

Avon House (Balcombe) Limited

# Avon House Rest Home - Balcombe

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected Avon House Rest Home on 12 September 2017. Avon House is a residential care home that provides accommodation and support for up to nineteen people. The people living there are older people with a range of physical, mental health needs and some people living with dementia. On the day of our inspection there were fifteen people living at Avon House. Avon House is a large detached Victorian House spread over three floors. People's bedrooms were situated on the ground and first floor. The house is set within a large landscaped garden.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

An auditing and quality review system was in place, however further improvements were planned and required to ensure oversight was maintained and embedded. We have identified this as an area of practice that needs improvement.

People told us they felt safe living at the home, staff were kind and caring and the care they received was good. One person told us "The care here is superb and makes me feel really safe".

People were protected from the risk of abuse because staff understood how to identify and report it. One member of staff told us "If I thought that someone was not happy or showed any concern, I would alert the manager straight away". Staff had access to guidance to help them identify abuse and respond in line with the providers policy and procedures if it occurred.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when a DoLS application should be made and the process of submitting one.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. A relative told us "Any concerns I have , I go to the manager. She is very approachable and will listen".

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. People had access to and could choose suitable leisure and social activities. One relative told us "I think the food is superb, mum is a faddy eater but she really enjoys the food here".

Staff felt fully supported by the registered manager to undertake their roles. Staff were given training updates and supervision. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One member of staff told us "We get regular training and are told when we need to update our training. We use online training for some subjects".

The atmosphere at the home was a happy one with a homely feel. People, staff and relatives found the registered manager approachable and professional. One person told us "The manager is very good, always around and make sure we are all ok".

## 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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

Good 

### Is the service effective?

The service was effective.

People received support from staff who understood their needs and preferences well. People were supported to eat and drink to meet their needs.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act (MCA) 2005.

Good 

### Is the service caring?

The service was caring.

People were supported by caring and kind staff.

People where possible and their relatives were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Good 

### Is the service responsive?

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Good 

### Is the service well-led?

An auditing and quality review system was in place, however further improvements were planned and required to ensure oversight was maintained and embedded.

There was a positive and open working atmosphere at the home. People, staff and relatives found the registered manager approachable and professional.

There were clear lines of accountability. The registered manager was available to support staff, relatives and people using the service.

Requires Improvement 

# Avon House Rest Home - Balcombe

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was last inspected on 21 April 2015 where we found there were no formal systems of quality assurance in place that provided evidence of the monitoring of the service and actions for improvement. At this inspection we found improvements had been made however there were still some areas to improve on and to become embedded.

This inspection took place on 12 September 2017 and was unannounced. The inspection team consisted of three 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. The expert-by-experience for this inspection was an expert in care for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted health and social care professionals involved in the service for their feedback, three health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal lounges and dining room. We were also invited in to people's individual rooms. We spoke to eight people, three relatives, two care staff, a chef, the deputy manager, registered manager and the provider. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience.

We also took time to observe how people and staff interacted at lunch time.

We reviewed four staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We looked at seven people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

## Is the service safe?

### Our findings

People and their relatives told us they felt the service was safe. People's comments included "I came to live here because I had no social network having lived abroad and I got lonely. I feel very safe here, I can do everything like washing and dressing for myself but it's nice to have people around" and "The care here is superb and makes me feel really safe". A relative said "My relative has only been here for three weeks but it has a nice homely feel and no smells. I think she is very well looked after and very safe. They have a button system in her room so that when she moves about wherever she is she can call someone if she needs help".

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. One member of staff told us "If I thought that someone was not happy or showed any concern, I would alert the manager straight away". There was information displayed in the home so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained employment references and employment histories.

People felt there was enough staff to meet their needs. One person told "I press my bell and someone will come day or night, they are good". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for on the day of the inspection. The registered manager told us of the difficulties of recruiting new staff in the area and told us "We all support each other and never use agency staff to ensure our residents have continuity and familiar faces. We do need more staff and currently recruiting and looking what we can do to attract new staff". People's assessed needs were regularly reviewed and staffing levels were analysed and adjusted to ensure people's needs were met.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the electronic system. We saw details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's electronic care plan and then shared at staff meetings if required. One member of staff told us "Any incident that's happens we record and discuss".

Medicines were stored securely in locked cupboards and in a lockable medicine trolleys. Appropriate

arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a member of staff who took care to ensure that the correct medicine was administered to the correct person. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. The member of staff explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward.

Each person had an individual electronic care plan. Care plans followed the activities of daily living such as communication, people's personal hygiene needs, moving and mobility, nutrition, medication and health needs. The care plans were supported by risk assessments. For example a Water low risk assessment was carried out for people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care.

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Records showed that regular checks and audits which had been completed in relation to fire, health and safety and infection control. The grounds were well maintained with clear pathways for those who used mobility aids. Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This explained the support each person would need in the event of an emergency.

