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# Avalon EMI 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This was an unannounced inspection which took place over two days on 21 & 22 October 2015. The service was last inspected in June 2014 and was meeting standards at that time.

Avalon EMI Care Home provides personal care and support for up to 20 people who have dementia. The home is set in a residential area of Southport, close to the town centre. A lift provides access to all floors and there are two separate communal areas.

There was 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.

When we spoke with people living at Avalon they told us they were settled and felt safe at home. All of the people we spoke with commented on consistently good standards of care.

To support the 19 people accommodated at the home during our inspection there was normally a minimum of six care staff on days as well as the registered manager. We saw from the duty rota that this staff ratio was consistently in place to provide safe care.

# Summary of findings

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We saw checks had been made so that staff employed were 'fit' to work with vulnerable people.

We found that staff were good at managing risks so that people could be as independent as possible. We spoke with health care professionals who visited and supported people in the home. They felt that staff managed people's care needs well and this included ensuring their safety.

When asked about medicines, people said they were supported well. We saw there were good systems in place to monitor medication safety and that staff were trained to help ensure their competency so that people received their medicines safely.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. The home was undergoing planned development at the time of the inspection and we saw this had been assessed and planned with a high degree of attention to detail and health and safety issues so that the work was being carried out safely.

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain in detail each person's care needs and how they communicated these needs. People we spoke with, relatives and health care professionals were aware that staff had the skills and approach needed to ensure people were receiving the right care. The comments we received evidenced staff going the 'extra mile' to ensure people received effective support.

We saw that the home was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. We had some discussion into how this could be further developed with respect to good practice.

There were two people who were being supported on Deprivation of Liberty [DoLS] authorisations. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found these authorisations effective and they were being monitored by the manager of the home.

People told us the meals were good and well presented. We observed and spoke with people enjoying breakfast and lunch. We were told that breakfast was flexible and there was always choice available with all meals.

We asked people if they were treated with dignity, respect, kindness and compassion. People said their privacy was respected and they were well cared for. All of the people we spoke with including visitors and professionals commented on the caring nature and philosophy in the home. We were told this permeated all of the interactions in the home. We made observations at times throughout the inspection. The interactive skills displayed by the staff when engaged with people were extremely supportive and showed a highly personalised approach to help ensure people's wellbeing.

We found that care plans and records included people's preferences and reflected their identified needs from admission and during their stay. There was evidence that care plans had been discussed with people so they felt involved in their care. People we spoke with all felt involved and up to date with their plan of care.

Social activities were organised. These were both community activities and also some individualised activities and outings. There was strong accent on this and there was staff members who organised and supported activities.

Well-developed processes were in place to seek the views of people living at the home and their families. The manager was able to evidence a series of quality assurance processes and audits carried out. These were comprehensive and helped ensure standards of care were maintained consistently as well as providing feedback for ongoing development of the service.

# 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?

The service was safe.

We found that people were protected because any environmental hazards had been assessed and effective action to reduce any risk had been taken.

Medicines were administered safely. Medication administration records [MARs] were maintained in line with the home's policies and good practice guidance.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff on duty at all times to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Good



### Is the service effective?

The service was effective.

We found the staff supported people with their health and wellbeing when they needed to be referred to health care professionals.

We saw that the manager and staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Staff said they were supported through induction, appraisal and the home's training programme.

Good



### Is the service caring?

The service was caring.

We made observations of the people living at the home and saw they were relaxed and settled. People spoken with were highly satisfied with support offered and said this was of a consistently high quality.

Staff treated people with privacy and dignity. All of the people we spoke with commented on the caring nature and philosophy in the home. The interactive skills displayed by the staff, when engaged with people, showed they understood people as individuals.

People we spoke with and relatives told us the manager and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Health professionals working with the home spoke highly of the staff's caring attitude and how this was applied in daily care and individual support for people.

Outstanding



# Summary of findings

## Is the service responsive?

The service was responsive.

People's care was planned so it was personalised and reflected their current and on-going care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Good



## Is the service well-led?

The service was well led.

