

Cobham Care Ltd

# Avon House

## Inspection report

40-42 Shakespeare Road  
Worthing  
West Sussex  
BN11 4AS

Tel: 01903233257

Website: [www.cobhamcare.co.uk/our-homes/avon-house/](http://www.cobhamcare.co.uk/our-homes/avon-house/)

Date of inspection visit:  
08 June 2021

Date of publication:  
02 August 2021

## Ratings

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

# Summary of findings

## Overall summary

### About the service

Avon House is a residential care home providing accommodation and care to 17 people, the majority of whom are living with dementia. The service can support up to 26 people.

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

Medicines were managed safely, but the availability of medicines for some people had been delayed. The registered manager was aware of the issues and was taking steps to resolve these. People were safe living at Avon House and protected from the risk of harm by trained staff. People's risks had been identified and assessed, with guidance for staff on how to mitigate risks.

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.

People were encouraged to follow a healthy lifestyle and had a choice of what they would like to eat and drink. People had access to a range of healthcare professionals.

People's feedback was obtained and the registered manager spoke with people every day to make sure they received good care and to identify any issues. A robust action plan monitored and measured the care delivered and the service overall.

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 Requires Improvement (published 20 June 2019) and there were multiple breaches of regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

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.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. 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 Avon House 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Avon House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Avon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service which included concerns raised by whistleblowers. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our

inspection.

During the inspection

We spoke with five people who used the service and two relatives. We spoke with the registered manager, deputy manager, and three care staff.

We reviewed a range of records including three care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

### Using medicines safely

At our last inspection the provider had failed to ensure all medicines were labelled with the date they were opened, there was no protocol for medicines to be taken as required, no log to record any medicines errors, and a stock discrepancy with one person's medicine. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored, administered and audited safely.
- A check of medicines showed that the date they were opened had been recorded. A protocol for medicines to be taken as required (PRN) had been completed and was implemented. Staff knew where to record any medicines errors. Stock levels of medicines were monitored and accurately recorded.
- There had been miscommunication relating to the availability of medicines for some people. The registered manager was aware of the difficulties and was taking steps to resolve the issues.
- We observed medicines being administered to people before lunch. The staff member completed this appropriately, spending time to explain to people what their medicines were for and asked whether they would like any pain relief medicine.
- Other aspects of medicines management were handled safely, including storage and disposal of medicines.

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

- People were protected from the risk of abuse or harm. We observed people were relaxed and happy with staff and in their surroundings.
- Incidents of abuse or alleged abuse were notified to CQC and referrals made to the local safeguarding authority as required.
- Staff had a good understanding of safeguarding and what actions they needed to take. One staff member explained, "My understanding is we would need to safeguard a resident, whether it be because of something like medication, manual handling, anything that isn't right. You would need to raise a safeguarding which is done through the local authority. I would complete an incident form and write a statement of what has happened and the manager would raise a safeguarding".
- Staff had completed safeguarding training.

### Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed to keep them safe.
- We reviewed a range of risk assessments relating to moving and handling, COVID-19, weight monitoring, and swallowing difficulties.
- One person had been assessed by a speech and language therapist who recommended their diet should be pureed, to mitigate the risk of choking. The registered manager told us they were endeavouring to organise training for the chef and other staff in relation to modified diets, but had not been successful. In order to ensure the person in question received a safe, pureed diet in the interim, they had arranged for an external caterer to deliver meals of the correct, recommended consistency.
- Another person's risk of falls had increased since their mobility had declined. The registered manager explained this person's risk needed to be assessed with each moving and handling manoeuvre and they had made a referral to the falls team.

### Staffing and recruitment

- There were sufficient staff to meet people's needs. We observed staff were prompt in supporting people who needed assistance. People told us of the kindness of staff to them and how they always had time to chat; we saw this in practice.
- We asked staff about staffing levels. One staff member said, "We don't need more staff at the moment. If we have two carers and a senior on shift then that's difficult, but it's very rare. If we are short-staffed we do use agency, but I have time to spend with people. If I get chance in the afternoon, I will quite often put some music on and we have a sing-along. It's a lot more personal here and I spend time with people and can pick up when people aren't feeling their usual self".
- Systems were robust in ensuring that new staff were recruited safely and records showed that all appropriate checks had been made.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A relative confirmed to us they took a lateral flow device test and waited for a negative result before being allowed into the home.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The registered manager told us how they used any incidents that occurred as opportunities for learning and reflection. There had been an incident where a staff member had falsified a daily record, stating one person had been given their breakfast when they had not. The staff member was suspended pending investigation.
- When incidents happened, staff identified what had gone wrong, what could be done differently, and lessons that had been learned.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received supervisions in line with their policy; appraisals for some staff were not completed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had ensured that all staff had regular supervision meetings and an annual appraisal.
- Staff confirmed they had supervision meetings. One staff member said, "I've had a few since I've been here, two or maybe three. I was able to talk about anything and I was made to feel reassured and listened to". Another staff member told us, "I was asked whether I'm happy, any concerns with the residents, and if I feel I need any more training. I'm doing a refresher on moving and handling soon, and the use of slide sheets".
- The training matrix showed that staff had completed 92 per cent of all training required.
- New staff were enrolled on the Care Certificate, a work-based and assessed, vocational qualification. Staff were encouraged in their professional development through progressive vocational qualifications in health and social care.

