



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Aveland Court

**Aveland Road
Torquay
Devon
TQ1 3PT**

Lead Inspector
Jane Gurnell

Unannounced Inspection
20th April 2009 09:50

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service Aveland Court

Address Aveland Road
Torquay
Devon
TQ1 3PT

Telephone number 01803 326259

Fax number 01803 311833

Email address

Provider Web address

Name of registered provider(s)/company (if applicable) Aveland Court Care Ltd

Name of registered manager (if applicable) Mrs Gina Coplestone

Type of registration Care Home

No. of places registered (if applicable) 30

Category(ies) of registration, with number of places Dementia - over 65 years of age (30), Mental Disorder, excluding learning disability or dementia - over 65 years of age (30), Old age, not falling within any other category (30), Physical disability (30)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care home only - Code PC

to service users of either gender whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category (Code OP)

Dementia, aged 65 years of age or over on admission (Code DE(E))

Physical disability (Code PD)

Mental disorder, excluding learning disability or dementia over 65 years of age (Code MD(E))

2. The maximum number of service users who can be accommodated is 30.

Date of last inspection 11th September 2007

Brief Description of the Service:

Aveland Court Care Ltd took over ownership of the home in November 2008 and this is the first inspection with the current owners. Mrs Coplestone has remained as the Registered Manager.

Aveland Court is registered to provide accommodation and care for a maximum of 30 people who require care because of old age, dementia or another mental health problem, and/or a physical disability. As there are normally no more than 26 residents, Aveland Court can also offer day care to up to four people each day.

There are 26 bedrooms over the ground and first floors, four of which are considered large enough to be twin rooms, but all are currently in single occupation. They vary in size and outlook. Most have an en suite toilet, and some have patio doors. A passenger lift provides access to the first floor

There are two lounge rooms and two dining rooms on the ground floor which allows for the care of people with dementia to be provided in a separate lounge and dining room, with care and social activities facilitated to suit their specific needs. The layout of the home gives the impression of living in a much smaller home than the registration for 30 people would suggest.

There is a keypad lock on the front door with a simple code that many

residents can manage. There are several other external doors, and residents are able to come and go freely. The home is detached and set in quiet level gardens to the front and back. The shops, parks and other local amenities at Babbacombe are within level walking distance. A minibus is provided, for trips out and health care appointments.

Weekly fees range from £307 to £450 per week. The inspection report for the home is displayed in the entrance hall and information about the services provided at Aveland Court can be obtained directly from the home.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

This inspection was undertaken over a 3-day period: 20th April from 09:50 to 15:30, 21st April 10:00 to 12:30 and 29th April from 10:00 to 14:45. Mrs Gina Coplestone was present on the first two days of the inspection and was available by phone on the third day. One of the Directors of the company was also spoken with by phone on the third day.

Prior to the inspection, we received information from Torbay Care Trust's Safeguarding Team with regard to concerns over the quality of the care and support provided at the home which may place people living in the home at risk of harm and not having their needs met in a consistent manner. The team have been working with Mrs Coplestone and her staff team to address the shortfalls observed in the use of moving and handling equipment and the insufficient detail recorded in people's care plans.

In preparation for the inspection, Mrs Coplestone had been asked to complete an Annual Quality Assurance Assessment (AQAA), a document provided by us which allows the home to tell us what they do well, what improvements have been made over the past 12 months and what their future development plans are. We also sent 10 questionnaires to people living in the home and 10 surveys to staff. These allow people to tell us directly their views of the home and the support they receive, these can be completed anonymously if wished. Six questionnaires were returned by staff and eight were returned by people living in the home or their family. The results of these were very favourable and are referred to in the report.

During the first day of the inspection, we undertook a 2-hour period of direct observation of people living in the home and staff interaction using the Short Observation Framework for Inspection document (SOFI). This allows us to observe people's well-being, whether they are engaged in an activity meaningful to them as well as the quality of staff interactions. Staff were also observed going about their duties and spoken with throughout the 3 days of the inspection. Staff were observed to be respectful, caring and friendly. However, the engagement of people with activities or conversation was seen to be limited.