## Is the service effective?

### Our findings

People and relatives considered staff were well trained and sufficiently skilled in their roles. One person told us "I think the staff are well trained, very hearty, and very friendly. They offer help if you want it but are pleased to let you do things for yourself". A relative told us "The staff seem very well trained to me. They know what they're doing, very professional".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff has a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. One member of staff told us "I always seek consent from people and make sure they are happy. You cannot assume and should always ask first".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty that these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one.

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The training plan showed when staff had completed their training and when they required an update with their essential training. Topics covered included moving and handling and safeguarding and infection control. Staff were knowledgeable and skilled in their role and this meant people were cared for by skilled staff who met their care needs. One member of staff told us "We get regular training and told when we need to update our training. We use online training for some subjects".

Staff received supervision and an annual appraisal. One member of staff told us "I have regular communication with my manager and supervisions". Supervision is a formal meeting where training needs, objectives and progress are discussed as well as considering any areas of practice or performance issues. The registered manager documented when these had taken place on the computer system and when they were due. The registered manager told us "We are a small home and I work closely with the staff so I speak with them most days with any issues. A few supervisions are overdue and I have the dates planned in on the system". Staff told us that they found these meetings useful.

Food at the service was both nutritious and appetising. Menus were displayed from a daily menu board in

the dining room. We were told by people, relatives and staff that alternatives were available if they did not like the choices available. People could choose where they would like to eat, on the day of the inspection however the majority ate in the dining room. While observing the lunchtime period, one person required encouragement with eating and we saw a member of staff providing support in an unhurried manner. Special diets were catered for, this included diabetic, low fat and purified. Details of people and their diets were in their care plans, so staff were reminded and aware. On the day of the inspection it was a person's birthday. After lunch the staff came in with a birthday cake for the person while everyone was singing happy birthday to them, with smiles and laughing. One relative told us "I think the food is superb, mum is a faddy eater but she really enjoys the food here".

People received support from specialist healthcare professionals when required and visits from professionals were recorded in people's care plans. On the day of the inspection a visiting GP was there to check on people's well being. A relative told us "The staff are on the ball and always ready to call the Doctor if there are any concerns". The registered manager confirmed that staff liaised with health professionals such as GP's, dieticians and district nurses in supporting people to maintain good health.

## Is the service caring?

### Our findings

People and their relatives felt staff were consistently kind and caring. People's comments included "All of the staff are caring, what more can I say to that?", "The staff are always kind, always smiling however busy they are. They treat us with great respect" and "The staff are very kind, they always explain what they're doing and why". Relatives comments included "The staff are lovely, it's always frantic because there's so much to do but they treat them well I think they are cared for in every respect". Another relative said "The staff are very caring and concerned and it's nice that there's only regular staff here, not lots of different faces. Whenever we visit we are always offered a cup of tea no matter how busy they are". One health professional told us "All the staff have a pleasant caring manner with the residents when I visit. I would have no hesitation placing one of my relatives in Avon House with the current staff and care I have witnessed to date".

The home had a homely and relaxed feel. Everyone we spoke with spoke highly of the caring and respectful attitude of the staff team which was observed throughout the inspection. People were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One person told us "I have a lovely room, just look at it. I feel at home here and they are all so good to me".

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records showed that people were able to maintain their religion if they wanted to.

There was warmth and affection in the approach of the staff when checking on people's comfort and well-being. We observed staff to have a cheerful and approachable disposition. Staff reassured and spoke to people in a kind, calm manner using eye contact and ensuring that they were at the same height as people when communicating with them. There was often an arm placed around someone's shoulder or staff holding a person's hand as they spoke to someone and we could see people were happy and comfortable with this. One member of staff asked if a person would like a drink and a biscuit. The person smiled and the member of staff supported the person with this. Staff commented that they enjoyed their role and found the job rewarding. One staff member said, "I love caring for people. I treat them as though they are one of my family". Another staff member said "You get attached to the residents and their families, it's very rewarding work to be a part of their everyday".

People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and maintained. Information held about people was kept confidential,

records were stored in locked offices or on password protected computers. People confirmed that they felt that staff respected their privacy and dignity. One person told us "They will always knock and never just walk in on my room". Another person said "If they're helping me get washed the door is always closed so that no one else can see me". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us "I encourage residents to choose what they want to wear and dress themselves. I am there if needed for any support. People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things for themselves. One person told us "Oh I can do some things for myself and I call on the staff to support me when I feel I need it". Another person said "I'm still independent and can do things for myself. I go out with a friend on Thursdays and my daughter visits at the weekend". Visitors were welcome at any time and friends and family were coming and going throughout the day of the inspection. Friendships had also established between people living at the service. We observed one person having a discussion with another person, asking if they wished to have a game of scrabble. We later observed the two people enjoying scrabble and engaging in meaningful conversations.

People's confidentiality was respected. Staff understood not to talk about people outside of the service or to discuss other people whilst providing care to another person. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff.

