Avon Care Holdings Limited

Avon Park Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Avon Park Residential Home is a care home providing accommodation and personal care to up to 28 people. The service provides support to both older and younger adults including some people in the early stages of their dementia journey. At the time of our inspection there were 24 people using the service. The premises were a purpose built two storey care home. The upper floor was accessed by stairs and a stair lift. There were several communal areas where people could spend time and a large accessible garden.

People's experience of using this service and what we found
People and their relatives were supported by staff trained in safeguarding and in all aspects of their caring role. Risks were assessed and actions taken to minimise them. Regular checks and servicing of equipment and systems ensured the premises were safe. Medicines were safely managed, and staff were trained and had annual updates and competency checks to ensure they were safely administering them. The premises were very clean and there was regular additional cleaning of high frequency touch points. Staff were safely recruited and there were enough staff deployed to meet people's needs.

Staff completed online and face to face training sessions in a wide range of areas. Supervision took place regularly and was supportive and developed the skills and knowledge of staff. People were assessed before admission to the service and care plans devised with them and reviewed monthly. People mostly enjoyed the meals provided. We have made a recommendation that for the training for catering staff be reviewed to ensure this covers best practice guidance in relation to preparing specialist diets. The provider referred to health and social care professionals as needed and a home visit service provided medical appointments as needed. 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.

Staff knew most people well and could chat with them about their previous lives and family for example. Staff were kind and caring when interacting with people and took time to put people at ease. People were involved in making decisions about their care and supported with communication. Staff recognised non-verbal communication in people.

People participated in an activity programme however some people chose not to and staff took time to chat with them in their rooms instead. Information was supplied to people in the most appropriate format for their needs. There was a complaints procedure that people were supplied with on admission however there had been no recent complaints as issues were addressed as they happened. The provider worked in partnership with community nurses to support people at the end of life and had, if people were willing to, devised end of life care plans.

The registered manager and nominated individual were well-liked and visible throughout the service. They

had an open-door policy and regularly asked for feedback from people and relatives. The provider continually strived to improve care delivery and worked with other health and social care agencies and professionals to achieve this.

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

The last rating for the service under the previous legal entity was Good, published on 18 May 2019.

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

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 Park Residential 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
The inspection was carried out by an inspector 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
Avon Park Residential 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. Avon Park Residential 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.

What we did before the inspection
We reviewed information we held about Avon Park Residential Home. 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 used all this information to plan our inspection.

During the inspection
We reviewed records held by the service including multiple care records, various premises safety documents, three staff recruitment files and policies and procedures. We spoke with 11 people and one visitor about their experiences at Avon Park Residential Home. We also spoke with the registered manager, two care staff, two senior care staff, a visiting healthcare professional and to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Good

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.

Systems and processes to safeguard people from the risk of abuse
• Whilst no safeguarding concerns had needed to be raised, there were clear processes to protect people from the risk of abuse.
• Staff were trained in safeguarding. During the pandemic, most training was online however some training, including safeguarding was also completed as face to face training. This enabled staff to ask questions and have discussion about events they had experienced.
• Staff could describe signs and symptoms of possible abuse and were certain that should they report any concerns they would be followed up by the management team.
• People told us they felt safe living at Avon Park Residential Home. One person told us, "Yes. [I feel safe]. They are very careful who they let in. My grandson came, he hadn't been here before, and they gave him quite a grilling. He thought it was funny, he said 'No one will be able to kidnap you from here, Granny'."

Assessing risk, safety monitoring and management
• Peoples care files contained detailed risk assessments that identified and mitigated risks associated with their care and well-being.
• A relative told us, "They (staff) look after them very well and keep a check on them. They had no recent falls and use a walker trolley to get about. They have no bruises. Staff are polite. They would say if they weren't."
• A second relative said, "They like to potter about on the patio. They (staff) work very hard to get them to do things safely. They are very vigilant, and they've had no recent falls. They use a stick or frame to get about. The staff encourage them. They are helped into the bath with a hoist. I think the care is first class."
• Equipment, fixtures, and systems were regularly checked and serviced to ensure they were safe and fit for purpose. Records of premises documentation such as service checks and safety certificates were not well organised but we were assured all relevant services were completed.