A tour of the building was made, and staff and people living in the home were spoken with, as was a visitor to the home on the third day. The care plans for four people were looked at in detail as were the staff recruitment and training records for four staff and the records relating to health and safety matters such as the fire alarm system.

What the service does well:

People said they were very happy living at Aveland Court, many of whom had lived there for a number of years. Comments included, "it is very homely", "the attention and consideration is excellent", "the staff service is excellent and they anticipate the patient's needs", "I am very happy here, it is my home".

The people spoken with particularly favoured the meals and six of the people returning a questionnaire said they "always" enjoy the meals, one person said they "usually" and one person said they "sometimes" enjoy the meals. There is a choice of two cooked meals at lunchtime, with two desserts, and a choice of a hot or cold meal at teatime.

Generally activities are well organised, people said they enjoy the opportunity to go out of the home to local places of interest. In response to the question "Are there activities arranged by the home that you can take part in?", six people returning a questionnaire said they "always", one person said "usually" and one person said "sometimes". One person said, "I especially enjoy the 'music for movement', going on the home's bus for a ride out, I always like doing the activities". The staff confirmed there are no charges for the trips out of the home, the cost of meals, drinks and ice creams are covered by the home.

What has improved since the last inspection?

Mrs Coplestone said the new owners are committed to providing staff with regular training to ensure they have the skills and knowledge to care for people with complex care needs. All those staff who do not have a National Vocational Qualification have enrolled to undertake this.

Redecoration and refurbishment of the building has commenced to ensure Aveland Court provides a pleasant environment for people. New carpets have been laid in the communal areas and hallway, and Mrs Coplestone confirmed that the main hallway where the wallpaper is torn is due to be redecorated shortly. Work to convert one bathroom into a shower room will also begin in the near future as this is seen as essential to allow people with restricted mobility and who are unable to use a bath to enjoy better facilities. The passenger lift has been replaced. Improved storage for food has been provided.

What they could do better:

The pre-admission assessments for people considering moving to Aveland Court should provide detailed information the person's care needs in order to identify if the person's needs can be met at the home and for staff's preparation for their admission. The Registered Manager must confirm to people or their representative the home's suitability.

Although people confirmed they were being well cared for, the care plans examined did not provide sufficiently detailed information to ensure all staff were aware of what each person was able to do for themselves, their preferences, what their care needs were and how they should offer support. This places people at risk of not having their care needs met in a safe and consistent manner. It also does not allow the home to demonstrate how it is helping people. The person for whom the care plan has been written and/or their representative must be involved in developing the care plan and reviewing it at regular intervals to ensure it reflects their personal preferences and for those who are unable to advocate for themselves allow the family to ensure needs are being met and opportunities offered that the person would value. Risk assessments should be updated to give more specific information to staff regarding the risks associated with activities of daily living, rather than just identifying what equipment to use and how many staff should offer support.

The Registered Manager should continue to monitor staff use of hoists and lifting aids to ensure they are adhering to current safe practice.

Information relating to each person would be better accessed if it were stored in one file rather than staff referring to several documents. There must be no conflicting information in the care notes which may mislead staff and place people at risk. Care notes should be completed in more detail to indicate how someone has spent their day, what activities they have chosen or not chosen to be involved in and a statement with regard to their well being. This will allow staff to demonstrate the care and support provided on a daily basis and enable others to make a more clear judgment about the quality of the care being given.

The home offers planned and spontaneous activities on a daily basis, however the Registered Manager must ensure that all people living in the home are offered the opportunity to be involved in leisure and social activities, particularly those people who are not able to participate without staff support. During the 2-hour observation period a member of staff was in the lounge to facilitate activities, however his attention was given almost exclusively to one person and little attention was given to the other three people in the room.

