Tricuro Ltd

Avon View

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

Summary of findings

Overall summary

About the service
Avon View is a residential care home providing personal and nursing care to up to 81 people. The service provides support to older adults, some of whom live with a dementia. At the time of our inspection there were 66 people using the service. Accommodation is provided over three floors, and each floor has lounge and dining areas and specialist bathrooms.

People's experience of using this service and what we found
People told us they felt safe and had their wishes respected. Staff had been trained to recognise signs of abuse and understood their role in reporting concerns. People had their risks assessed, monitored and reviewed. Staff were knowledgeable about the risks people lived with and ensured actions in place to minimise harm were carried out in line with care and support plans. People were cared for by staff that had been recruited safely ensuring they were suitable to work with older people. Staffing levels and skill mix met the needs of people. People had their medicines administered safely. Infection, prevention and control measures in place were in line with current best practice guidance. Accidents and incidents were monitored, shared with other agencies appropriately and any learning shared with staff team.

Staff received an induction, on-going training and support that enabled them to carry out their roles effectively. People had their eating and drinking needs met, including any cultural or lifestyle choices. Good working relationships with other health and social care professionals meant people had good health outcomes. This included wound management, safe swallowing plans and occupational therapy plans. The building provided an environment that maximised people's opportunities to enjoy social and private time, access to outside space and had signage that aided people's independence when orientating around the building. 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 and their families described the staff as kind and caring. Staff knew people well and involved them in decisions about their care. We observed friendly, unhurried interactions between people and the staff team. People had their privacy and dignity respected. People were encouraged and enabled to maintain their maximum level of independence. Staff respected people's rights to confidentiality and ensured records were stored securely.

People had been involved in providing information about how they wished their care and support needs to be met. The care provided was respectful of people's lifestyle choices. Staff were responsive to people's changing care needs, including ensuring access to healthcare services for both planned and emergency situations. People had opportunities to take part in a range of activities. People were supported to follow hobbies and interests and helped to keep in touch with family, friends and with links in the community such as their local faith group. Avon View had achieved a national accreditation for end of life care. People had person centred end of life care plans. Reviews involved a GP ensuring medicines were in place to respond to

expected symptoms and pain management.

A new home manager had been in post for three months and had begun their registered manager application with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

People, families and staff spoke positively about the management of the home describing the culture as calm, professional and supportive. We observed visible leadership and positive interactions between management and staff teams. Staff were people focused, felt involved in the service and described teamwork as good. Quality assurance systems were multi-layered, robust and effective at driving improvements in service delivery. Learning was shared with staff and where appropriate other managers in the organisation.

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

Rating at last inspection and update
The last rating for this service was good (published 8 August 2018)

Why we inspected
This inspection was prompted by a review of the information we held about this 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.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Avon View

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
This inspection was carried out by two inspectors and a nurse.

Service and service type
Avon View 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. Avon View is a care home with 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 not a registered manager in post. A new manager had been in post for three months and was in the process of making a registered manager application.

Notice of inspection
This inspection was unannounced.

What we did before 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 five people who used the service and one relative about their experience of the care provided. We spoke with twenty members of staff including the locality manager, manager, nurses, care workers, and catering staff. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a district nurse who has experience of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included twelve people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff that had undertaken safeguarding training and understood their role in identifying and reporting concerns of abuse or poor care practice.
- A digital safeguarding survey had been introduced, that staff were able to use anonymously, to check their knowledge. Information gathered had been used to identify any learning trends.
- People and their families consistently described care as safe. One person told us, "(Staff) really look after me properly."
- Throughout the building noticeboards contained information which provided details of external organisations that people could speak with about safeguarding issues.
- Records showed us that any potential safeguarding concerns had been reported to the appropriate external agencies, investigated and if needed appropriate actions taken to ensure people's on-going safety.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and reviewed regularly. This included risks of falls, skin damage, malnutrition and risks associated with health conditions such as diabetes and anxiety.
- People, and were appropriate families, were involved in decisions on how risks were managed. This meant that people's freedoms and choices were respected. One person told us, "There are bumpers, (rails used on beds to prevent falls), but I've asked them not to be used as I've no history of falls."
- Staff knew people well and were knowledgeable about risks people lived with and actions needed to minimise harm. Records and observations demonstrated that actions to mitigate risk were being followed such as assisting people to change position, using pressure relieving aids, monitoring food and fluid intake and providing special textured diets.
- Records demonstrated that equipment was regularly serviced and in good repair. This included hoists, fire safety equipment, lifts and water systems.
- People had personal emergency evacuation plans that provided critical information should a person need to be evacuated from the building.