There was a registered manager in post who provided an effective lead for the home.

We found an 'open' and highly responsive culture in the home that included seeking the views of people using the service. There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

We found the manager and staff to be open and caring and they spoke about people as individuals. This was evidenced throughout the interviews conducted and the observations of care and records reviewed.

Good



# Avalon EMI Care Home

## 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 checked 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.

This was an unannounced inspection which took place on 21 & 22 October 2015. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered manager sent us additional written information about the service following our visit and we

were able to access and review this. We also reviewed other information we held about the service including information from the local authority contract monitoring team.

During the visit we spoke with eight of the people who were staying at the home. We spoke with six visiting family members. As part of the inspection we also spoke with, and received feedback from, two health and social care professionals who visit the home.

We spoke with seven staff members including care/support staff and the manager. We looked at the care records for four of the people staying at the home including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home, relatives and staff. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms and the dining/lounge areas.

# Is the service safe?

## Our findings

We found staff were good at managing risks so that people could be as independent as possible. People we spoke with who lived and visited the home told us that safety was not an issue. One person said, "I can ring the bell and I know staff will come quickly." Another person said, "I feel safe here and I can always talk to the staff." We spoke with relatives and visitors to the home. A visitor said, "I had concerns where my friend was before but I am more than happy with the Avalon." A relative told us that their relative had been admitted to the home as an emergency placement. They said, 'The manager and staff organised everything so well. I can go home now and know [relative] is safe.'

We saw one person was being escorted out by staff to visit the local cinema. We saw that care records showed this had been given some thought and any risks had been assessed. Other care records we saw contained routine risk assessments for people being admitted such as falls risk and a moving and handling assessment to help ensure safe mobility. These measures helped ensure the people retained their independence but remained safe as possible.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. Prior to our inspection the registered manager had notified us about ongoing work to develop the environment of the home. We were notified that full planning and health and safety assessments had been undertaken and these were under constant review. During the inspection we were able to see this was the case. The registered provider [owner] had employed a health and safety consultancy who visited the home weekly to carry out ongoing environmental checks and assessments.

The provider had also been in contact with the fire safety department and was working closely with them as the worked progressed. A detailed 'fire risk assessment' had been carried out and updated at intervals. Personal evacuation plans [PEEP's] were available for the people resident in the home. We spot checked other safety certificates for electrical safety, gas safety and kitchen hygiene and these were up to date.

This showed good attention to detail with respect ensuring safety in the home.

We asked about staffing at Avalon. To support the 19 people accommodated at the home on the days of the inspection there was a minimum of six care staff and the manager on the day. This number was consistent. There were two care staff covering the night duty with a care staff also sleeping in case of care needs or emergencies. Staff told us that the staffing numbers were good and were consistent. Four of the care staff had a specific role in organising activities for people. There was additional support provided by an administrator, maintenance person and kitchen and domestic staff.

We found there was sufficient staff to respond to the changing care needs of the people living at the home. We spent time in the lounge and dining area. We saw staff constantly present to support people. We saw people receiving support to mobilise [for example] and staff were not hurried and took their time to ensure people's safety and wellbeing.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with vulnerable people. We looked at the recruitment policy and discussed what processes would be employed if a potential staff member was an ex offender. The manager explained how any risks would be assessed. The manager agreed to update existing policies and procedures with a policy statement and information and assessment tools.

When asked about medicines, people said they were supported well. People were given medicines at appropriate and correct times by staff. We saw part of the morning medication round and later discussed with a staff member how this was carried out. We saw medication administration was carried out safely so people got their medicines and they were recorded as per the home's policy; following each individual administration the records were completed by the staff.

Staff told us about the medication training they underwent and told us they were observed by the manager to ensure their competency to administer medicines and ensure they had the necessary skills and understanding. We spoke with

## Is the service safe?

the manager about recording this process as staff records did not record this information. The manager said she would update all staff records with dates of competency checks. Overall this process helped reduce the risk of errors occurring.