The Registered Manager records all concerns and complaints but does not record how she monitors the situation after the matter has been resolved to ensure it doesn't reoccur or that no one has been affected. This would

demonstrate that the resolution of the complaint has been successful not just in the short-term.

Refurbishment of the home should continue to ensure all areas of the home provide a bright and well-maintained home to those living there. Bathing facilities should be provided of a type that meets all people's needs, from those who are independent to those who require staff assistance with all activities of daily living. Heating sources, secondary to the radiators, must be risk assessed and appropriate to the needs of the people requiring them.

The Registered Manager should consider the appropriateness of the locks fitted to the bedroom doors to ensure people, either with confusion or poor hand dexterity, are easily able to open them from the inside.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3. Quality in this outcome area is **adequate**.

Although pre-admission assessments are undertaken whenever possible, these are brief and do not provide a clear, detailed description of people's needs. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Mrs Coplestone confirmed that she or her deputy manager endeavour to visit each person considering moving to the home to speak with them, tell them about the home and undertake an assessment of their needs.

The assessment for one person newly admitted to the home was examined and this provided a brief description of their needs. The document used to record the assessment was called an "enquiry form" and it was not possible to identify if the information received was obtained over the phone or through a visit to the person. The assessment did not include the care elements identified in Standard 3 of the National Minimum Standards for Care Homes for Older People.

Where a person is considering moving to the home and is supported by social services, the home obtains an assessment undertaken by the social worker and these assessments provided the information necessary to prepare for the person's admission. However, when a person is not admitted through social services, there is no such assessment, and in the case of the person identified above, the only other information received by the home was a discharge report from the hospital on the day of the person's admission.

In the AQAA, Mrs Coplestone stated that "documentation will continue to be monitored ensuring we are factually correct in areas of assessment of all residents". However, Mrs Coplestone was advised at the previous inspection to review the assessment process in line with Standard 3. It is important that as much information about a person's care needs is obtained prior to their admission to allow the home to make a decision as to whether the person's needs can be fully met and to prepare the staff for their admission.

When the judgement has been made as to whether the home can suitably offer accommodation, this must be confirmed in writing to the person or their representative. This is because people considering moving to Aveland Court must be given assurances that the home has suitable facilities and sufficient staff trained appropriately to meet their needs.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9, 10, 11. Quality in this outcome area is **good**.

Generally people's personal and health care needs are well met. However, insufficient information in the care plans and supporting documents places people at risk from not having their needs met in a consistent and safe manner.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

All of the people spoken with throughout the 3 days of the inspection, and who were able to make an informed comment about living in the home said they were well cared for. Those people who were not able to directly comment said they were happy and they appeared relaxed, comfortable and well-groomed. People said they enjoyed living in the home and felt staff were kind and caring. Six people returning a questionnaire said they "always" receive the care and support they need; two people said "usually". All eight people responded with "always" to the question 'do staff listen and act on what you say?'

Within the last few months prior to the inspection, concerns over the quality of the care provided to people with complex care needs such as poor mobility,

had been raised by Torbay Care Trust through the Safeguarding Adults procedure. Staff had been observed using outdated methods of assisting people to move and using equipment incorrectly, thus placing people at risk of injury. An assessment of care practices for all people living in the home was undertaken by the Care Trust and concluded that care planning and risk assessments were inadequate to meet people's needs in a safe and consistent manner. Mrs Coplestone and the new owners have worked co-operatively with the Care Trust to identify where improvements need to be made such as staff training, and this has been provided.

We looked at the care plans and risk assessments for four people who had been identified as requiring care and assistance with mobility, skin care and nutritional support. The care plans were of a format that listed care needs such as 'washing', 'check for sores/bruising' and 'standing/mobilising' and a statement was made identifying the number of staff required to support the person with the task. The care plans did not provide a description of what the person could do for themselves, thus maintaining their independence, and how staff should offer support.

