

Tanglewood Project Company No. 1 Limited

Avocet House Care 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

Avocet House Care Home is a residential care home providing personal care for up to 66 people. The service provides support to people living with physical disabilities and conditions such as Dementia. At the time of our inspection there were 48 people using the service.

Avocet House Care Home is a purpose-built building supporting people across three floors. People have access to a shared garden room, hair salon, tearoom and cinema. Each person has their own bedroom and en-suite wet-room. Each floor has a communal dining room and lounge areas.

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

People told us they felt safe and enjoyed living at the service. Guidance was in place for staff to reduce risks and keep people as safe as possible. Staff understood how to protect people from the risk of abuse and had received safeguarding training. People received their medicines safely.

People were supported to eat and drink well. People were given a choice of meals and were supported to maintain their independence. 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 were caring and kind, and treated people with dignity and respect. People and relatives spoke highly of the positive attitude and care provided by staff. The activities provided by the service were greatly received and inclusive for all people living at the service.

Care plans were in place to support staff to provide personalised care. People's communication needs were met. The provider actively sought the views of people and their relatives about the running of the service and dealt promptly with any concerns that people raised.

The service was well-led. The provider had robust systems and processes in place to maintain oversight. The service worked in partnership with other healthcare professionals and services to support people to achieve positive outcomes. Staff received opportunities to share their experience of the service during team meetings to help develop the service.

The provider and registered manager were responsive throughout the inspection and took robust action to ensure any issues were adequately addressed.

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

Rating at last inspection

This service was registered with us on 7 April 2021 and this is the first inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Avocet House Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

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

Service and service type

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

Registered Manager

This 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 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 sought feedback from the local authority and professionals who work with the service, including the Fire and Rescue Service and 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 all this information to plan our inspection.

During the inspection

We completed observations of staff engagement with people using the service. We spoke with 10 people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager, deputy manager, care manager, regional manager, chief executive officer, nominated individual, one senior care worker, three care workers, cook, catering assistant, housekeeper, and head of maintenance. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two visiting healthcare professionals. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, staff allocation, accidents and incident records analysis and complaints.

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

- People were safeguarded from the risk of harm. Systems and processes were in place and followed by staff. Safeguarding concerns were documented, investigated and shared with the local authority accordingly.
- Staff felt able to raise concerns about poor practice. Staff told us they had confidence the registered manager would deal with any concerns if required.
- Staff received ongoing safeguarding training. Safeguarding information and procedures were on display for people, visitors and staff.

Assessing risk, safety monitoring and management

- People felt safe at the service. One person told us, "I stay in my room from choice, but I get checked regularly day and night." Documents reviewed demonstrated concerns or changes to people's care needs were shared at daily meetings with the registered manager.
- Staff effectively assessed, monitored and managed risks to people's personal safety and wellbeing. Care plans and risk assessments were in place to mitigate risks and were reviewed regularly. We found actions had been taken to mitigate the risk of falls at the service. However, records for one person had not been updated to reflect this. Staff had taken action to respond to this risk and demonstrated good knowledge of the person's care needs. The registered manager actioned this immediately during inspection and made appropriate changes to the risk assessment.
- Health and safety checks in relation to the environment, premises and equipment were completed. This included a fire risk assessment and checks on legionella, a water bacteria that can cause ill health. People's care records contained detailed Personal Emergency Evacuation Plans. This supported staff to know how to safely and effectively evacuate people if required.

Staffing and recruitment

- Staff deployment met people's needs and safety. People received care and support in a timely manner, and they were supported to do things they enjoyed. One person told us, "I'm spoilt rotten here, the staff are excellent and all very nice." People's dependency was monitored monthly, this enabled the registered manager to calculate safe staffing levels at the service.
- Staff were recruited safely. We found appropriate checks such as Disclosure and Barring Service (DBS) checks had been completed prior to staff starting. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Agency workers were sometimes used at the service. The provider had full information to ensure the worker had the right skills and that appropriate checks had been performed to ensure they were safe to

provide care. The provider ensured agency staff were deployed effectively around the service.

Using medicines safely

- People received their medicines safely. Where people received their medicine covertly, there were clear plans in place for staff to follow to ensure this was done safely. Records showed that medication administration record charts had been completed correctly. Staff were observed to administer medicines safely and in a dignified manner.
- People were encouraged to manage their own medicines where possible. Records showed that risk assessments were in place for self-administration of medicines.
- Medicines applied through a patch to the skin were administered in line with the manufacturer's instructions. Staff demonstrated good knowledge on the reasons for using patches and their safe administration. However, daily checks were not completed to ensure patch medicines were still in situ and had not fallen off or been accidentally removed. The manager has taken action to implement this daily check following our inspection.
- Medicines were stored safely and disposed of correctly. Storage temperatures were monitored to make sure medicines would be safe and effective. However, there were some inconsistencies with recording open dates on bottles, creams and eye drops, but checks confirmed these items had not passed their expiry date. The registered manager acted on this immediately during inspection and has put robust checking processes in place to prevent this happening again.