Staffing and recruitment
• Staff were safely recruited and all required checks and records identified in Schedule Three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been obtained prior to staff commencing in post. These included obtaining references and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
• The provider was not currently using agency staff however had needed to during the COVID-19 pandemic. They had identified an agency who provided them with regular, competent staff who had worked well alongside members of the Avon Park team. The registered manager told us that cover for shifts was currently provided by members of the staff team taking on additional hours.
• There were sufficient staff deployed to meet the needs of people living at Avon Park Residential Home. The

provider did not use a dependency tool to calculate staffing levels. Instead they reviewed people's needs regularly and when assessing a person for admission into the service, consideration was given to increasing staffing if required.
• There were staff vacancies at the service, the registered manager told us they were recruiting in an ongoing basis. A significant gap in staffing was the activities officer being off on extended leave. The registered manager had tried to recruit to the post but was currently using care staff to fill the role.

Using medicines safely
• Medicines were safely managed. The provider had invested in an electronic medicine's administration record, eMAR. The system had been in use for some time and staff were familiar with it and had received training to use it.
• Staff were trained in medicines administration annually and completed an online training course and were tested to ensure they were competent in giving medicines and recording on eMAR's.
• People had no concerns about medicines and their relatives also gave positive feedback. One relative told us, "He gets his medicines. He has an implant every three months. The home has a good GP link. There has been no change in his medicines." Another relative said, "It appears that medicines are OK. They (the provider) check with us that everything is OK. They (person) have had no problems or needed changes in their medicines." A third relative was also happy with how medicines were dealt with and complimented, "No problems with medicines. They are monitored by blood tests… It's managed beautifully."
• There were regular medicines audits. All medicines were counted fully twice per month and controlled medicines were counted weekly. Two staff were required to 'sign' the eMAR to evidence administering controlled medicines. Controlled drugs, CD's, are drugs that are subject to high levels of regulation. We saw signatures in red in the CD book evidencing regular checks.
• There was a positive working relationship with both the supplying pharmacy and the local GP surgery. Any concerns about medicines were followed up with relevant healthcare professionals in a timely way.
• People were supported to manage their own medicines and risk assessments and care plans had been devised to ensure risks were mitigated.
• People had clear medicines care plans as well as protocols to describe when they may benefit from 'as and when' or PRN medicines.

Preventing and controlling infection
• The premises were very clean and tidy, and we found no malodours during our inspection. Additional cleaning had been added during the pandemic and all high touch points were cleaned down several times each day.
• Sanitising gel was available at intervals around the premises and at the entrance where visitors were asked to use it. We saw staff supporting people to cleanse their hands throughout our inspection.
• Relatives were very happy with the cleanliness of the service. They told us, "Hygiene is perfect. There is no awful smell in the bedroom or the communal areas", "The buildings are being looked after. The bedroom appears fine. No dust. The bathroom and toilet are fine. No slippery floors" and, "Oh, the place is very clean. Perfect. Always tidy. No bad smells. It got painted up last year. The garden is maintained nicely".
• 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
• Relatives and friends were supported to visit the service throughout the pandemic. Visits had been in a visiting pod, in the garden, at windows and latterly visitors could book to visit people in their rooms. Testing and PPE was used in line with current guidance and though heath questions were no longer asked, most visitors assured staff they had no COVID-19 symptoms.

Learning lessons when things go wrong
• Staff were familiar with accident procedures and accidents, incidents and near misses were reported and recorded.
• All accidents and incidents were reviewed and learning shared with team members to try to minimise future occurrences.

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.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Pre-admission assessments were completed prior to people being admitted to Avon Park Residential Home. When we inspected, the registered manager attended a local hospital to assess a person that had been identified as ready for discharge. The registered manager assessed the person however was not in agreement with their readiness for discharge so would not admit them until their condition improved.
• Care plans were devised with people following their assessments and people were enabled to participate in reviews of plans should they want to be involved.
• People's needs were holistically planned for and preferences, likes and dislikes were considered to ensure care was planned for and delivered as people wanted it.