Staffing and recruitment

- People were cared for by staff who had been recruited safely. This included full employment history, verified references and a DBS check. 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.
- People were supported by enough staff with the skills needed to meet their care and support needs. We observed staff responding to people in a timely manner and able to spend as much time with people as

needed. A care worker told us, "We do have agency staff, but care is met. We do everything we possibly can and treat people as if our mum or nan."

Using medicines safely

● People had their medicines ordered, stored and administered safely by trained staff who had their competencies checked regularly.

● People were involved in medicine reviews. One person told us, "I'm trying new pain medicine for a week to see how it goes."

● Some people had medicines prescribed for 'as and when required'. This included medicines for pain relief, constipation and managing anxiety. These medicines had protocols in place that provided detailed information ensuring they were administered safely and appropriately. Records were completed evaluating their effectiveness.

● Staff were able to describe actions they would take if a medicine error occurred which included seeking medical advice.

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 meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

We were assured that the provider was accessing testing for people using the service and staff

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● At the time of our inspection the home was in outbreak status as testing had found positive cases of COVID-19. The home was following government guidance which meant some restrictions were in place when visiting the care home.

● People had the opportunity to nominate an essential care giver, (ECG). This is a family or friend who can visit whatever the outbreak status of the home. ECG's needed to produce a negative lateral flow test prior to each visit.

● In consultation with public health risk assessments had been completed that enabled increased flexibility to visiting which had a positive effect on people's wellbeing whilst keeping people safe. This included visitors wearing full PPE and limiting areas within the home they were able to access.

Learning lessons when things go wrong

● Accidents and incidents had been used as an opportunity to reflect on practice and share learning. An example included a person who had lost weight. Discussions had taken place with both care and catering staff and actions taken included monitoring food and fluid intake, reviewing meal choices to increase calorific and protein content, introducing milkshakes and finger foods.

Good

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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed with people, families and health and social care professionals prior to admission to gather information about a persons' support needs and lifestyle choices. This information had been used to create person centred support plans.
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of equipment and technology including moving and transferring equipment and specialist pressure relieving equipment.

Staff support: induction, training, skills and experience

- People were supported by staff that had completed an induction and had ongoing training and support which enabled them to carry out their roles effectively.
- Training specific to people had included topics linked to health conditions such as diabetes and dementia and was responsive to changing needs of people. A nurse told us, "A resident required surgery and returned with drainage in place that we did not know how to manage and therefore the hospital provided training (to nursing staff)."
- Staff told us they felt supported through visible leadership, handovers and staff meetings. Through the COVID-19 pandemic regular formal supervisions had not always taken place but this had been re-launched. A care worker told us, "Leadership is supportive from senior level to (director)."

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

- People had their eating and drinking needs met and told us they enjoyed the food. Menus were varied and well-balanced offering a range of choices. One person told us, "I don't like today's choice's, so the kitchen is doing me chicken; I've put on weight since I've been here."
- Catering and care staff understood people's dietary requirements including special textured diets, allergies, likes and dislikes and any cultural or lifestyle choices.
- Fruit, snacks and drinks were available throughout the building for people to enjoy.
- We observed people using aids to maximise their independence with eating and drinking. This included the use of adapted crockery, cups and plate guards.

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

- Working relationships with other agencies enabled positive health outcomes for people. Examples included being involved in safe swallowing and tissue viability plans. We spoke with a district nurse who told

us, "Staff are good and attentive. Know people well. Good at organising equipment when needed. They work as a team with us."
● Records showed us that people had access to a range of health professionals including dentists, doctors, speech and language therapists, opticians, chiropodists and specialist clinicians.

Adapting service, design, decoration to meet people's needs
● People's rooms were personalised and reflected the persons personality, interests and hobbies. Each room had a call bell that could be used to call for assistance when needed.
● The layout of the building provided a range of communal spaces where people could meet with others to socialise or have a meal.
● A range of purpose-built toilets, specialist shower and bathrooms were available providing adapted equipment which aided people's independence.
● Some people were living with cognitive impairments such as dementia. Large signage aided orientation to key areas such as toilets and bathrooms. To aid people locating their room doors had the persons' name and photograph. Individual memory boxes included photographs of family, pets and memorabilia important to the person and provided opportunity for reminiscing.
● People had access to secure, accessible outside space that they were able to access independently.

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.

● Records demonstrated that principles of the MCA were met ensuring people had their rights and freedoms respected and received care in the least restrictive way.
● Where assessments demonstrated a person was unable to make a specific decision a best interest decision had been made and included involvement of the person and family and health and social professionals who knew the person. Examples included consent for bed rails, vaccinations and use of photographs.
● DoLs applications had been requested appropriately. There were no conditions placed on authorised DoLs at the time of our inspection.

