

Avery Homes (Nelson) Limited

Avalon Court Care Centre

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Avalon Court Care Centre is a residential care home providing accommodation and personal care for up to 107 people. It is a purpose-built home in which care is provided across 4 floors. At the time of our inspection visit there were 101 people living at the home. Some of these people were living with dementia, a sensory impairment, physical disabilities and mental health conditions.

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

People were positive about the care they received at Avalon Court Care Centre. 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. The provider was proactive in ensuring people's voices were heard and helped shape the future of the home. They had recently invited some people to become 'Resident Ambassadors' to speak up on behalf of people.

People were cared for by enough suitably skilled staff who had been recruited safely and received the right training and support to deliver high quality care. Staff were proud to work at Avalon Court Care Centre and valued their role in supporting people to live their best life possible. The registered manager was a visible presence in the home and staff told us they were very open and approachable.

People were safeguarded from abuse and avoidable harm and staff understood their safeguarding responsibilities. The provider assessed risks to ensure people were safe. People had individual risk assessments and care plans that guided staff on how to manage risks associated with their care. People received their medicines as prescribed. Robust systems and processes ensured medicines were ordered, stored, administered, and disposed of safely.

People were supported to eat and drink enough to maintain a balanced diet. Risks around people's diets and nutrition had been identified. Where necessary staff referred people to other healthcare professionals to ensure their nutritional health was maintained. However, we did identify some inconsistency in the quality and accuracy of staff records to manage the risks for people at risk of malnutrition and weight loss. There was no evidence of harm to people and the registered manager took immediate action to improve recording following our inspection.

People were protected from the risk of infection as staff were following safe infection prevention and control practices and the home was exceptionally clean and tidy. Overall, environmental risks were managed safely, and regular checks took place which ensured the building was safe. We identified some potential risks relating to some pieces of equipment. Immediate action was taken to implement more robust checks to ensure any potential risks were further reduced.

Staff regularly monitored people to identify any signs of ill-health. Information was recorded in an electronic monitoring system which supported the early identification of deteriorating health in people. People had

regular access to a GP who visited the home weekly.

Systems and process were in place to regularly assess the quality of care provided at the home. The registered manager completed a range of checks using the providers audit tools to improve review and improve standards in the home. Where we identified some improvements were needed in the effectiveness of some checks, the registered manager took immediate action to ensure more robust auditing following our visit.

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 this service was good (published 30 November 2017).

Why we inspected

This inspection was prompted due to the length of time since the last inspection.

We undertook this focussed inspection to check the quality of service provided. This report only covers our findings in relation to the Key Questions safe, effective and well-led. You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Avalon Court Care Centre on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avalon Court Care Centre

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by 4 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 19 people and 9 friends / relatives about their experience of the care provided. We spent time with the people who lived at the home observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to communicate with us.

We spoke with 14 members of staff including the registered manager, the regional director, the operations director, the deputy manager, the chef, the training co-ordinator, a member of maintenance staff, 2-unit managers, 1 senior member of care staff and 3 care staff . We also spoke to 2 healthcare professionals about their experience of the care provided.

We reviewed a range of records. This included information contained in 9 people's care records and multiple medicine records. We also looked at 3 staff recruitment files and records related to the overall management and quality assurance of the service.