We saw medicine administration records [MAR] were completed to show that people had received their medication. We looked at PRN [give when required medicines] and variable dosage medicines and found these were supported by care plans to explain to staff in what circumstances these were to be administered. Topical medicines [creams] were also administered and recorded appropriately with extra supporting documentation and charts in evidence.

We saw that people's medicines were reviewed on a regular basis. Records confirmed this. We spoke with the supplying pharmacist who was carrying out an audit at the time of the inspection. They told us staff were proactive at getting appropriate medication reviews for people and the systems employed in the home ensured safe administration. We saw a routine audit carried out by the manager and this covered storage, stock check for randomly selected medications and other aspects of medication administration.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw there was a clear line of accountability regarding the reporting of any allegations.

There had been three safeguarding incidents that had occurred since the last inspection. These involved the management of challenging behaviour by people at the home. All of the incidents were managed effectively with people receiving the right support and outcome. There had been appropriate liaison with professionals. The registered manager demonstrated they were keen to liaise and work with the local authority safeguarding team and agreed protocols had been followed in terms of reporting and ensuring any lessons had been learnt and effective action had been taken. This approach helped ensure people were kept safe and their rights upheld. We saw that the local contact numbers for the Local Authority safeguarding team were available and a policy was available for staff to follow.

# Is the service effective?

## Our findings

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain each person's care needs and how they communicated these needs.

We spoke with visiting health and social care professionals who supported people at Avalon. They told us care staff were 'really caring' and the atmosphere in the home was 'homely' and always welcoming. We were told care staff worked well with professionals to achieve good outcomes for people. One professional told us, 'I have no concerns; the staff are very proactive and careful and will report any changes [to people's health]. They are particularly keen on getting people's medication reviewed regularly.'

We looked in detail at the support for one person. The person's care file included evidence of input by a full range of health care professionals. There was a care plan which showed evidence of the persons' relative's involvement. The individual concerned lacked capacity to make decisions regarding their care so relatives made decisions in the person's best interest. There were daily notes from the care staff which detailed how care had been carried out. In addition we saw that staff were completing various charts / observations on a daily basis which had been recommended by visiting health care professionals to monitor the persons care needs.

Another person had ongoing care needs involving some challenging behaviour. We saw a positive plan of care involving the input and review from health care professionals. Care notes evidenced regular reviews of care and showed the home had been flexible in accommodating changes to the care plan. All of the people we spoke with, including relatives said they felt health care needs were met and understood. One person said due to their condition they suffer bouts of pain and when this happens staff are contacted and pain relief given. Another person told us about on-going medical issue which staff monitored and made sure the person was supported for any investigations.

People we spoke with, relatives and health care professionals told us that staff had the skills and approach needed to ensure people were receiving the right care. We looked at the training and support in place for staff. The

manager supplied a copy of a staff training calendar and 'matrix' for training planned and we looked at records of staff training for two staff members. We saw training had been carried out for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness. Staff told us they had other training such as sessions covering dementia awareness. The induction package for new staff was based around the new 'Care Certificate' and we saw that most staff had completed this. We saw training was varied and included in-house sessions, on line training, distance learning and training by an external company.

We saw that some of this learning had been put into practice when developing the environment in the home. The environment had been adapted to varying degrees to make it more 'dementia friendly' with specially designed notices and signage to help people's orientation.

The manager told us that many staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by records we saw where over 50% of staff had attained a qualification and others were currently undergoing such a qualification. Staff spoken with said they felt supported by the manager and the training provided. They told us that they had had appraisals and there were support systems in place such as supervision sessions and staff meetings. Staff were able to provide feedback on issues via a 'coffee morning' feedback form monthly and any issues were discussed at supervision or raised at staff meetings. Staff reported they were asked their opinions and felt the manager acted on feedback they gave and this helped them feel acknowledged and supported.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. We saw examples where people had been supported and included to make key decisions regarding their care. For example we saw a DNACPR [do not attempt cardio pulmonary resuscitation] decision had been made for one person. This showed the person had been consulted and assessed regarding their mental capacity which followed good practice guidance in line with the MCA.

