Avon House (Balcombe) Limited

Avon House Rest Home - Balcombe

Inspection report

Avon House, Stockroft Road, Balcombe, Haywards Heath, West Sussex, RH17 6LG
Tel: 01444 811282
www.**avonhousebalcombe**.co.uk

Date of inspection visit: 21 April 2015
Date of publication: 03/07/2015

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

Overall summary

We inspected Avon House Rest Home on 21 April 2015. 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. Avon House does not provide nursing care. On the day of our inspection there were sixteen 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.

We previously inspected the service in November 2013 where concerns were noted in regard to gaps in the

Summary of findings

recruitment process and poor standard of record keeping. At this inspection, we found that improvements had been made and that compliance actions had been met.

The registered manager and deputy registered manager had a good oversight of the running of the home and a thorough knowledge of the people that lived there. However there was no clear system of quality assurance in place that audited practice within the home in order to help ensure continuous improvement.

We recommend that the provider seek guidance around best practices in implementing quality assurance processes.

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had received training in this area. The registered manager was booked to carry out training regarding the Deprivation of liberty safeguards (DoLs).

People who lived at Avon House were safe as they were cared for by staff that knew them well and were aware of the risks associated with their care needs. There were sufficient numbers of staff in place to keep people safe and staff were recruited in line with safe recruitment practices. Medicines were ordered, administered, recorded and disposed of safely. Staff had received training in safeguarding adults and were in the process of updating their training.

People could choose what they wanted to eat from a daily menu or request an alternative if wanted. People were asked for their views about the food and were involved in planning the menu. They were encouraged and supported to eat and drink enough to maintain a balanced diet.

Staff were appropriately trained holding a National Vocational Qualification (NVQ) in Health and Social Care and had received all essential training. Staff had started a new recommended training called The Care Certificate which provides a benchmark for training in adult social care.

People could choose when they wanted to get up and go to bed and were cared for by kind and compassionate staff. One person told us 'The staff are very friendly and cheerful, helpful. They are all very kind'. People's individuality was respected and choices were given regarding how their care was delivered. People were involved in the running of the service and consulted regularly. Where someone was receiving end of life care this was provided in a holistic and sensitive way.

Prior to moving to Avon House, people were assessed by the registered manager so that care could be planned that was responsive to their needs. Care plans were reviewed on a monthly basis and care plans reflected people's needs. They gave an accurate reflection of the support required by people who lived at the service. People were encouraged to stay in touch with people that mattered to them. There was a range of social activities on offer at the service, which people could participate in if they chose. These included group activities and one to one activities. There had been no formal complaints responded to but minor concerns had been documented and actions to resolve these recorded. The formal complaints process was displayed on the notice board.

The registered manager had created a culture that placed the person at the centre of the care that they received. Staff values reflected this and there was a cohesive approach to providing care and support. The organisation had links with the local community. Children from a local school visited the service every Wednesday and played scrabble with people. Professionals we spoke with told us that the staff at Avon House contacted them in a timely way and worked in partnership to deliver care and support.

Summary of findings

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. People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

Risks to people were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people.

Staffing levels were sufficient and safe recruitment practices were followed. Medicines were managed, stored and administered safely.

Is the service effective?

Good

The service was effective. People's consent to their care and treatment was assessed. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA).

People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet. They were asked for their views about the food. People had access to and visits from, a range of healthcare professionals.

Staff were trained in all essential areas and new staff completed a comprehensive induction programme. Communication between staff was good and handover meetings were held between shifts.

Is the service caring?

Good

The service was caring.

Staff knew people well and friendly, caring relationships had been developed. People were encouraged to express their views and how they were feeling.

People's dignity and privacy was respected.

End of life care was delivered sensitively by staff who understood people's wishes. Advice and support was implemented from a range of health professionals.

Is the service responsive?

Good

The service was responsive.

People were assessed by the registered manager before admission to the service.

People were supported to stay in touch with people that mattered to them. There was a range of activities available for people to engage in at the service.

Summary of findings

Care plans provided detailed information about people so that staff knew how to care for them in a personalised way. Staff demonstrated that they followed good practice. Complaints and concerns were listened to and acted upon.