A risk assessment relating to moving and handling had been completed for each person but again these were very brief, indicating whether equipment was required and how many staff should assist.

A further document was available that recorded visits and contact with other health care professional such as GPs, District Nurses, Occupational and Physiotherapists. These notes were held separate to the daily care notes but were accessible to all staff. However, staff would need to refer to both the daily care notes and these other notes to obtain a picture of people's recent care requirements. Notes were not detailed and in one care plan there was conflicting information in the care notes, care plan and risk assessment: two said the person was not to bear any weight and must be moved using a hoist at all times and another said the person could start to mobilise. When questioned the deputy manager gave further information that was not recorded in either set of notes. Another care plan identified a person as being diabetic but no information was provided for staff about how to recognise the symptoms of low or high blood sugar, neither was there information about what to do if the person became unwell and was unable to eat, or if they had eaten foods with a too high sugar content.

When spoken with it was evident that staff knew the people living in the home well and could explain how they support each person and what their specific care needs were: this information should be included in the care plans to ensure needs are known by all staff and each person receives care in the manner they wish. Mrs Coplestone and the Director of the company spoken with on the third day of the inspection gave assurances that each person's care plan would be reviewed and updated. The Director had made arrangements to

meet with Mrs Coplestone the week of the inspection to discuss the changes necessary.

There was no evidence that the care plans had been developed or reviewed with the person themselves or their family. One family, who returned a questionnaire on behalf of someone living in the home, said they were unsure how the person spent the day and whether his care needs were being fully met. This information was passed to Mrs Coplestone, the Registered Manager.

From the examination of the care files it was evident that people received regular visits from the District Nursing Service, GPs, and other health care professionals such as Chiropodists and Opticians. Should someone become terminally ill, the home endeavours to continue to care for them. The Hospice at Home Service provides guidance and support for the person and staff, and in response to the recent questionnaires sent by the home in April, the Service confirmed that a high standard of care was provided.

Medication is stored safely and records were complete and accurate. Only staff who have received training in safe medication practices from the local pharmacist administer medication and certificates were available that training had been received in March 09. Records of all medicines received into the home and returned to the pharmacy were recorded. The records relating to the controlled drugs held by the home were examined and found to accurately reflect the amounts held.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14, 15. Quality in this outcome area is **good**.

Social activities provide stimulation and interest as well as promoting relationships between people, however those people with less ability to participate need more support from staff to become involved. Meals are nutritious, varied and of a high quality.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

People said the routines in the home were very flexible and they could get up and go to bed whenever they wished. One lady said she liked a “lazy” start to the day and could get dressed whenever she wished. Staff confirmed meals times were flexible and people could have their breakfast whenever they wanted.

From conversation with people living in the home, staff and examination of records it was evident that staff provide social activities on a daily basis. The home has its own minibus and driver and can offer spontaneous as well as planned trips out of the home and people said how much they enjoyed these. They also appreciated the driver coming regularly to see if they need anything from a shop. All expenses for trips are covered by the home and include teas

and coffees, ice creams and meals and the home is commended for this, as the choice to go on trips does not depend on whether people can afford to do so.

In-house activities include music and movement, armchair aerobics, quizzes, cards and other tabletop games. Six people returning a questionnaire said the home "always" provides activities they can take part in, one person said "usually" and one person said "sometimes". This information was shared with Mrs Coplestone and activities is an area covered in the home quality assurance questionnaires which had recently been distributed to people living in the home and their families: Mrs Coplestone said that the home would respond to suggestions made.