Preventing and controlling infection

- Staff had completed infection prevention and control training. Staff were observed wearing appropriate personal protective equipment (PPE) to help reduce the spread of transmissible infection.
- The service was clean and tidy. One person told us, "It's all very good, everywhere is so clean and the laundry is done really well." Cleaning schedules reviewed demonstrated high level cleaning.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- The provider's approach to visitors in the care home was in line with government guidance and people were supported to have visitors. Visitors were encouraged to wear face masks.
- We observed visitors entering the home throughout the day and were seen spending time with their family members in their private bedrooms, lounge areas and dining rooms.

Learning lessons when things go wrong

- Outcomes of audits were shared with staff at regular meetings. Documents demonstrated that appropriate action was taken to ensure people's safety.

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

- Care plans were individualised and clearly identified people's preferences. Staff demonstrated good knowledge on how to care for people and were observed to provide person-centred care. Some care plans required more detail about people's physical health conditions and since the inspection the registered manager has actioned this.
- People were confident staff understood their care needs. One person told us, "Staff are clearly knowledgeable about my needs and appear very competent."
- People and relatives were involved in the planning of care. One relative told us, "We've had detailed involvement in the care plan and reviews. Due to family difficulties the home arranged separate meetings with family members to discuss the plan."

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing support and training. Staff told us they received sufficient training and were well supported by the management team. Records showed staff had regular supervision and appraisals. One staff member told us, "The management team have always got time for you and are really supportive."
- Staff were encouraged to develop their skills. Staff told us any training needs they raised with the management team were acted upon and appropriate training was booked.
- The staff training matrix showed 93% of training had been completed by all staff. Training dates were arranged for the small number of staff that were outstanding. The provider had full oversight and a strategic plan in place to ensure all staff completed training.

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

- People's nutritional needs were assessed. People's dietary requirements and preferences were clearly recorded in people's care plans and in the kitchen for staff guidance. One person told us, "The food selection is lovely and there are alternatives. It's easy to change what I want, now it's getting colder I have porridge for breakfast."
- Staff supported people to understand meal choices. We observed staff showed people a choice of plated food to help them decide. One person told us, "If there's something they know [person] doesn't like then they're offered an alternative."
- People were supported to be independent at mealtimes. People were observed to have appropriately adapted cutlery and crockery to maintain their independence.

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

- The staff team worked effectively with other agencies. One visiting healthcare professional told us, "Staff take on any recommendations made, they communicate any concerns and respond quickly to any required changes to care and treatment." Records reviewed demonstrated that concerns were escalated appropriately and promptly.
- Staff worked closely with other professionals; people were referred to appropriate healthcare professionals such as, occupational therapists or GP's, when required. Staff recorded outcomes and followed advice as needed to support people's ongoing care.

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

- The building and facilities were suitable and accessible to the people living at the service. The layout of the building offered plenty of personal space. One person told us, "It's absolutely amazing here, like a 5-star hotel."
- The premises provided people with choices about where they spent their time and there was access to an outside area. People had access to a shared garden room, hair salon, tearoom and cinema. Each floor had a communal dining room and lounge areas.

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

- People were supported to access healthcare services when needed. One relative told us, "Their [staff] record keeping is very good, we needed to know when [person] last eye test was and they were able to tell us quickly."
- Relatives told us they felt people were supported promptly with any health concerns. One relative told us, "The staff were amazing in recognising my [relative] had an infection and quickly got them antibiotics, now they are on the mend."
- Staff supported people to maintain good oral health. Care plans contained guidance for staff about the support people needed with oral healthcare, including tooth and denture care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- Mental capacity assessments were carried out where required. We saw examples that showed how relatives and representatives had been consulted in best interest decisions. Staff demonstrated good knowledge of the MCA and how to support people in line with the Act. One staff member told us, "We try and encourage people to make their own decisions."
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.

- Staff were observed gaining consent before providing care and support.

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 consistently received care that was respectful and met their individual needs and preferences. People and their relatives consistently told us how they were happy with how staff treated them or their family members. One person told us, "The care is very good, we've got no complaints at all, it's like a family here." Interactions between staff and people were observed to be positive and caring.
- People's visitors were made to feel welcome which had a positive impact on people living at the service. One relative told us, "I can always go along to reception to have a chat with them [management team]." Warm and friendly interactions were observed between staff and visitors.
- Special occasions were celebrated, including birthdays and the Queen's Platinum Jubilee. One person told us, "Each day the activity girl or carer tells me what is going on. I've also been to the cinema room a couple of times to watch a film."