Is the service well-led?

Requires improvement 

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.

People were asked for their views about the service. Relatives were also asked for their feedback.

The registered manager was fully involved in the day to day running of the home and had created a culture where there was open communication and people were placed at the centre of their care.

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 inspection took place on 21 April and was unannounced.

Two inspectors and an expert by experience undertook this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service At this inspection the expert by experience had knowledge of the needs of older people.

We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care and spoke with people, relatives and staff. We also spent time looking at records including four care records, three staff files, medical administration record (MAR) sheets and other records relating to the management of the service. We contacted local health professionals who have involvement with the service, to ask for their views. On the day of our inspection, we spoke with eight people using the service and three relatives. We spoke with the registered manager, the provider, deputy manager and three carers.

Good

Is the service safe?

Our findings

People said they felt safe at Avon House. One person told us "I feel very safe here. I've not had a fall since I've been here. I'm not allowed to walk anywhere without an attendant". Another person told us "I know I'm safe here, that's the thing. There's always someone around, even in the dead of night." One visitor complemented the way staff managed the risk of their relative falling against their need to be free to move around.

At the last inspection a compliance action was set in relation to regulation 21 which corresponds to regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014, requirements relating to workers. At the last inspection it was found that there were gaps in recruitment records which meant that the provider could not be assured that they were recruiting staff with the correct skills and experience to meet the needs of people at the home. At this inspection we saw that recruitment records were up to date. We saw that two new people had been recruited since the last inspection and that a recruitment agency had carried out the recruitment checks. References were on file and DBS numbers had been recorded.

The registered manager told us that there were no current safeguarding investigations taking place at the home and none had taken place since the last inspection. The registered manager knew who to contact in the event of identifying a safeguarding concern and had access to the local multiagency policy and procedure. When we spoke with staff they knew how to identify possible signs of abuse and that they needed to discuss any incidents with a senior member of staff. The registered manager had attended a learning forum following a serious case review about another service and was able to report back regarding their learning from this in relation to the timely reporting of incidents and timely communication with external agencies. There wasn't easily accessible guidance for staff to reference if they identified any concerns. The registered manager sent a copy of a flow chart following the inspection. This would ensure that the appropriate telephone numbers were accessible when needed.

People were safe as their health needs were identified and then acted upon. Risk assessments were in place which described the care that people received and identified areas that were a priority for example continence care or falls. The care plans and assessments demonstrated that people were receiving care specific to their individual needs. For example where someone was at risk of falls a risk assessment had been completed and an action plan recorded. One person was reluctant to use any walking aids and a plan was in place for staff to monitor this and supervise when needed. Where someone was at risk of agitation and confusion there was an assessment that identified causes of this and actions that staff could take to minimise the symptoms. Where this person had needed referral to external professionals for more assessment this had been identified and actioned. A falls care plan for one person included the fact that the person like to have an alcoholic drink and that the risks of doing this were regularly discussed with the person so that they could make an informed choice regarding their alcohol use. Risk assessments and care plans were reviewed on a monthly basis and any changes in need recorded.

Staff knew how to support people living with dementia and there were tools in place to support people. One person had a white board in their room. This was used to support the person with orientation to time and place. Staff reassured people who became restless and supported people to walk around the building and out into the garden and community.

Clear risk assessments were in place for a person receiving end of life care and a clear protocol documented for how to manage any deterioration in the person's health. This included detailed daily recordings and a list of people to contact.

People said there were enough staff on duty and commented on how quickly call bells were answered during the day and night. One person said "If I want anything I've only got to press my call bell and they come, They come quickly, no problem". Another person said "They usually come quickly, within seconds". There were enough staff on duty on the day of the inspection. We saw the rota that indicated there were enough staff on duty and where there had been changes these were noted and the names of people covering shifts recorded. There was a stable staff group at Avon House who demonstrated that they knew people's needs well.