Speaking with staff and Mrs Coplestone it was evident that staff felt it was important to involve people in meaningful activities to prevent boredom and to provide stimulation and relationships between people. However, this was not reflected in the 2-hour observation period undertaken in the lounge room at the rear of the house. There were four people in the lounge room at the time and one member of staff; however, the majority of the staff's time was spent with the one person who was more able to converse than the others. Two people were watching the television and conversing between themselves, and one person was looking around the room and watching the member of staff. There was no effort to offer the three other people in the room something to do or to engage them in conversation. Mrs Coplestone said that this was not the usual practice in the home and that the member of staff was new. Other staff came in to the room from time to time and all spoke with all four people in the room, in general conversation and to make sure people were comfortable.

People's involvement in activities was not documented in detail; a chart showed the activities offered each day and the initials of who had been involved. There was no detail of how much someone participated, how much they enjoyed the activity, whether they had been passively involved or who had declined the offer to join in. Mrs Coplestone was advised to record people's involvement in their daily care notes to reflect more accurately how people spent their day and to reflect the home's good practice.

All of the people spoken with said how much they enjoyed the meals provided. Six people returning a questionnaire said they "always" enjoyed the meals, one person said they "usually" enjoy the meals and one person said they "sometimes" enjoy the meals. There was a choice of two cooked meals at lunchtime with two desserts and a choice of a hot or cold meal in the evenings. A vegetarian alternative is always available. Mrs Coplestone said people are welcome to invite their family to join them for lunch if they wish to do so. Throughout the inspection people were seen to enjoy roast chicken, salmon, haddock, ham, eggs and sandwiches. People said drinks and snacks were always available. Cakes are baked daily. The menu choices of the day are displayed on a blackboard in the entrance hall, and requests are taken by care

staff each afternoon for the next day. Night staff have access to the kitchen and can make a snack for any one who might be hungry in the night.

The home provides people with sweets, chocolate and crisps at no extra charge and people were offered these each day. A selection of good quality products was seen in the office. The quality of the food purchased was evident in the food store with quality named brands on all food purchased. Meat and vegetables were obtained from local shops and there was a plentiful selection of fresh fruit and vegetables. The home is commended for purchasing and providing good quality food for people and the opportunity to have treats such as chocolate is not restricted by the ability to pay or to go to the shops.

Although no formal nutritional assessments had been undertaken, Mrs Coplestone and her staff team were aware of people who may be at risk of malnutrition and dehydration due to poor appetite or the need for staff assistance to eat and drink. Mrs Coplestone was advised to record the diet and fluids taken by people who may be at risk and for those who become at risk periodically due to illness. During the 2-hour period of observation, a staff member was seen assisting someone to eat their lunch. This was done in an unhurried manner and the person appeared to enjoy the meal. However, the meal had been pureed altogether rather than each item of food being pureed separately to allow the person to taste the items individually. Mrs Coplestone was advised that this was not considered good practice and from the 2nd day of the inspection this was changed.

People confirmed families and friends are made welcome and can visit at all reasonable times of the day. A visitor to the home confirmed the staff provide a high quality of care and support to their relative and they find all the staff and Mrs Coplestone very approachable.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16, 18. Quality in this outcome area is **good**.

People can be confident that any concerns will be listened to and dealt with promptly.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

As noted previously, concerns had been raised prior to the inspection through Torbay Care Trust's Safeguarding Team regarding the quality of the care and support provided by the staff. Health care professionals visiting the home had witnessed staff assisting people in ways that were outdated and could place people at risk, as well as staff taking their breaks together and answering their mobile phones whilst providing care to people. There were also concerns over the level of training provided to ensure staff were competent to care for people with complex needs. The Care Trust had undertaken an assessment for each person living in the home and worked with Mrs Coplestone and the new owners to identify areas for improvement. Since these concerns have been raised staff have received training in Moving and Handling and Medication Administration and certificates were available. Mrs Coplestone confirmed that the new owners were committed to ensuring staff were well trained in all matters relating to the care of people with complex care and mental health needs.