In another example we saw consent recorded around a decision to limited / restrict a person's daily freedom. In this instance there was good evidence of the person having

## Is the service effective?

the capacity to agree to the care plan and there was a written statement by the person to this effect. We also saw evidence that an IMCA [Independent Mental Capacity Advocate] had been assigned and liaised with when necessary regarding some key decisions.

We discussed some inconsistencies however. For example not all key decisions made in the person's best interest had evidence of an assessment of the person's capacity [two stage mental capacity assessment]. This would be best practice and could be extended to include other key decisions regarding people's care; for example the use of bedrails for one person, which could be seen as a 'restrictive' care intervention. The manager said they would 'tighten' practice further by extended training for senior staff.

There were two people who were being supported on Deprivation of Liberty [DoLS] authorisations. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that

does not inappropriately restrict their freedom unless it is in their best interests. We found these authorisations effective and they were being monitored by the manager of the home.

People said they were happy with the food choice and made no complaints. They said they could always have an alternative if they didn't like what was on offer. They also said they had plenty to drink; one person told us "The food here is great." We observed staff constantly offered people drinks both hot and cold and helped those that needed assistance if required. There was a board in the main lounge with the menu choice of the day offering two main choices plus a salad plus desert or fresh fruit. Lunch was observed to be a relaxed, calm and well organised experience. People clearly enjoyed the meal time and meals were of a very good quality, well cooked and presented with good portion size. There was enough staff on duty to help those people that required assistance with cutting and eating their food. We spoke with the chef who was knowledgeable regarding peoples individual likes and dislikes.



## Is the service caring?

### Our findings

People who lived at the home said they were well cared for. One person said, "The staff here are all lovely I get on with all of them." Another person said, "Staff here are excellent they will do anything I ask of them." A relative commented, "I come at different times of the day to visit and I can see the staff have a genuine caring nature." We were told, "Staff always knock before coming in my room" and another person said, "I would recommend the Avalon to anyone; my choices are always respected here."

One person said their preference was to be called by their first name and this was respected. The person said, "The staff are brilliant; I have a good laugh with them." Our observations over two days confirmed all staff showed a very caring nature with appropriate and timely interventions when people were upset and needed reassurance. These interactions showed an exceptional level of interpersonal skill and understanding. We saw that staff had time to spend with people and engaged with them in a positive manner. Staff interactions were genuine and showed a caring attitude and regard for people which clearly affected their sense of wellbeing. We saw staff respond in a timely and flexible way so people did not have to wait if they needed support. Staff were always on hand. We noted there was positive and on-going interaction between people and staff in the lounge areas. For example, staff were continually approaching people and asking how they were feeling and engaging them in conversation. These interactions were seen to be well paced so the person felt they were being listened and responded to.

Visitors told that us they were always made welcome and were offered refreshments whenever they visited the home. We observed that visitors could visit their relatives in private if they wished by going to the person's room.

We were told many examples of how staff were effective at supporting people beyond their routine caring duties. A relative of one person living at the home told us they had been so anxious about the process of admission to the home but the manager and staff had spent a lot of time reassuring them and organising the admission and subsequent care of the person concerned in a highly effective manner which showed good liaison and coordination with [in this case] the local hospital. The

relative felt, "Everything had been organised as well as we could have hoped for. It really was very reassuring" They said, "I can't speak highly enough of the care and the ability of the staff – everything has been excellent."

We saw the person concerned had complex care needs and there had been extra care organised. For example, the provider engaged their own physiotherapist on a regular basis and for any extra support and advice. In this instance the physiotherapist had taught staff various moving and handling manoeuvres that needed to be carried out. The manager had produced photographs of these to help staff move the person correctly and had spent time ensuring staff were consistent in carrying out the care. This had reassured the relatives and person concerned who told us they felt care was being carried out with 'proper care and attention'.

