safe and consistent support from staff.
- People told us they felt safe. Comments included, "I feel looked after, no complaints I'm not going to come to any harm here.". Someone else said, "I've been to many homes, this one really cares."
- Equipment people required to keep them safe, such as bedrails, had been appropriately assessed to ensure people did not sustain injuries.

### Using medicines safely

At our last inspection the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines. This was because people's medications were not always managed, stored and administered safely.

During this inspection the provider had made improvements and was no longer in breach of regulation.

- People received their medicines, safely, on time and from staff who were trained do so. Some people were supported and encouraged to administer their own medication where able.
- Medication was stored in a dedicated, temperature-controlled area.
- People requiring as and when required medicines, often referred to as PRN has appropriate information in place to guide staff around when to give the medication and what the medication was used for.

- Controlled drugs (CDs) were stored correctly and safely.

### Preventing and controlling infection

At our last inspection the provider was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to infection control. This was because we could not be assured the service was adhering to safe infection control processes to prevent the spread of infections.

During this inspection the provider had made improvements and was no longer in breach of regulation.

- The home was clean and tidy and there was enough cleaning equipment and products available to ensure a high standard of infection control was maintained.
- Areas such as people's bedrooms and bathrooms were clean and tidy.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we made a recommendation that the provider reviews their incident and accident process. We saw during this inspection they had acted upon this.

- Incidents and accidents were recorded, reviewed and tracked.
- Safeguarding concerns were recorded and acted upon appropriately. Tracking analysis was included to ensure referrals to relevant health and social care professionals.
- Staff had received safeguarding training and knew how to respond to incidents of concern.

### Staffing and recruitment

- We observed there were enough staff in the home to support people safely, however some people we spoke with fed back there was a lot of agency use and not always enough staff for activities. One person said "We go out to bingo and other stuff but it gets cancelled if there's no staff."
- Staffing levels had been increased in some places to accommodate some 1-1 time for people when they needed it to access the community. The registered manager informed us recruitment was ongoing.
- People were recruited and selected safely. References, employment history and Disclosure and Barring Service checks were completed before staff started working at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Learning lessons when things go wrong

- A recently implemented process regarding reviewing and analysing incidents, accidents, and feedback from stakeholders and families evidenced the service was open to learning lessons and taking accountability when things went wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

During our last inspection the provider was in breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because consent was not always assessed or reviewed in line with the principles of the MCA.

At this inspection, the provider had made improvements and was no longer in breach of regulation.

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.

- People had been assessed, where required, in line with the principles of the MCA for any specific decisions around their care and support.
- DoLS had been applied for appropriately, and there was a process in place to review any conditions placed on people's DoLS to ensure they were being met.
- Where appropriate family members or independent advocates were involved in best interest decisions processes when legally allowed to do so.
- Staff understood the process of the MCA, and had undergone training in this area.

Staff support: induction, training, skills and experience

We recommended at our last inspection the provider reviews their training process. This has been actioned during this inspection.

- The provider had re-evaluated their training programme following a recent audit and had moved all modules from e-learning to face to face. Staff had completed training to better equip them for supporting people with learning disabilities.
- During our last inspection we made a recommendation in relation to the training processes for staff.
- The provider was honest and transparent with us regarding some of the lower statistics of completed training as shown on their training matrix. There had been some new staff recently recruited, who were awaiting their induction process.
- The provider was adhering to an induction in line with the principles of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their food and fluid intake. Where people required specialised or modified diets to assist with swallowing or weight management, the kitchen staff were aware and there was variety of choices available.
- People told us they liked the food.
- People had regular access to GP's and dentists, as well as additional referrals which were made when required to other medical professionals.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service liaised regularly with external medical professionals to ensure there was a multi-disciplinary approach when supporting someone with specific health care needs.
- People's care and support was regularly assessed and evaluated, and people told us they had choice and control over their day to day lives.

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

- The provider had made some adaptations to the home, such as the addition of more downstairs space for people when they required it, however, for some younger adults residing at the home, it was not always effective. The registered manager had already identified this and was in the process of taking action to address this.
- People could personalise their rooms however they wanted.
- There was outdoor space which was utilised by people living at the home.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because governance systems were not robust or effective.

During this inspection this had improved, and the provider was no longer in breach of regulation.

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

- There was a governance structure at the home which had been introduced following the last inspection. The processes, however, still needed time to embed in the service, for us to be sure that it was effective.
- The registered manager had accessed training and support in line with their own development and had implemented safer ways of tracking and responding to incidents to ensure there were not missed opportunities to mitigate harm.
- The registered manager and provider remained committed to ensuring the home was safe for people and had used their feedback from the last inspection to make changes in line with regulatory requirement.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; 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 culture of the home was positive. The registered manager had tried to adapt the home to help meet some people's outcomes, however had identified that, some of the environment was not appropriate for people, so had escalated these concerns appropriately.
- Staff we spoke with told us they loved the home, and the registered manager, and felt they had all worked hard as a team to try and improve the home for the people who lived there. People said the following about the registered manager, "I don't worry about anything but if I did I'd go to [registered managers name]. She'd sort me out." Also "I love her [registered manager]. She's a diamond and looks after me."
- The provider had made all notifications to CQC as required and understood what was expected of them under duty of candour, which is their responsibility to be open and honest when things go wrong.

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

- Regular meetings were held with people and family members to enable them to share their views about the service. We saw evidence during our inspection that feedback was listened to and acted upon by the registered manager.

- Staff were kept regularly informed and updated about any important changes to the service and people's needs through handovers.