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 Act 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection the provider had failed to ensure the service operated within the principles of the MCA in all its practises. Six DoLS applications had expired and had not been re-applied for. Staff did not demonstrate a clear understanding of how to support people who may lack mental capacity. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Everyone living at Avon House was subject to DoLS and the registered manager had re-applied for DoLS where required. Some were awaiting authorisation by the local authority.
- People's capacity to make specific decisions had been assessed. For example, one person had variable capacity and could struggle to make informed decisions. The decision for them to receive care at Avon House had been taken in their best interests and in line with government guidance.
- We reviewed documents relating to 'power of attorney' which is when a relative or designated person has legal authority to make decisions on behalf of a person who lacks capacity. We found in one instance that a relative had made a decision about a person's health, when they only had legal authority for making decisions in relation to property and finances. We discussed this with the registered manager, who agreed it was an area for improvement, and that they would address this.
- Where people had conditions on the authorisation of their DoLS, these were met.

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

- People's care needs and choices were assessed before they came to live at Avon House.
- Pre-admission assessments were completed. For example, one person had particular communication needs and these had been assessed. Because of a speech impairment, this person used facial expressions and their preferences on the way they wished to communicate were well-documented, with guidance for staff which was followed.
- Where required, referrals were made for advice from healthcare professionals, such as a speech and language therapist for one person who experienced swallowing difficulties. Information and guidance for staff was contained within the person's care plan for easy reference.
- The home was supported by community matrons and maintained regular contact with them.

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

- People had sufficient to eat and drink to maintain a healthy lifestyle. People told us they were happy with the meals on offer and that they could choose what they would like to eat.
- The dining room and kitchen had been recently refurbished. The dining room was newly opened on the day of our inspection and we observed people enjoying their suppertime meal in a bright, cheerful room, with nicely laid tables and condiments.
- People's nutrition and hydration needs had been considered. For example, one person whose appetite could be variable had a food and fluid chart completed by staff, so their food and drink consumption could be monitored.
- Drinks were readily available throughout the home with jugs of water and juice in communal areas and in people's bedrooms. On the day of inspection, the weather turned very warm, so people were offered ice-creams which were appreciated.

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

- The home was light and airy and provided pleasant communal areas for people to relax.
- Signage around the home aided people to orient themselves. Equipment, for example in toilets and

bathrooms, supported people with their independence and safety.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by a local medical practice and healthcare professionals. GPs completed virtual consultations with people.
- We overheard a member of staff contacting a GP because they were concerned one person was not eating or drinking well.
- People's dental health was assessed and oral care plans had been completed.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure audits were effective in ensuring the service was keeping within its own policies regarding medicines, consent and staff supervision. The systems and processes were not robust enough to identify where the service was not meeting people's needs or in keeping with government guidance for assessing mental capacity and deprivation of liberty safeguards. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality of care and areas for improvement were audited through a newly implemented system. An action plan, including a RAG rating, monitored the service delivery and was effective in identifying areas for improvement within stipulated timeframes. 'RAG' denotes red, amber or green, to identify negative, neutral or positive ratings. Care plans were reviewed monthly.
- The registered manager told us that the provider had been very supportive and arranged for checks to be made on equipment, including electrical testing, to meet health and safety guidelines.
- Daily flash meetings were organised when a range of topics were discussed, including any new admissions, people who were unwell, accidents and incidents, and lessons learned. These meetings enabled information to be shared and actions to be taken promptly as needed.
- The registered manager demonstrated a clear understanding of their role and responsibilities and applied these in the way the home was managed.

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

- People received personalised care that met their needs and preferences.
- We observed people were supported by skilled staff, who were sensitive to their needs and patient in their approach.
- The home had made significant improvements since the last inspection to improve the standard of care and support that people received. Changes had been introduced slowly since the new manager came into post. The registered manager explained, "If you support staff and offer them the right training, they will

know you're trying to help them be the best they can be. It has been quite a rocky road for the home".

- The registered manager explained their understanding under duty of candour and said, "We need to be open and transparent and admit when things go wrong. We need to show what we have learned, always keep people in the loop, because the only way you learn is by making sure it doesn't happen again. We have a lot of families who need reassurance that we'll deal with things when they have gone wrong".

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

- People and staff were engaged in developing the service and their feedback was acted upon. Avon House catered for people living with dementia and their diverse needs were understood and catered for.
- The registered manager undertook a daily walk around the home, talking with people to obtain their feedback and undertaking spot checks.
- A relative told us, "It seems quite nice here and the staff are absolutely fantastic. We make calls to see how Mum is. Communication is good and staff are really helpful". During the pandemic and when visits could not be made face-to-face, people stayed in touch with their loved ones through video links and calls.
- Staff felt supported in their roles. One staff member explained, "I enjoy it here. I feel the managers here listen and if you've got a problem, it's quite quickly resolved or dealt with. The home is quite small, so for me that's nice as I worked in big homes before". The staff member added they had time to spend with people and the management team listened to any suggestions or issues they wanted to air.

Working in partnership with others

- The service had developed ways of working with others and positive relationships. For example, a moving and handling trainer was organised through the local authority so staff training could be updated.
- The registered manager told us they used social media to keep in touch with other managers, to share ideas, which had been particularly helpful.
- A range of social and healthcare professionals provided ongoing support where required.