Staff support: induction, training, skills and experience
• Staff completed an in-depth induction on commencing in post. Training was blended, both online and face to face, and competence was assessed in areas such as administering medicines, first aid and moving and assisting before staff could participate in such tasks.
• The registered manager was researching the Care Certificate and would add to the training offer should they feel it added to their existing training. 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.
• Training was mostly completed and up to date. Staff were given a list of courses to be completed and if they needed additional support to do so this was supplied. On commencing in post, staff had six months to complete their allocated training. The provider also trained people on a face to face basis as they believed some training would be of more value if staff were able to actively participate, use examples from their own workplace and question the trainer.
• The provider supported staff development including diploma course access. Staff were encouraged to develop their knowledge and skills and obtain qualifications to enable them to progress in their caring careers.
• Staff participated in six one to one supervision sessions with their line manager each year. The registered manager was passionate about supervision and had previously had positive experiences of one to ones with their previous manager and had continued and developed sessions.
• Supervisions were not only a place where staff could raise concerns, feel supported and receive feedback on their performance but they were arranged as learning sessions to add to people's skills and knowledge. Different sessions were planned and delivered, and the registered manager told us they also learned from supervision sessions as they had the deputy manager or other senior staff deliver training supervisions to them.

• People were confident staff had received relevant training and were competent to provide care to them. They told us, "They seem very capable. They get good supervision. I saw them handle a fall in a communal area. They were very careful and assessed her for no hurt [injuries]." A second person told us, "Yes. They don't let them loose on us before they're trained! They encourage them to take more responsibility, for medication etc. when they know more. That's good to see and they seem to like it." Another person said, "If one [staff member] knows more about how to do something, they show the others. When they do my [condition] they show another and bring them on. I think it's better to show someone how to do something then try and tell them."
• One relative reflected, "Staff have got skills for normal care but not for dementia [care]. It's not a dementia home." People living with dementia at Avon Park Residential Home were in the early stages of their dementia journey and when the condition became their main need, the provider worked with them and their relatives to move them to a more appropriate location. Other relatives were satisfied staff were competent and trained to complete their duties.

Supporting people to eat and drink enough to maintain a balanced diet
• People had meals prepared for them in line with their individual needs, for example, pureed or bite sized pieces. Drinks were thickened as advised.
• Meals were appetising, and portions were generous. We saw people enjoying their lunches and drinks were available all the time. People had numerous cups of tea and coffee and all had water or fruit squash near them throughout the day.
• People mostly liked the food provided. Comments included, "The food is good. You only have to ask for something and they'll do their best to get it", "Well, I'm a fussy eater. I don't enjoy my food. But if I asked for something like marmite sandwiches, something a bit out of the usual, they'd provide it for me, no complaints", "The food is quite good", and "It's all right. For me, it's under seasoned and they have some funny concoctions. You get two choices of main course and two desserts."
• Another person told us, "Well, mine's pureed. It's up or down. They puree it very well, but I don't know what it is, what's in it, and I have to ask, or they have to tell me. It's mashed together and it's the repetition I don't like." We spoke with the registered manager who told us the person had a choice of menu.
• Relatives said, "They (person) are a fussy eater and can't taste much. They get what they want and will ask the chef for an alternative. They're a light eater. The home monitors their weight. Once they were given high calorie drinks". Another relative told us, commented "They (person) love the food. They can have a choice from two meals. They can eat independently. They always have a jug of water near them."
• People could eat in their rooms or join others in the dining room or lounge area. People enjoyed the social aspect of meals and the registered manager had worked hard to improve the experience for people, making sure they were not rushed or waiting for long periods and that staff members were chatting with people throughout.
• The chef at Avon Park Residential Home had not been trained in preparation of specialist diets. Currently, food textures are advised by speech and language therapists, SaLT, using the International Dysphagia Diet Standardisation Initiative, IDDSI.