Medicines were stored and administered safely. Medicines were kept in a locked cabinet and were transferred into a lockable trolley by staff members for each medicines administration round. There were clear guidelines in place

Good

Is the service safe?

to support staff with the administration of medicines. Staff were trained in the safe administration of medicines and shadowed another member of staff until they felt confident to do this. Staff were then observed by the registered manager or deputy registered manager to assess competency. We observed staff to be competent and that the registered manager and deputy registered manager worked closely around supervising staff in this task.

Medicines were ordered monthly. We identified that there had been several faxes regarding medicines that had not been delivered or that were out of stock at the pharmacy.

Staff explained that medicines were checked in as soon as they were delivered but there had been an issue with the pharmacy that supplies the medicines which meant urgent requests for medicines had needed to be made. A meeting had been arranged to address this with a request for medicines to be delivered a few days before needed. The GP told us that she would be supporting the registered manager in achieving this. This showed us a proactive response to resolving the late delivery of medicines and working in partnership with eternal agencies to ensure the safe ordering of medicines.

Good

Is the service effective?

Our findings

Consent to people's care and treatment was sought in line with legislation and guidance. Staff demonstrated when we spoke with them and through observation the need to ask for people's agreement regarding everyday issues such as taking medicines and receiving personal care. . Staff had an understanding of the Mental Capacity Act 2005 (MCA) and demonstrated their knowledge of this. On the day of our inspection we did not see a policy regarding The Mental capacity Act 2015 and how this should be implemented. The provider sent us a copy of this policy following the inspection. This showed us that the provider had guidance for staff to reference regarding the organisations responsibilities and guidance around good practice when considering people's mental capacity.

We saw evidence of best interest decisions that had been made for people who lacked capacity. For example for one person who had been assessed as lacking the capacity to make a decision regarding how her personal care needs were met and had started to become distressed by having a shower a best interest's decision had been made that a bed bath was more appropriate for this person and minimised their distress. Where one person had given lasting power of attorney to a relative for property and finance and care and welfare decisions there were copies of these documents on his file.

On the day of our inspection no one living at Avon House was subject to a Deprivation of liberty safeguard (DoLs). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager was not aware of the supreme court judgement made in April 2014 that requires consideration to be given for a DoLs if a person who lacks capacity is subject to complete supervision and control by those caring for them. We identified that these safeguards maybe relevant to the people living at the home. In light of this the registered manager took the appropriate action. They were booked onto training regarding this subject.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Weekly menus were planned and there was a choice of meal. Lunch consisted of three courses and alternative meals were available if people did not want the options available. One person said "The food is excellent, better than at home!" Another said "The food is good, simple food, well cooked". A relative said "The food is superb. I've often eaten with Mother. It's food I'd be happy to eat". People inputted to the menu planning at the residents meetings held every six months. Choices of dishes had been discussed and recorded in the minutes of the meetings. One person told us "The menu is up on the board and if you don't like that you can have something else".

People were assisted to eat when needed and staff supported people with cutting up their food and wiping any spillages when they occurred. Where someone needed encouragement to eat this was provided. Lunch was paced appropriately with pauses in between courses. People appeared to enjoy their food. One person who ate less was asked if she was still hungry but said she wasn't. Most people ate in the dining room at lunchtime but some people chose to eat their lunch in their rooms.

There was a drinks trolley in the living room which people had access to throughout the day and could make a drink for themselves or their friends and relatives. Where needed staff supported people to do this. This ensured that opportunities for drinking plenty of fluids were available.

People had care plans in place in relation to their dietary requirements and weight monitoring charts were in place which established if someone was losing or putting on weight and the actions needed to address the needs identified. People's preferences in relation to foods and routines around meals were recorded. For example if someone liked to have breakfast in bed.

People received effective care from staff who had the knowledge and skills they needed to carry out their role and responsibilities. Staff had achieved National Vocational Qualification (NVQ) in Health and Social Care at Level 2 or 3. The deputy registered manager was working towards achieving Level 5. Staff benefitted from being able to study for these additional qualifications as it supported them to learn more about their roles and the health and social care needs of the people they cared for. Staff had received essential training in areas such as safeguarding adults at risk, infection control, fire procedures and mental capacity. Staff had also received training in dementia care. Staff had access to Social Care TV which is an e-learning training provider which was arranged by the registered manager.