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 requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. Typical comments from people included, "I feel safe, I am very well looked after here" and "I feel safe because people are around me all the time and looking out for my welfare."
- Relatives also commented they felt people were safe. One relative said, "I have no doubt [person] is safe, I have every confidence in the staff." Another relative said, "I have never had cause to think [person] is unsafe. [Person] is well cared for and in safe, secure surroundings."
- Staff knew how to protect people from the risk of abuse. They told us they felt confident to challenge abuse, poor practice, and discrimination. They explained how they would report any concerns to senior staff or managers.
- The registered manager managed any potential safeguarding incidents in line with the providers policy, such as making referrals to the local authority.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. People had individual risk assessments and care plans that guided staff on how to manage risks associated with their care.
- Staff knew how to keep people safe. For example, staff explained how they checked people's skin when providing personal care to reduce the risks of skin damage.
- We checked the records of a person who had recently fallen. The person's risk assessment had been reviewed to ensure it accurately reflected their needs and all appropriate risk management strategies were in place.
- Some people expressed distress through their behaviour. Staff explained how they used their knowledge of people's histories and backgrounds to support people positively at these times. One senior staff member explained how they supported people with dementia to be emotionally safe. They told us, "You have got to meet them where they are in that moment. We have a lady and if the stress comes out, I ask her how old she is. Whatever she says, that is where we meet her."
- During our inspection the atmosphere was calm and relaxed. Staff responded promptly when people showed any signs of distress. One staff member explained, "I normally go and sit on the floor next to them and I talk very softly and slowly. When I can get them to focus on my face I can say to them, "You are safe". Just the relief on their face when they feel they can trust you, even if it is 5 seconds, as that 5 seconds can be a lifetime for them."
- Overall, environmental risks were managed safely, and regular checks took place which ensured the building was safe. However, although we found no evidence people had been harmed, the provider's checks had not identified some potential areas of risks with people's equipment. For example, some people's

walking frames had worn rubber feet and weight settings on people's airflow mattresses were not regularly checked. The registered manager replaced the rubber feet immediately and implemented new checks to ensure people's safety.

Staffing and recruitment

- The provider ensured there were enough suitably skilled staff to support people safely. Staff attended to people's calls for assistance in a timely way.
- Staff worked well as a team to ensure people's needs were met. Staff told us staffing numbers allowed them to provide the support set out in people's care plans, but acknowledged there were times in the day when they were very busy. One staff member commented, "Some days you feel we could do with the extra one (staff member), but as soon as we figure out a routine for that day, we manage it."
- Staffing levels were regularly reviewed and matched to people's levels of need. The registered manager told us they did not routinely use temporary staff supplied through an agency which meant people were supported by a consistent staff team who knew people well.
- Staff told us they generally worked on the same units which promoted consistency of care. One staff member explained the benefits as, "You will know more about the resident, their care plans, how they are progressing and whether they are improving."
- The provider operated safe recruitment processes. This included undertaking checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. Robust systems and processes ensured medicines were ordered, stored, administered, and disposed of safely.
- An electronic medicine management system helped reduce the risk of medicines errors occurring. Where errors occurred, appropriate action had been taken and lessons learnt.
- Staff authorised to manage medicines in the home were clear about their responsibilities in relation to the safe management of medicines. These staff had received additional training and their competency to give medicines safely was routinely assessed.
- Some people were prescribed medicines on an 'as and when' basis to treat short term conditions such as pain or distress. Protocols explained what these medicines were prescribed for and when they should be offered. For people prescribed medicines to manage their distress, these were not used in excess and not as a first port of call.
- Some people had been assessed to need their medicines covertly (medicines are administered in a disguised format). Records showed this had been agreed in people's best interests with other healthcare professionals, but it was not always clear when this decision had been last reviewed. The registered manager improved the recording of this during our inspection.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was exceptionally clean and tidy. The registered manager and staff team had recently been awarded a gold accreditation for the local 'say no to infection' scheme. A healthcare professional told us, "There really wasn't much we could really pick fault with. The home must be really committed to the scheme, and they were. We go through everything with a fine-tooth comb"
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- People could have visitors whenever they wished

Learning lessons when things go wrong

- There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged.
- The registered manager encouraged staff to see near misses as a learning opportunity. One staff member told us, "If we go to the manager, they will straight away tell us what needs to be done and they will discuss the potential harm and they will develop a strategy, so it does not happen again."
- Staff told us the registered manager shared information and learning to ensure they continued to work safely and effectively.
- Reviews of accidents and incidents were discussed at daily meetings. Patterns and trends were identified to reduce to chance of re-occurrence.