We recommend the provider sources appropriate training in best practice around specialist diets for catering staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The provider had healthcare support from a home visit service rather than a GP surgery. Healthcare professionals would visit people when they needed a consultation and could prescribe as a GP would. The provider had forged a very positive working relationship with the staff from the service.
• District nurses visited the service at least daily to provide insulin injections to a person living with diabetes.

They spoke with us and were very complimentary about the service.

Adapting service, design, decoration to meet people's
• The premises had large, communal, lounge and dining areas and people's rooms had ensuite facilities. There were plans agreed to extend the service to provide facilities such as a staff training suite and building would commence soon. When the extension was being built, the premises would also be refurbished. Some areas of the premises, while still functional, were in need of modernisation.
• There were handrails in corridors providing support for people should it be needed and access to the first floor was provided through a stairlift or stairs.
• The visiting pod had been added to the entrance area of the premises and there was a small 'step' at the base of the structure causing a trip hazard. The registered manager was hoping to remove the pod soon however this depended very much on how the COVID-19 pandemic progressed. However, all staff members were aware of the hazard and each time we were in the area we were reminded of it.

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.

• Avon Park Residential Home is not a dementia service provider, though there were some people using the service in the early stages of their dementia journey. When people's dementia became the main focus of their care needs, the provider worked with them, their relatives and the local authority, if appropriate, to support them to move to a more specialist service.
• When we inspected no-one lacked capacity to make choices and there were no DoLS authorisations in place. The registered manager was familiar with when an MCA assessment, best interest decision and a DoLS should be used.
• Staff understood and demonstrated they offered people choices throughout the day, for example, what they wanted to eat and drink, when they wanted to get up, if they wanted to take medicines and whether they wanted to participate in activities.

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.

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 mostly felt cared for by staff. They told us, "They are very kind", "some are good, some are not so good, but none of them are bad", and, "they deserve medals, the jobs they have to do."
• We asked people if staff knew them well. They told us, "They seem to. They call me by my Christian name", "Possibly too well!", and "They do. They call us by our first names; that's good."
• There were less positive responses from two people who said, "I suppose I would say that, with some hesitation, I don't feel they know me very well", and "They don't seem to understand, my mind's going and I've got no energy to do anything. I tell them but they don't seem to know, but I don't want to go anywhere else." We shared the feedback with the registered manager to investigate.
• People's care records held details about people's lives before their admission to the service, their jobs, where they lived, family details and interests. This was gathered at admission and as an ongoing process and new learning was added.
• Peoples characteristics under the Equality Act 2010 were identified and any needs associated with them were planned for and met as per the persons wishes.
• We observed staff interacting with people at lunchtime, during activities and generally around the service. Staff were kind and caring in their approach and spoke respectfully to people checking they were okay and offering drinks and support with care should they need it. We also saw staff taking time to chat about people's families and their own families.
• A relative told us, "They (staff) know mum and take time to have a talk. The manager talked to mum about her past and staff ask her about the family pictures in her room". Another relative said, "They (staff) are friendly, really nice to them (person) and welcoming. They look as if they are enjoying the job." A third relative told us, "The carers [care staff] and other staff like cleaners are very pleasant, friendly and caring. We have no concerns."

Supporting people to express their views and be involved in making decisions about their care
• People were involved in their care plans from point of pre-admission assessment if they wanted to be. For example, people could choose to be involved in reviews of their care plans or if it suited them, the registered manager would review the plans and only discuss matters if there needed to be changes. Only involving the person if they needed to.
• Staff recognised non-verbal clues if the person was uncomfortable or needed support with care.
• People were mostly positive about staff members listening to them and acting on their wishes. They told us, "Yes, they know I'm a trained nurse and they give me the [new] starters and I go back in time and start training them. It's nice and it's something to think about. It's better than just thinking about food and going from meal to meal." Another person said, "Yes, sometimes they don't do a small thing like replace the

towels. They have so much to do, but if you mention it, they get it." A third person was less positive about staff responses to them saying, "Sometimes they walk off before I've finished speaking. I presume I'm boring them. I've got this stutter; it's got worse since I came here." We shared this comment with the registered manager who agree to follow this up with the person.