Good

Is the service effective?

People expressed confidence in the skills and abilities of the staff at Avon House. One person said "The majority are well trained and know what they are doing, new ones take some time though". Staff told us they received the appropriate training that enabled them to support people living at Avon House. One staff member gave us an example of training that she had received regarding supporting people with dementia. She told us that the training and helped her support one particular individual who became distressed when they were unable to speak to their relatives. She understood the importance of reassuring this person and supporting them to use the telephone. Another staff member who ran a lot of the activities had requested specific training in this area and relevant courses were being looked into.

The registered manager showed us that she was introducing the Care Certificate for new members of staff. The Care Certificate is a new training tool devised by Skills for Care that provides a benchmark for the training of staff in health and adult social care. The registered manager had identified that this was a useful tool for existing staff to refresh or improve their knowledge.

New staff received an induction which included training through Social Care TV and shadowing another member of staff for 3 shifts and more if needed. The registered manager also spent time with new staff going through the policies and procedures. Staff told us they received supervision and found it a supportive forum that assisted them to carry out their roles. The registered manager had a schedule for supervisions and appraisals carried out over the year. Supervisions took place every three months and we saw that these were recorded in staff files.

There was a handover every morning that ensured staff were up to date with peoples care needs and daily schedules. The registered manager ensured she updated staff personally when they returned from annual leave.

People were referred to the GP and community nurses when needed. For example for one person who was receiving end of life care there were detailed recordings of the care given but also contact with the community nurses and the GP. From care plans and recording we saw that people healthcare needs were assessed and appropriate support accessed. The GP and community nurse we spoke with confirmed that they were contacted in a timely way regarding referring people to them. The GP told us that the registered manager and deputy registered manager were "good judges of symptoms" and knew "everything about the patients".

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. All the people we spoke with said that staff were very kind and caring and visitors we spoke with agreed that this was a key feature of Avon House. One person said "The girls are very caring; they can't do enough for you. They always have a word or two with you". Another person said "The staff do seem genuinely kind and caring".

People gave us examples of reassuring acts of kindness. One person said "Even if you ring the bell late at night, they come straight away. If you can't sleep, they'll bring a cup of tea and have a little chat, until you're ready to drift off".

Staff interacted with people in a warm and friendly manner. We saw staff speak to someone who was felling restless in a gentle and reassuring tone. When we spoke with staff they demonstrated that they knew people's needs and preferences well which enabled them to respond to people as individuals. For example staff knew what food preferences people had and what activities they liked to do. Staff gave examples of what might make a person distressed and what support they would give to relieve this.

People's rooms were decorated to their own style and personalised with their own pictures and furniture. People were wearing their own individual style of clothes and some people had chosen to wear jewellery and make up. The hairdresser was visiting the home on the day of the inspection but if people chose to have their hair cut in the village this was supported by staff.

Staff acknowledged the importance of involving people with dementia in decision making wherever they could and gave examples of showing people two items of clothing to choose from to assist the person in making a decision. The acknowledged that if the person could not choose they would make a best interests decision based on what they knew about the person and their preferences around clothes.

People were treated with dignity and respect. They said that staff treated them with respect and dignity when assisting them with personal care. One person said "Help is given in a dignified way" and another person said "The care is very respectful. I have a bath and they help me". One person highlighted the fact that staff gave them enough time to do things at their own pace, "They don't rush me, I'm allowed however much time it takes".

Staff also gave us examples of how they respected people's dignity and promoted people's independence. One staff member told us they would always "give choices" and "never assume someone can't do something". Another staff member said that they "try and involve people as much as possible" in the day to day tasks they supported someone with and when they were planning activities they "always ask the residents what they want". We observed staff knocking on people's doors before entering and people offering choices throughout the day.

People said that their family and friends could visit any time they liked and visitors reported that they could pop in at any time. People talked about going out with friends and also appreciated that family and friends were able to have a meal with them at the home.