All those people spoken with said they felt they could talk to the staff and Mrs Coplestone about any concerns they may have and all eight people returning a questionnaire said they knew how to make a complaint. A copy of the complaint procedure is available in the main hallway. Mrs Coplestone maintains

a record of concerns raised by people living in the home or their families and from the examination of these it was evident that Mrs Coplestone records all matters no matter how minor as well as requests and the action taken to respond to these. Mrs Coplestone was advised to record each issue on a separate page to ensure more than one person's information was not kept together and to record her monitoring of the situation to ensure it does not reoccur.

The home's policy on the Protection of Vulnerable Adults is very clearly written, and staff had been trained in recognition of the signs and symptoms of abuse.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20, 21, 22, 23, 24, 25, 26. Quality in this outcome area is **good**.

Aveland Court provides a comfortable home for people. The owners' plans for improving facilities will ensure the needs of people with reduced mobility can be fully met.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Aveland Court is a detached house in a pleasant residential area of Torquay. Accommodation is provided over two floors with a passenger lift providing access to the first floor. The majority of bedrooms were looked at and all were pleasantly decorated and personalised. Bedroom doors had been fitted with door locks that require a key from the outside providing security and privacy. The locks had a turn knob on the inside to open the door but this was small and could prove to be difficult to open for someone with restricted dexterity. Also the door handles were still in place and although the mechanism had been removed, this is the more likely handle people with confusion would use to open the door, however if the turn knob on the lock was not turned at the

same time people would be unable to open the door. There are more suitable locks available for people who have confusion and these should be explored for people who may be at risk from not being able to open their door.

There are two lounge rooms and two dining rooms on the ground floor. This gives the impression of living in a smaller home than the registration of 30 beds would imply. These rooms were pleasantly decorated and fresh flowers were seen in all four rooms. Some redecoration and refurbishment is required to maintain the home in a state of good repair and the Director of the company gave assurances that this has commenced: new carpets have been fitted in the communal areas and main hallways.

The home had pleasant gardens to the front and rear and people said they enjoy spending time in the garden in the warm weather. Seating and shade were provided in both gardens.

There are three bathrooms. The baths in two bathroom are fitted with seats to assist people with reduced mobility however none are suitable for people who are unable to weight bear, because of insufficient space in the bathroom to transfer from a wheelchair to the bath seat. Mrs Coplestone confirmed that the new owners have plans to refurbish the third bathroom to one more suitable for people with little or no mobility.

Radiators are covered and hot water temperature controlled to protect people from burns and scalds. One person had requested the use of a mobile electric heater as she preferred not to have her radiator on. This fire was found to be very hot to the touch and as the person was mobile around her room with the use of a walking frame there was a risk that this could cause an injury should she fall against it. The deputy manager was advised that this type of fire was not thought suitable for people in care homes due to its hot surface. The deputy manager was advised to undertake a risk assessment to identify a more suitable type of secondary heating.

Hoists and lifting aids were evident in people's rooms and Mrs Coplestone confirmed that staff had received training in their proper use: this was in response to a concern raised by Torbay Care Trust regarding staff's knowledge of which equipment was suitable for each person and how to use the equipment safely.

The home was found to be clean and tidy, with no offensive odours. Liquid soap, paper towels, gloves and aprons were available throughout the home to reduce the risk of cross infection from one person to another.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29, 30. Quality in this outcome area is **good**.

People are supported by kind and caring staff in sufficient numbers to meet their needs. Staff demonstrated good knowledge regarding the care needs of older people. Regular supervision would ensure care practices are up to date and issues are responded to and followed up more thoroughly. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

At the time of the inspection there were 19 people living at Aveland Court. Those spoken with and who were able to express their views said the staff were kind and caring and always came promptly when they rang their bells for assistance. Five of the eight people returning a survey said staff are "always" available when needed, two people said "usually" and one person said "sometimes". One person said, "staff anticipate your needs". One relative said there were no staff routinely available in the lounge room. One of the concerns raised by Torbay Care Trust was that staff had been observed taking their breaks together leaving people unsupervised. Mrs Coplestone said that staff knew not to take their breaks together and she would be monitoring the situation.