One relative said, "We were worried to leave [relative] alone as they were in bed for long periods and might have been frightened. The staff organised it so that they spent long periods sat by the bed. They even read to [relative]." During the inspection we observed staff regularly popping in to see the person concerned and spend time with them. The feeling of wellbeing this produced was seen in the person concerned and the relatives present. Staff were seen to be interested in the person's welfare and there was a warmth to the obvious rapport.

Some people living at Avalon had difficulty in communicating verbally but care staff were observed to be very aware of how each person felt and whether they were happy or distressed for any reason. Staff explained that they knew people as individuals with differing and specific care needs. Communication was seen as a priority to carrying out care. We saw references in care files to individual ways that people communicated and made their needs known, through gesture or behaviour. We saw these were understood by staff and used in daily interactions.

The staff we spoke with had a good knowledge of people's needs. They told us it took time to get to know people's needs and preferences when they first moved to the home. The manager and senior staff told us of the value of building positive relationships and having continuity to the care provided. When we looked at care files we saw that personal histories were recorded along with people's likes and dislikes. Staff were able to talk in detail about each person as an individual. This knowledge was used to develop daily activities for people. For example at the time



## Is the service caring?

of the inspection one person was being escorted on an outing which was based around a personal interest and choice. In another example we saw how staff brought some comfort to a person by distracting them and engaging them by being able to talk about the person's family and past history. The positive and caring way staff supported people was consistent over the duration of the inspection and was reinforced by comments from relatives.

People we spoke with told us that the staff were polite, respectful and protected their privacy and dignity. A relative said, "Some people are very confused and can get angry and upset. Staff are able to intervene and sort things out very quickly so dignity is preserved. They seem to have the knack."

These sentiments were echoed by all of the people we spoke with on the inspection. There were no suggestions as to how the service could be further improved. A visiting care professional told us; "I've seen the manager with the staff and how she supports and listens to them in a positive way. This is carried through to the care." Another care professional said, "The manager treats the resident's like family."

People living at the home and their relatives told us they felt they were listened to and staff acted on their views and opinions. A relative said, "We really feel involved in the home. We are always being asked if everything is okay and filling out survey forms so we can say if we think things should be better. I cannot praise staff highly enough. I feel when I'm visiting that I'm coming into [person's] home."

Staff told us that they spent time 'talking' with people and this was a central philosophy of the home. They said the

manager continually reinforced this through her own example but also at every meeting and supervision. One staff said, "I've worked in a few homes. This is by far the best; in fact I travel quite a way to work here as I think it's that good."

There was some information available in the home for people which was mainly displayed in the entrance foyer. This included information on notice boards as well as leaflets and information guides available. We saw that some of the people in the home had been supported to access advocacy services. One person we reviewed had an IMCA [Independent Mental Capacity Advocate] who acted on their behalf. There was a strong policy statement that all staff have read which stated, 'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain service they need'. The policy includes referral forms to the local advocacy service in Sefton if required.

The staff had taken care to develop their skills to support people at the end of their life if they needed to. The manager was able to give examples of how the home had supported some people. We saw examples in care files where people and families had been engaged in discussions around end of life care and had made advanced care plans for this purpose. Information supplied by the home stated, 'We ask [people] and their families to be involved in completing an advanced care plan so we can be sure all of their wishes are respected. This also ensures we support any religious requests as needed. All staff are trained with end of life care. We have completed the 'six steps' training with the support of [the] hospice'.

# Is the service responsive?

## Our findings

We asked people staying at the home how staff involved them in planning their care. People gave positive responses and said they felt involved in any decisions about their care. We looked at the care record files for four people who lived at the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs from admission and during their stay. This was particularly so with identifying and assessing risk and planning interventions accordingly. There was also reference in care records to people's individual preferences and choices regarding their daily routine as well as key autobiographical details.

There was evidence that care plans had been discussed with people. We could see from the care records that staff reviewed each person's care on a regular basis. Staff told us that all of the people staying were discussed daily and there was a daily entry recorded in people's care files regarding their care. All of the relatives we spoke with were clear about the care being delivered and that this was discussed with them on a regular basis.