On the day of our inspection one person was receiving end of life care. We saw that the staff were supporting this person in their wish to remain living there whilst receiving end of life care. As Avon House is a residential home they do not provide nursing care so they were supported by the community nurses who ensured that the person's nursing needs were met. There was a clear plan of care in place and we observed that staff were sensitive and attentive to this person's needs. The community nurse we spoke with said that staff were responsive to this person's needs and were "Caring and thoughtful". The relative of this person said "At a distressing time, there is love as well as basic care".

Good

Is the service responsive?

Our findings

At the last inspection a compliance action was set in relation to regulation 20 which corresponds to regulation 17(2) (d) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to a lack of pre assessment documentation for someone discharged from hospital and care plans not containing enough detailed information. At this inspection, we found that sufficient steps had been taken and that the compliance action was met.

People received personalised care that was responsive to their needs. People were assessed by the registered manager prior to being admitted to the home and were involved in planning their care. The care plans followed the activities of daily living such as communication, personal hygiene, continence, moving and mobility, nutrition and hydration, medication, skin condition and mental health needs. The care plans were supported by risk assessments. Information in people's care files was personalised and gave an accurate picture of people's health needs but also their individual routines, likes and dislikes. This included preferred times to get up and go to bed, their religious beliefs, their social contacts, preferred foods and activities.

Where someone living with dementia could become agitated and distressed a clear plan of how to support the person was in place with guidance around reassuring this individual, offering to take them for a walk or offering the option of doing a task such as using the carpet sweeper. Where this person had needed a referral for further assessment, this had taken place. We observed staff accompanying people around the home and chatting to them with warmth and humour. When someone became restless a staff member asked what they would like to do and offered the option of a walk which visibly reassured the person as they went out into the garden.

Where someone had been discharged from hospital staff had been involved in supporting them to regain their mobility by encouraging them on a daily basis. This person's mobility had improved as a result of consistent support from staff. District nurses had been involved with this person and commented in the notes on that fact that a pressure sore had healed post hospital discharge and that the person's mobility had greatly improved.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and to avoid social isolation. People said that their relatives and friends could visit the service whenever they liked and one person told us, "We can have a member of the family or a friend for a meal anytime we like". Relatives commented positively on the level of interaction within the home. One relative said "they're just never left on their own. There's always someone trying to interact". We observed relatives visiting people and people going out for walks.

We observed an activity session taking place on the day of the inspection. Those people who joined in were making pennants for bunting for St George's day and we observed people enjoying this activity. The activities program included visits from the local school on a Wednesday to play scrabble and people talked about the most recent winner. The local vicar also visited regularly which people appreciated. Other activities included flower arranging, music recitals, film afternoons, exercise classes, newspaper reviews and poetry sessions. Some people preferred more solitary pursuits. One person was in the garden reading, some people were watching television and another was doing puzzles. Some people were accompanied out on walks. Activities reflected what was documented in peoples care files and what had been discussed at residents meetings.

The garden at Avon House had been made accessible by having a path at the ground floor level and decking out from a back door on the first floor. This provided people with an opportunity to get out into the fresh air which some people clearly appreciated. One person said "We go out into the garden if the weather is good; in fact we went out yesterday". People were involved in gardening and there were raised planters where people had chosen plants and been included in planting these.

One to one activities took place. For one person who had lived locally and missed her garden there had been the opportunity to support them to go back and visit, take photographs and make a collage of the plants and flowers there. Another person was supported to visit the tea shop in the village. We saw a scrap book of activities carried out throughout the year. The summer barbeque was a highlight for people. People also commented on how much they enjoyed the presence of the registered manager's dog and the two budgies.

Good

Is the service responsive?

People said that they were free to make their own choices for example about what time they went to bed and that these preferences were known to staff. One person said "I go to bed what time I feel like usually about eleven pm after some television programmes". Another person said "They know my likes, dislikes, how I like things done".

The registered manager routinely listened and learned from people's experiences, concerns and complaints. People said that they would be happy to raise any problems or concerns if they needed to. They said that they would raise these with staff, the registered manager or the provider. One person told us "I'd talk to the owner or registered manager. I'm very confident I'd be listened to". Another person said "I haven't got any problems. But I'd be happy to talk to staff if I did. They pop their heads in and ask if I'm ok".