In addition to Mrs Coplestone, the Registered Manager, there was 5 care staff on duty, a cook and catering assistant and a housekeeper. The duty rota indicated that there were usually 5 care staff on duty each morning, 4 care staff on duty until 8pm and 2 waking care staff on duty during the night: these numbers included the deputy manager when she was on duty. The home

employs four male carers and Mrs Coplestone confirmed they do not routinely work together, unless in the case of an emergency, as the majority of people living in the home are female: she gave assurances that they do not work together on night duty and there are always female staff available.

Recruitment and training records were examined for four care staff. All contained the necessary pre-employment checks of references and Criminal Record Bureau Checks ensuring as far as possible only suitable staff are employed. Mrs Coplestone confirmed it is her practice to obtain verbal as well as written references and evidence was available that where a reference had not been received on headed notepaper further checks were made. This demonstrates very good practice and reduces the risk of false references being given.

The training files provided evidence that staff had received training in dementia care, moving and handling, infection control, safe medication administration, first aid, health and safety, the protection of vulnerable adults and end of life care. All staff either have a National Vocational Qualification (NVQ) at level 2 or above or are in training for one. Staff appeared knowledgeable about people's care needs and all six staff returning a questionnaire said they receive training to help them understand the individual needs of people and felt well supported. In the AQAA Mrs Coplestone said in relation to the next 12 months, "we will prioritise training requirements for all staff and ensure they are abreast of all practises and latest techniques".

All six staff returning a questionnaire said they receive supervision with Mrs Coplestone to discuss their work performance and development and training needs. From the examination of the staff files there was evidence that supervision sessions had occurred less frequently than the 6 times a year identified in the National Minimum Standards. Mrs Coplestone said that the deputy manager, newly appointed to the role, would share the responsibility with her to provide staff supervision and this should address the shortfall in the frequency of supervision sessions offered to staff. One staff member's file contained information about an incident involving people living in the home which could have caused distress to them and others. There was evidence that this matter had been dealt with at the time however there was no evidence that this matter had been reviewed since. Mrs Coplestone was advised to record the monitoring she had undertaken with regard to this matter to demonstrate that no further incidents had occurred and the staff member's work performance was satisfactory.

Mrs Coplestone and staff confirmed they meet each day to discuss the needs of the people in the home and any recent events affecting their well-being or events affecting the running of the home. Regular staff meetings are held to more formally discuss the management of the home and the quality of the service provided.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 32, 33, 35, 36, 37, 38. Quality in this outcome area is **good**.

Aveland Court is generally well managed. Staff are committed to caring for people well, however more attention is needed to ensure people's needs are known and fully met, care practices are current and safe and the Registered Manager and staff team keep up to date in specialist care provision and regulation activity.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Aveland Court Care Ltd purchased the home in November 2008 and although the home now has new owners, many of the existing staff and the Registered Manager, Mrs Coplestone remain unchanged. In the AQAA Mrs Coplestone said, "we at Aveland Court look forward to a new era. We have identified the key priorities for the home and have fast tracked investment into the environment of the home and staff training".

Mrs Coplestone has managed the home for nearly four years and has obtained NVQ level 4 in Care and the Registered Manager Award, both qualifications requiring Mrs Coplestone to demonstrate her competence at managing services for older people. Torbay Care Trust Safeguarding Team said that the new owners had worked cooperatively with them to address the shortfalls identified in the staff's care practices. The Director spoken with on the third day of the inspection confirmed that he visits the home for at least two days every week and is in contact with the home on a daily basis. The Director confirmed he monitors staff performance, the management of the home and the quality of the care provided. He completes a monthly report in line with Regulation 26 of the Care Homes Regulations 2001 and will send a copy to the Commission to demonstrate the action he has taken to ensure the well-being of the people living in the home. The Director also confirmed the care plan format would be changed to one that provides more detailed information about people's needs and Mrs Coplestone and her staff team would be supported to keep up to date with current care practices relating to the needs of people with dementia and mental health care needs, as well as the Commission's methodology of inspection.