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. At this inspection 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

- Pre-admission assessments were completed before people moved into the home to ensure their needs and preferences could be met.
- These needs and preferences formed the basis of people's care plans which were reviewed and updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff received an induction when they started working at the home. The induction included working alongside experienced members of staff so they could learn people's individual routines.
- The training co-ordinator was passionate and motivated to ensure staff were trained and competent in their role. They held face to face events, refresher sessions and observed staff practice to ensure training was understood and applied.
- One staff member explained how training had been adapted to better suit their individual learning needs. They also explained how they felt confident to ask for further training to ensure they could effectively meet people's needs. They told us, "If you ask for any retraining [training co-ordinator] is always happy to retrain."
- Regular supervision and appraisals were used to develop and motivate staff. One staff member told us, "I love it here. I love making sure the residents are well looked after. I always describe my role as we are like reverse midwives. We see people out of this world and the support we get means we can do that well."

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

- People were supported to eat and drink enough to maintain a balanced diet. Lunchtime in the dining rooms was a social experience with tables laid nicely and people offered a choice of drinks. Most people ate in the dining rooms which encouraged them to eat and drink well and enjoy the companionship of others.
- The chef told us how information about people's nutrition was shared with catering staff to ensure people's cultural and dietary requirements were followed. The chef showed us information they referred to which ensured people's meals and personal choices were prepared to their specific requirements. For example, those people with allergies or special diets.
- Risks around people's diets and nutrition had been identified. Where necessary people had been referred to other healthcare professionals to ensure their nutritional health was maintained.
- However, we did identify some inconsistency in the quality and accuracy of staff records to manage the risks for people at risk of malnutrition and weight loss. For example, it was not always clear if people were receiving a fortified diet where this was an assessed need and where people needed to be weighed weekly,

this was not always done.

- Despite this, most people's weights remained stable and where people's weights had declined, this was known and monitored. The registered manager planned to meet with all staff following our inspection about the importance of keeping detailed food and fluid records. This will further promote people's health.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked well with other healthcare professionals when people moved between services. One healthcare professional told us, "There is good partnership working. They will communicate with us about important things like failed discharges if these are significant. Then we, as the clinical health team, can look at this with the hospital to make improvements across the sector."
- Each person had a 'transition sheet' which contained important information about people in case of an emergency hospital admission. The regional director also confirmed that vulnerable people would always be supported to hospital by a member of staff to ensure people had someone who could speak on their behalf where needed.

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

- Regular checks ensured the premises and fabric of the building were well maintained. People's bedrooms were spacious, and people were able to furnish and personalise their bedroom as they wished.
- People, relatives, and visitors had access to communal areas. On the ground floor, there was a large communal area where people could spend time to sit quietly or to socialise. This space was also used to support group activities and events. During our visit, people gathered to rehearse for a production of "Oliver", which involved 40 people.
- People had access to lounges, dining areas, kitchenettes, and a hairdressing salon. The garden was secure with seating and tables to encourage people to spend time outdoors relaxing. The registered manager said further plans to utilise the rooftop outside garden were being made.
- Where agreed, assistive technology was used to monitor people with significant health and/or safety risks.

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

- Staff regularly monitored people to identify any signs of ill-health. Information was recorded in an electronic monitoring system which supports the early identification of deteriorating health in people. One healthcare professional commented, "They have embedded the monitoring system well with support from the community team. The community team fed back really positively about Avalon and how engaging they were with the process. They are utilising the system well."
- Staff referred people to other specialist healthcare professionals when a need was identified. This included dietitians, speech and language therapists and district nurses.
- People had regular access to a GP who visited the home weekly. However, records were not always clear when people last had other routine appointments such as dentist or chiropody. Following our feedback, the registered manager reviewed each person's health notes to ensure this information was easily accessible and monitored to ensure these appointments were not missed.
- People's oral health risks had been assessed and care plans indicated the level of support people needed to maintain their oral health.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act. Staff sought consent from people before delivering their care. Staff involved people in decisions about their day-to-day lives such as how they wanted to spend their day, what they wanted to wear or what they wanted to eat.
- Where the registered manager suspected people lacked capacity to make specific decisions, mental capacity assessments were completed. However, we found these assessments would have benefited from more information to evidence people's involvement in the decision-making process and the steps taken to involve people as much as possible.
- DoLS referrals had been raised with the local authority to ensure any restrictions on people's liberty were lawful.