Good

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 and their families spoke positively about the standard of care. One person told us, "The carers are excellent. (Name) is very attentive, feel she is my friend." Another told us, "People are lovely here. I can't say anything more than kindness". A relative told us, "Staff are very good, couldn't fault them."
- We observed friendly, positive interactions between staff and people. Staff knew people well and were able to engage in conversations that were relevant to them. Interactions were relaxed and unhurried.
- People were supported in a way that ensured their inclusion and enabled them to maximise their involvement and independence. One person told us, "I need help with eating, and I don't like that, but (staff) are very good, they help me at my pace, I'm the boss."

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

- People had their communication needs understood which meant they were able to maximise their involvement in decisions. One person, living with a dementia, experienced anxiety which impacted on their ability to make decisions. Staff were familiar with common phrases the person used and knew how to respond in a way that calmed the person enabling them to participate in decisions about their care.
- People told us they felt involved in decisions about their care and staff respected the choices they made. One person said, "We have a great place here, when you come in you feel at home. You can ask anything. The staff are very good, we are just one you know". Another told us, "I can speak my mind." Another person shared with us their involvement in a decision to move to another room.
- People had access to an advocate should they need somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity. Examples included when personal care was provided, ensuring a towel over a person's lap, closing doors and curtains and encouraging independence.
- People had their privacy respected. We observed staff waiting to be invited into people's personal space and respecting people's choice to spend time alone.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 had care and support plans that reflected their assessed care needs and lifestyle choices and were understood by the staff team.

●Care plans were monitored and reviewed regularly. A relative told us, "When the care plan gets reviewed, I do get an invite. Occasionally I will suggest something, and they do their best."

● Records demonstrated staff listened to people and were responsive to changing care needs. Examples included adjustments to a person's safe swallowing plan and creating short term care plans when people developed and were being treated for an infection.

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 clearly assessed and detailed in their care plans. This included whether people needed aids such as glasses and hearing aids. Other support such as information provided in large print, picture format or a language other than English could be provided.

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

● Restrictions due to COVID-19 pandemic had limited opportunities for group activities and access to the community but these were gradually being re-introduced.

● Activities had been linked to key national events. This had included singing hymns on Palm Sunday, people receiving a red rose and chocolates on Valentine's day and staff performing a pantomime at Christmas.

● Information had been gathered about people's life histories which meant staff were able to link activities to people's interests. A member of the activity team told me, "This morning I spent one to one time with (name), he used to sail a boat and we talked about that."

● People had been supported to utilise technology to keep in touch with family and friends. This had also included video calls with a local church.

● People's rooms reflected their interests and hobbies. We observed people enjoying jigsaws, reading, listening to a radio programme or watching a TV programme they had selected.

Improving care quality in response to complaints or concerns

● A complaints process was in place and had been shared with people and their families. Details were also on display on noticeboards around the building.

● Records showed us a complaint had been investigated in a timely manner and outcomes shared with the complainant. The complaints process provided information about the appeals process which included the local government health and social care ombudsman.

End of life care and support

● People, and if appropriate their families, had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural or religious preferences and decisions on whether they would or would not want resuscitation to be attempted.

● Staff had a good knowledge of best practice in end of life care. They had participated and successfully completed a nationally recognised accreditation with the 'Gold Standard Framework (GSF)'. The GSF provides a model of care that enables good practice to people at the end of their life's.

● End of life care included support and regular reviews with GP's in the management of symptoms and medicines.

Good

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 good. The rating for this key question has remained 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

- People, their families and the staff team all spoke positively about the new management of the home. One person told us, "Fabulous manager. You can go to him for anything". A nurse told us, "The home is calmer and more relaxed. It feels a lot more professional; (management) are here to do a good job and not just make friends." A senior care worker explained, "Staff needed extra support and we now have a good (management) team in place.
- Leadership was visible across the home and we observed positive interactions with the staff team. A senior care worker told us, "We have multi-national staff so we need to ensure staff understand people's needs and as English is not always their first language this can sometimes be difficult but we need to support them so they fully understand."

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- A new home manager had been in post for three months and had begun their registered manager application with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The management team had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance systems and processes covered a broad scope of monitoring, including at management and provider level, was aligned with regulatory requirements and effective at improving service delivery.
- Actions identified were monitored and completed in a timely manner. Learning was shared with both the staff team and other homes in the group where appropriate. An example included re-instating a one to one supervision system for staff.

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

● People, their families and staff had opportunities to be involved in developing the service through a range of scheduled meetings, informal discussion and a monthly newsletter.

● Staff views were also being sought on a range of topics by accessing a digital survey. Topics included views on staffs preferred learning styles.

Working in partnership with others

● The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included National Institute for Clinical Excellence, (NICE), Skills for Care and Public Health.