We asked about activities for people and how people spent their day. Avalon Care home employed four 'activity coordinators' on a part time basis, two being on duty on the days of the inspection. People were seen to take part in activities ranging from board games to art classes, singing and film shows. A record book was kept detailing each person and what activities they took part in. Examples of art work were also in the folder. About 50% of the people regularly took part in planned activities with others being

offered but respected when they declined. Some people could choose to get out of the home for trips around locally in Southport town centre or the Promenade and beach area. People spoken with enjoyed these trips out. One person was seen at the time to be supported by staff to a local comedy club; they said, "It was brilliant I enjoyed myself."

Everybody who took part in the activities said how much they enjoyed them. The activity records were checked and found to be up to date with descriptions of all activities undertaken. A discussion took place with the activities coordinators on duty who said they had no problems getting anything they needed and finance wasn't an issue for them. They were very keen to find new ways to occupy people in a meaningful way and said they were always open to new ideas for people. We saw that assessments were carried out to understand what hobbies and interests people had so these could be accommodated as much as possible.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. The complaints policy was available in the 'service user guide' for the people to access. There was also an 'easy read' version of the complaints procedure. [We discussed how the 'service user guide' could be designed to make other information more accessible for people as currently the format was very 'dense' and not easy to read]. The manager said this would be addressed with reference and review with people living at the home. The manager informed us that there had not been any complaints since the last inspection.

# Is the service well-led?

## Our findings

There was a registered manager in post at Avalon EMI care Home. All the people living at the home and relatives we spoke with knew who the manager was. They all thought the manager was a very visible presence and felt confident and happy to approach them with any concerns they may have. It was clear that people living at the home, relatives and staff saw the manager's leadership and values as pivotal in the running of the home.

We saw that the manager interacted positively with people who lived at the home and people responded well. The manager was able to speak in some detail about people and their relatives. The manager was supported by a staff team consisting of team leaders and care staff in key roles within the home. Staff told us that the manager provided a very effective lead and communicated well with them and offered support. There were regular staff meetings so that staff could air their views and be involved in how the home develops.

A process was in place to seek the views of people who stayed at the home and their families. We saw the results of a 'service user' survey. This showed a high level of returns from people. The survey evidenced people were generally very satisfied with the home. There were positive comments recorded regarding staff attitude in particular. The manager referred us to an online ratings and review site they had signed up to. This was where people who had experienced the home could post reviews and comments. We saw that 32 reviews had been posted and these were wholly positive. The manager explained that feedback from this source could help to further develop the service as well as provide positive feedback for staff.

The manager also showed us feedback formats that had been designed to get comments from visiting professionals. There were comments and feedback recorded from clinicians and also from Liverpool University who had been involved in a research study in the home.

The manager explained that the home was keen to take on and learn from evidence based good practice. An example of this was where the home had been involved with Liverpool University in developing practice through analysis of staff behaviour on people using the service; this was titled a 'Human rights approach to dementia'. The registered manager was awaiting feedback from this.

Currently there was no feedback to people using the service and their relatives as to the overall findings from these surveys and feedback. Also, whether there had been any particular service developments as a result. The manager said they would look at ways of displaying and presenting results and feedback to people in a meaningful way.

We enquired about other quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes and audits carried out internally. For example we saw a health and safety audits of the building carried out and audits of medicines. We looked at how accidents and incidents were recorded. We saw a low rate of accidents recorded. Currently, although the manager follows through each individual accident and reviews these with staff, we discussed the fact that accidents overall are not analysed at intervals to see if there are any overall patterns or extra learning required. The manager told us they would address this.

Overall, through these processes we found monitoring had been effective in identifying issues and addressing any service development needed.

The providers [owners] of the home support the registered manager to oversee most aspects of the running of the home. They were involved in ongoing developments at the home with respect to the building, including the development of more day space. The people living at the home and/or their relatives were aware of the planned changes.