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. At this inspection 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

- Staff were proud to work at Avalon Court Care Centre and valued their role in supporting people to live their best life possible. One staff member told us, "This is a brilliant job to have. We appreciate that we can look after the residents, as much as they appreciate us looking after them. I would not change my job for the world."
- Staff told us the registered manager was a visible presence in the home and very open and approachable. One staff member told us, "[Registered manager] will come up onto all the floors and check all the rooms. If she feels we are struggling she will say, 'What can I do to help'. I don't think I see her when she is not smiling."
- Staff spoke very positively about the guidance and support provided by the other senior managers. One staff member described the managers as, "Very approachable. Our deputy manager is excellent when it comes to medication and medication protocols. Anyone can learn from her, she is fantastic."
- Managers and senior staff understood the importance of valuing staff and their contribution to providing high standards of care. One senior staff member told us, "My biggest thing with staff is trying to make them feel valued and say thank you to them."
- The regional director and the operations director had various initiatives to increase staff motivation such as employee of the month awards, staff well-being sessions and career progression programmes. The operations director told us, "The emphasis is on staff enjoying what they do."
- Staff spoke of a supportive working environment. One staff member told us, "We get support from staff and management. Whenever we need support, someone is there by our side." Another staff member commented, "I do feel supported, when I go to [other staff], they are always happy to support. Even if I just want to talk, they will take time to listen to me."
- Staff promoted the provider's vision of providing high standards of dementia care. One senior staff member explained, "The first thing is to make people feel loved and safe because the anxiety they develop is heart breaking when they don't recognise the person next to them, or the person in the mirror. If we can be stability and a safe harbour to them, it pushes through to their health. If they are not anxious, they eat better, they sleep better and they don't take so many risks with their walking."

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

- Systems and process were in place to regularly assess the quality of care provided at the home. The registered manager completed a range of checks using the provider's audit tools to review and improve

standards in the home.

- The regional manager and regional director then completed their own checks to ensure the actions within the registered manager's audits were completed to drive improvement.
- There was no evidence of harm to people, but we found some areas where additional development of the provider's audits would further promote people's well-being and give improved guidance to staff. For example, in relation to easy access to health records, further monitoring of the suitability of equipment and how staff recorded the care they had provided to people met their needs..
- Following our inspection, the registered manager assured us their governance processes had been reviewed to ensure they had more robust oversight of these records.
- Checks were carried out to ensure care plans were up to date and accurately reflected people's risks in all areas of their life. One senior member of staff explained, "I check risk of falls, safety and mobility, trying to triangulate information so it is all the same everywhere. I am trying to pick up any inconsistency."

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 responsibilities to be open and honest when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider was proactive in ensuring people's voices were heard and helped shape the future of the home. They had recently invited some people to become 'Resident Ambassadors' to speak up on behalf of people. The registered manager explained, "We wanted the residents to be empowered. We have ambassadors the residents can go to outside meetings if they feel uncomfortable speaking in a big group."
- The registered manager positively engaged with staff to ensure their voices were heard by conducting regular meetings and supervision sessions A unit manager explained how they had raised some concerns with staffing numbers on their unit and the provider had responded by introducing a 'hostess' role to support people with eating and drinking. They told us, "We have been given a hostess. It means staff can now concentrate on personal care in the comfort of knowing someone else is supporting people with breakfast. They listened to us."
- The registered manager established links with the local community. This included their annual play where family, friends and healthcare professionals were invited into the home and regular visits from children from a local mother's and babies' group.
- The registered manager worked with other stakeholders to improve care outcomes for people. For example, the registered manager identified an increased number of urinary tract infections within the home and worked on a quality project with the infection control team to explore ways to reduce urinary tract infections. The learning from this project was implemented at the home which reduced the number of infections by half. These reductions had been sustained through continuing good practice.

Continuous learning and improving care

- Staff spoke of an open and transparent environment where they felt able to report mistakes or errors, confident they would be supported. One staff member explained, "We are busy, we do make mistakes, but we own up to it. If you do make a mistake and don't own up to it, the consequences are far worse, so we try and cultivate an open policy."
- Where issues were identified during the inspection, the registered manager saw these as a learning opportunity and took immediate proactive action to improve their systems and processes.