Respecting and promoting people's privacy, dignity and independence
• Staff understood how to ensure people retained their dignity and feel respected during care delivery.
• The registered manager made changes to how staff worked with people during mealtimes to improve their experience and ensure support was delivered respectfully and people were not rushed.
• Relatives were very happy with how their family members were treated. They told us, "Staff always knock on the door, even if it's open. They don't talk down to people and have normal conversations. They don't get impatient". A second family member told us, "Yes, staff do speak nicely. They think she is a real sweetie and make a fuss of her." Another relative said, "She is 100% treated with respect. She plays the piano in her room and leaves the door slightly ajar. As carers pass, they stop and say the tune is one of their favourites."
• We received mixed feedback from people when we asked of people were respectful and promoted their dignity. One person said, "On the whole, yes [I feel respected], but sometimes they seem to be looking down on me, like I've done something absolutely daft." A second person told us, "Some of the girls just stand and talk when you're on the loo. I can't always go when there's someone there... I could use the toilet, although there's no room for a buggy or a wheelchair in the toilet, but if they had the time, I could use the toilet." We raised these concerns with the registered manager, and they were investigating to find ways to improve people's experiences.
• Other feedback about staff was positive, "Yes. They are respectful when necessary, but it's all very informal", and "They are very good. They treat the patients with lots of respect. There's no angry words."

Good

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; 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

• Person-centred care was central to the service provided at Avon Park Residential Home, and clear care plans produced with people were central to ensuring this happened.

• Most people said staff did not rush them. One person told us, "It's difficult to know what to expect if you've never been in a place like this. You hear such awful things and I was apprehensive, but the staff are nice and helpful."

• When we inspected there was no activities officer, they were on long-term leave and the provider had been attempting to recruit to the position. There had so far not been a suitable candidate however there was a care assistant working in the service, who had an interest in running activities, covering in the interim.

• Some activities were planned and if staffing allowed, ad hoc sessions also took place. We saw numerous planned sessions for the Jubilee, and we saw people enjoying baking for their Jubilee afternoon tea. We also saw a singing session where people got up and danced as they enjoyed themselves so much.

• People told us, "I don't take part much, I can't trot about. But there's a singsong tomorrow; I might join in. They have bingo, I'm not bothered with that. They had some colouring. I did a crown and an animal, that was amusing… I'm contented with my lot." Another person said, "I like to do the things they put on. They try hard so I think it's good to go along and get involved. Men don't always fit into the things they do, I'm often on my own with nine or ten women. I don't mind that, I like women, I like talking to women."

• Other people were not as happy with activities. One person said, "No, I've never taken part. Today was the first time I'd ever been asked. If they ask me more often, I might join in." Another person said, "They had a lot more before the disease [COVID-19 pandemic]. They've had to clamp down on everything. It's spoiled everything." A third person told us, "It's too quiet at the weekends. I find time hangs a bit. It's my own fault I should find something to do, but my energy levels drop."

• Relatives were aware that activities were not as frequent and took place mostly in the service currently due to the pandemic. They were generally happy with activities provided. They told us, "They will get involved in things in the communal areas. It depends on their sight and hearing. The carers will do some one to one work with less able residents." A second relative said, "They like to walk about the garden, join in ball games, dancing, bingo and making cakes. They also have family visits home with us" One relative told us, "No, they refuse to join in. Staff have tried. They chat to him in their room".

• We were assured sufficient activities were provided. Regular exercise, bingo and quiz sessions took place each week and in addition, a number of people also enjoyed outings with and visits from their relatives.

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 had various levels of hearing and visual impairments. Staff supported them with appropriate methods and resources to ensure information shared was accessible.
• Information had been presented as flash cards for one person who had severe hearing loss and any written information was available in large print for people who required it.
• Care plans were developed in a person-centred way and communication needs identified at pre-admission assessment and reviewed monthly.
• An additional measure to support people in accessing information was the use of an audio box. The local newspaper was available to download in an audio format so people could listen through the audio box rather than read the news.