One relative whose family member had been unwell commented about the responsive nature of staff and said "They have kept us informed at every change. We've had discussions; there's always been a dialogue. We're always told when the doctor has been in". Relatives have a right to know what is happening with their family members and to be informed of any changes in need.

The registered manager told us that there hadn't been any formal complaints received since the last inspection. However we saw that there was a complaints book where any concerns raised outside of the formal process were documented and actions taken recorded. Where someone had raised a concern regarding how an activity had been run this had been addressed and the person reassured. The formal complaints procedure was displayed in the hallway of the home.

Requires improvement

Is the service well-led?

Our findings

The registered manager and deputy manager had a good oversight of the running of the home and a thorough knowledge of the people that lived there. However there was no clear system of quality assurance in place that audited practice within the home. For example there were no audits around medicines, infection control or care plans. Therefore there was no evidence of how the registered manager demonstrated the ongoing monitoring of the quality of service provision. There were no action plans in place for improvements or the longer term vision for the service.

We recommend that the provider seek guidance around best practices in implementing quality assurance processes.

The registered manager and provider had also not remained up to date with current practice regarding DoLs. The management team needed to ensure that they remained up to date with changes in legislation, policy and practice in order to support the training of their staff and provide care that is best practice.

People told us they knew the registered manager of the home and some people also knew the provider. People spoke positively about the registered manager and about her approachability. One person said "[the registered manager] is an excellent person in charge. If I wanted her I've just got to buzz". Another person said "I've met [the registered manager] very often; she breezes in, very nice, very approachable. She seems to take anything I say on board". Another person said "[the registered manager] is lovely, she's always about".

Relatives also spoke favourably about the registered manager and said they liked the atmosphere of the home and thought things were well organised. One relative said "I know the registered manager and the owners and all the staff. It's very well organised with constant communication". Another relative said "there's a nice vibe about the place".

Staff said that the management team were approachable. One staff member said they were "Very supportive…any problems, never feel I can't go and talk to them". Another staff member said that the registered manager was "Great with the residents" and that the home "feels like a family".

The registered manager had created a culture at the home where the person was at the centre of the care they received and that people were fully involved in the running of Avon House. They ensured that they were transparent and open in their approach with people and staff.

We spoke with a community nurse and a GP. Both said that there was open and timely communication with them when needed. The community nurse said about the registered manager, "She knows what's going on with each resident, if there's a problem we work together" and "I can't ask for more". The GP said that the registered manager was "really approachable", "really accessible" and that "Care is such a high standard".

The atmosphere at the home was a happy one with a homely feel where people were supported to live the lives they wanted.

The registered manager told us that her priority was ensuring "Specialised, person centred care". She demonstrated that she knew the people who lived at Avon House well and their individual needs and preferences. We observed that she worked in close partnership with people who lived at the service, their relatives and staff. This ensured that a culture of transparency and openness existed at the home.

People were encouraged to express their views. There were house meetings every six months and we saw when we looked at the minutes that people were involved in decisions that related to the running of the service. People chose the menus and highlighted new dishes they would like to see on the menu. People had been involved in the decision making regarding a new wet room and feedback was gathered after its installation at a meeting and recorded. People said that they liked having the choice between a bath and a shower. Feedback was gathered regarding activities that had taken place and plans made regarding the ongoing activity program. The manager ran a poetry session every Friday and this was also an opportunity for people to express their views

Staff meetings took place every six months and we saw minutes which recorded areas discussed such as recording and infection control.

A satisfaction survey had been carried out in March 2015 which asked for feedback regarding the quality of the service provided. The survey asked for opinions regarding the quality of the care provided, opportunities for people to

Requires improvement

Is the service well-led?

express their views, food, responsiveness to complaints and overall satisfaction. There were 13 respondents and feedback was nearly all positive. There were some suggestions made for example the production of a newsletter and some suggestions about some carpet needing replacing. The registered manager was in the process of drawing up an action plan to address these suggestions.

Staff meetings took place every six months and we saw minutes which recorded areas discussed such as recording and infection control.

The registered manager told us that she was well supported by the provider who was present on the day of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.