## Is the service responsive?

### Our findings

People and their relatives told us that staff were responsive to their needs. One person told us "The staff look after me and my needs. If I'm in my room I call the bell and they are there in good time". A relative said "The staff come in regularly to see my relative and the staff are very attentive. They are able to move around the home and join in the activities if they want to, so I feel they have a measure of control over their life". One health professional told us "We have had no concerns about the care, residents receive at Avon House to date. They alert us appropriately if they have concerns about one of their residents in a timely manner. They are knowledgeable and informed about their residents and are able to share information efficiently".

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Computerised care plans confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Care plans were reviewed regularly and updated as and when required, when people's needs changed. Each section of the care plan was relevant to the person and their needs.

The care plans included people's life history, important people in their lives and likes and dislikes. In one care plan it detailed the person liked to have their toothbrush changed every couple of months. In another care plan it informed staff of a person's preference of walking to the village or around the garden if they felt well enough. Meeting people's needs and understanding how they communicate is key for older people and people living with dementia. Communication needs were detailed in care plans and one person's care plan it detailed the person wore hearing aids and for staff to ensure the person was wearing them and the battery was checked regularly.

Daily records were completed about people by staff during and at the end of their shift. This included information on how a person had spent their day, what kind of mood they were in and any other health monitoring checks. These daily records were referred to when staff handed over information to other staff when changing shifts to ensure any changes were communicated.

Keeping people occupied and stimulated can improve the quality of life for a person, including those living with dementia. People gave a varied response on activities at the home. Comments from people included "I don't like to get involved in activities but I know that they happen. I did attend the garden party that was lovely", "There is usually something going on, but would be nice to be more varied", "I don't think we have enough to do since our activity coordinator left" and "I love the dog that comes to visit, it will come up and see me in my room". A relative told us "There always seems to be something going on. Arts, exercise and visitors". The home was currently recruiting a new activities co-ordinator and a schedule of activities was displayed in areas of the home which included flower arranging, quizzes, chair exercise and visiting students from a local college. We discussed people's comments with the registered manager who told us staff always

ensured activities took place while a new activities coordinator was being sourced. They told us "We are currently recruiting for an activities coordinator and have also got an external company involved in improving activities for people". We were also shown photos of events and activities that had taken place and told of the recent summer garden party. During the afternoon there were people playing a game of scrabble. We observed other people choosing to reside in their rooms reading, watching television and listening to music. Other people were engaging in conversation in the lounge with staff, having meaningful conversations.

People and relatives were aware of how to make a complaint. People told us they continued to be listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. One person told us "I've never had to complain about my care". A relative told us "Any concerns I have, I go to the manager. She is very approachable and will listen".

## Is the service well-led?

### Our findings

People, relatives and staff all told us that they were happy with the service provided at the home and the way it was managed. One person told us "You can always talk to the manager if there are any problems and they'll do their best to sort things out. I think it's a good home to anyone needing respite care. We're all friends together here". Another person told us "The manager is very good, always around and make sure we are all ok". A relative said "From what we've seen so far it's very well run. The staff seem prepared to talk to you and keep you informed of anything that is happening to our relative. The manager is very approachable, a friendly woman and I would be happy to raise concerns with her if I needed to. I think she would act on it". A health professional told us "Management and staff are always approachable and available if necessary. Overall it is my impression that residents are treated as if it is their own home".

At the last inspection on 21 April 2015 we found the service was not consistently well-led. There was no formal system of quality assurance in place that provided evidence of the monitoring of the service and actions for improvement. At this inspection it was evident that improvements had been made but still required further details and to become embedded.

The registered manager had a good oversight of the running of the home and a thorough knowledge of the people that lived there. Quality assurance audits had been introduced to ensure a good level of quality was maintained. The registered manager told us "We have worked hard and also receiving assistance from the local authority on improving our quality assurance. The computer system also assists us with this to ensure we are up to date". We saw audit activity which included training, care planning and infection control. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. However we found that some audits were not always detailed enough and still needed time to become embedded. For example a recent infection control/cleaning audit did not hold enough detail of what actions had been undertaken. Audits on the computer system that had been introduced, required further details and time to become embedded. We have identified this as an area of practice that needs improvement.

The atmosphere at the home was a happy one with a homely feel where people were supported to live the lives they wanted. Throughout the inspection the registered manager spent time with people and reassuring them when needed. On one occasion we observed the manager taking time to check on a person's well-being, ensuring they were at eye level and putting their hand on the person's hand engaging in conversation with smiles and laughter. We also observed staff approaching the registered manager throughout the day asking questions. They took time to listen and provided support where needed. Staff comments around the manager included "Her door is always open and she is on the floor with us. Any support we need she will assist" and "The manager is very hands on and will help out when needed. I feel supported and we are a good team".

The registered manager played an active role in the service and communication between staff was open and friendly. Staff meetings were held and staff communicated with each other when they handed over between shifts and worked together. There were systems and processes in place to consult with people, relatives and

staff. Satisfaction surveys were carried out annually by the provider which gave a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions. Minutes of residents meetings covered items such as staffing, menus and activities. One person told us "Yes we have meetings in the lounge and discuss bits and pieces. The manager is good keeping us up to date".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.