The home uses a questionnaire to gain the views of people living in the home and their families about the quality of the care and services provided and these had been sent out in April 2009. Those that had been returned were supportive of the home, and once more are returned Mrs Coplestone will summarise the findings and develop an action plan for changes or improvements. Mrs Coplestone was advised to place a copy of the summary on the notice board in the main hallway for all visitors to see and to share the information with people living in the home and the staff at the staff and residents meetings. The results of the previous year's questionnaires were available for inspection and were favourable about the home.

Records relating to the health and safety management of the home were available for inspection and showed equipment had been serviced to ensure it was maintained in good working order. A person is employed to undertake day-to-day repairs and external contactors are employed for major servicing work, such as for the passenger lift and the fire alarm system.

People are encouraged to maintain responsibility for their own finances and small secure tins are provided in each bedroom for people to keep money and valuables safe.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	2
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	4

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	3
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	X
34	3
35	3
36	2
37	3
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP3	14(1)d	The Registered Manager must confirm in writing to the prospective resident or their representative when the judgement is made that the home can suitably meet their needs.	31/05/09
2	OP7	15(1)(2)a, b,c,d	Each person living at Aveland Court must have a comprehensive care plan detailing how their needs in respect of their health and welfare are to be met. Care plans must be developed and reviewed with the person for whom they are written and/or their representative and reflect how much they can do for themselves and how they wish to be supported by staff.	30/06/09
3	OP12	16(2)n	People must be consulted about the programme of activities arranged by or on behalf of the care home, and having regard to the needs of the people living in the home, facilities for recreation must be provided. Those people who require support to be	30/06/09

			involved in activities meaningful to them must be provided with that support.	
4	OP25	13(4)a, c	Heating sources, secondary to the radiators, must be risk assessed and appropriate to the needs of the people requiring them.	30/06/09
5	OP36	18(1)a, (2)	All staff working at Aveland Court must be appropriately supervised to ensure their work performance reflects competent, safe and up-to-date practice for caring for older people who may also have mental health care needs.	30/06/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP3	Pre-admission assessments undertaken for all people considering moving to Aveland Court should be fully recorded. For those people privately funded and without a social services assessment, the home's assessment should cover all the areas listed in Standard 3.
2	OP7	When risk assessment highlights a potential hazard, clear instructions should be written to advise staff on how to minimise the risk, while enabling the person to continue their activity.
3	OP7	All notes relating to the care needs of people living in the home and giving instruction to staff in how to meet these needs should be kept together for easier access and to ensure instructions are not overlooked.
4	OP7	The Registered Manager should continue to monitor staff use of hoists and lifting aids to ensure they are adhering to current safe practice.
5	OP8	The diet and fluid intake of people who may be at risk of malnutrition and dehydration due to frailty should be recorded and monitored to ensure their intake is sufficient

		to maintain their health. Records should also be maintained for those who become at risk periodically due to illness.
6	OP12	Each person's daily care notes should reflect how they have spent their day, whether they have been given the opportunity to become involved in activities around the home or trips out of the home.
7	OP16	The Registered Manager should consider recording how she monitors the situation after a concern or complaint has been resolved. This would demonstrate that the resolution of the complaint has been successful not just in the short-term.
8	OP19	Refurbishment of the home should continue to ensure all areas of the home provide a bright and well-maintained home to those living there.
9	OP21	Bathing facilities should be provided of a type that meets all people's needs, from those who are independent to those who require staff assistance with all activities of daily living.
10	OP24	The Registered Manager should consider the appropriateness of the locks fitted to the bedroom doors to ensure people, either with confusion or poor hand dexterity, are easily able to open them from the inside.

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