Improving care quality in response to complaints or concerns
• The provider had not received any complaints. The registered manager told us if someone was unhappy about something, approaching staff or management would be sufficient to address their concerns.
• Other relatives told us, "I'd go to the management group and they do listen," and, "I've had no real complaints. The manager would listen. Oh god yes!"

End of life care and support
• The service did not provide nursing care however they did support people at the end of their life if they were able to do so. District nurses worked with staff to provide the clinical care needed and care staff spent time with people meeting their care and well-being needs.
• A staff member told us, "We manage to meet needs and respect peoples wishes. We are there for them until the last minute with support from the district nurses and the registered manager. Peoples written wishes are all on [electronic care plan], it's important to meet their needs and make sure they are comfortable."
• People had end of life care plans at various different stages of completion. The registered manager had a copy of people's 'do not attempt cardiopulmonary resuscitation', DNACPR documents and for most people were aware if they wanted to be admitted to hospital.
• Some people did not want to discuss their end of life wishes and the provider respected this, revisiting the subject from time to time. Relatives were also involved in end of life care planning, either in developing plans or being informed with the persons permission of their wishes.

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.

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 registered manager and nominated individual were approachable and had an open-door approach to management. Both spent time working within the service and would join in activities and converse with people as they passed through the service. Residents and staff were familiar with both and they knew people by name.
• A relative said, "They have a dedicated manager in the shape of [registered manager's name]. The owner [nominated individual] is engaged and is seen at the home." Another said, "[Registered manager's name] is brilliant and so is the owner [nominated individual]. Always happy and totally helpful". A third told us, "The manager is always around, and I've talked to her over the phone. She is pleasant. The home is well run. Staff seem to get on well with each other."
• People were also very happy with the management of the service. Comments included, "It's a well-run place. It's efficient. They say, 'a happy leader is a happy crew'. There's nothing negative I could say about this place. I would recommend it", "Yes, [Registered manager's name], she's there if you need her. She listens to you and she offers alternative suggestions" and, "The management seems all right. They're friendly and they sit and have a chat".
• Care plans, and delivery, were person-centred and holistic and enabled people to achieve their desired outcomes whenever possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider issued a quality assurance questionnaire at regular intervals. Feedback from surveys and comments received from people and their relatives was used to improve the service provided.
• Residents meetings were held and relatives told us there were family meetings however now, due to the pandemic, an email kept them updated. We saw minutes for a residents meeting held a few weeks before we inspected.
• Whole team meetings and senior staff meetings were also held regularly. Staff felt listened to when they attended.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their responsibility under the duty of candour and, though there had

been no incidents this applied to, would not hesitate in being open should something go wrong.
• The registered manager had ensured notifications of significant events that happened at Avon Park Residential Home were notified to the Care Quality Commission (CQC) and that any requested follow up information was supplied if requested.
• Daily, weekly and monthly audits took place of a range of aspects of the service. Audits were also completed by external agencies such as reviews of health and safety practice. Any identified shortfalls were addressed and completed at the earliest opportunity.

Continuous learning and improving care
• Learning opportunities were identified. For example, if a staff member was well versed in a person's care, they cascaded this to colleagues. The registered manager, as mentioned in the Effective section of this report, was keen to ensure one to one supervision sessions were also learning opportunities and specifically developed sessions for this purpose.
• Accidents, incidents and near misses were also used as learning opportunities and shared with staff verbally and at handovers.
• People and the quality of care were the main focus of the service. The statement of purpose stated as two of the values of the service that people should have positive outcomes and actively participate and to provide top quality services and continually improve them. We saw that this was delivered in practice?

Working in partnership with others
• The provider worked closely with a range of health and social care professionals and organisations. The provider referred to speech and language therapists, SaLT, and community nurses who supported with tasks such as managing diabetes and wound care.
• There were also links with a local church. A service took place for a person once per month so they could continue to worship.