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

- People and their relatives had contributed to their care planning as fully as possible. Care plans provided staff with information on the person's life history and individual needs.
- People were involved in decisions about their care. We saw staff explaining things to people and offering choices. One person said, "I can't grumble at any of the care staff, I've had very good attention."
- Relatives confirmed staff involved them when people needed help or support with decision making. People and relatives felt valued and listened to. Advocacy information was also available at the service to support people where needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A staff member told us, "The residents are like our family; I like to take the time to sit and talk with them about their lives." Staff were observed knocking on people's doors and asking permission to enter their bedroom.
- People were encouraged to maintain their independence. One relative told us, "We have been amazed by the standard of care. [Person] came here in a wheelchair and is now able to walk around on their own."

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

- People received individualised care and support based on their routines, preferences and what was important to them. The registered manager had supported people to access religious services in the home and supported people to attend their local place of worship.
- Staff were clear on the purpose of care plans to support delivery of personalised care. They told us, "Care plan information is helpful, spending time getting to know people and their preferences is the best way."
- Daily records were detailed and contained key information.

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 identified and detailed in care plans. Staff had a good understanding of person-centred communication. One staff member told us that audio books were provided for those who were visually impaired.

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

- People were provided with activities and entertainment. Both weekly and long-term schedules were shown in communal areas and shared with people. Staff were observed to also include those who preferred to remain in their bedrooms. One person told us, "I enjoy the activities and help out with some of them."
- People were supported to maintain and develop their relationships with relatives, friends and the community. People were observed being supported to go out for lunch with their friend. The service maintained an active role in the community arranging quiz nights and supporting people to attend their place of worship.
- People were supported to maintain their hobbies and interests. One staff member told us, "[Person] likes to attend church tea and chat meetings, and staff support with this."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed complaints the service had received and found these had been investigated and resolved promptly.
- Relatives told us they knew how to complain and were given the opportunity to raise concerns.

One relative told us, "We are given updates proactively." The complaints policy was displayed at the service for people and visitors and was also available in easy read.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. However, staff were aware of the importance of providing end of life care, ensuring people received care and treatment that met their individual wishes. A staff member said, "We would keep people as comfortable as much as possible, additional staff may be provided but we would ensure staff on duty would be with the person as much as possible."

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

- There was clear leadership and oversight at the service. Robust systems and processes were in place to continually assess, monitor and review quality and safety. Regular daily meetings were carried out where information about the service and people's changing needs were discussed with staff.
- The provider and registered manager promoted a positive culture and encouraged feedback from people, their relatives and staff.
- Staff were positive about working at Avocet House Care Home. Feedback from staff about the service and management was very positive. One staff member told us, "I do enjoy working here, it's like a family."

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

- Actions were taken if incidents occurred. Relatives were confident that concerns were addressed, and incidents were shared with them. One relative told us, "My concerns are addressed by [registered manager] straight away."
- The registered manager was knowledgeable about the duty of candour. If mistakes were made, they understood they had a duty to be open and honest, issue an apology and take any necessary action. The complaint folder gave an example of actions taken by the registered manager that confirmed their open and honest response to a complaint raised.

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

- The registered manager understood their role. Where appropriate, the registered manager completed statutory notifications regarding incidents such as safeguarding concerns to CQC and other agencies. This meant external oversight and monitoring was maintained.
- The registered manager met daily with a senior staff member from each department to ensure key messages about people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting.
- Staff were clear about their roles and responsibilities. They were observed to work as an effective team to ensure people's needs were met.
- Robust policies and procedures were in place that covered all aspects of the service. The policies reviewed during the inspection had been reviewed and were up to date.

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

- The provider used surveys and meetings to obtain the views of people using the service and their relatives. Records demonstrated that feedback was positive and complimentary. One relative told us, "I do see the manager quite often and we get newsletters that tell us about various things including dates for the relative's meetings."
- Resident meetings were carried out monthly and surveys were sent yearly. People enjoyed their food and had opportunities to provide feedback and make suggestions about the menu. We saw evidence that dining experience feedback was sought from the people living at the service and was mainly positive.
- Staff meetings were held regularly. Records of the meeting records found staff were able to make suggestions and key information was also shared which included findings from audits and updates on the service. A staff member said, "Staff meetings are regular, we discuss any concerns, how we can improve and develop as a team and make improvements to people's experiences."

Continuous learning and improving care

- Robust governance systems were in place. Audits covering a range of areas such as infection prevention and call bell response times were regularly undertaken by the registered manager. Areas of concern were identified, prioritised and actions were taken to improve the quality of care people received. The provider had full oversight of the service to monitor for improvement.
- The provider had systems in place to promote and support continuous development. One staff member was a 'train the trainer' for basic life support. They used this qualification to support and train other members of the staff team. The provider was also in the process of developing a 'mentorship' scheme where staff would provide 'buddy' support to new starters at the service.

Working in partnership with others

- Partnership working was established. Staff worked closely with health care professionals, regularly sharing information relevant to people's health and social care needs. This supported people to achieve positive outcomes.
- During inspection we observed care coordinators from the GP practice visiting people at the service. One visiting health care professional told us, "Communication is always really good. If a person wants to have a private discussion with me this is supported and respected by staff."