



# Inspection Report on

**Avalon (Conwy)**

**Kinmel Bay**

## **Date of Publication**

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## **Description of the service**

Avalon is a detached house located on a quiet residential street in Kinmel Bay. It is registered to provide a service for up to six people with a learning disability who are aged 64 and under.

Mental Health Care (Avalon) Ltd is the registered provider. There is a nominated responsible individual for this service and the manager is Tracy Roscoe.

## **Summary of our findings**

### **1. Overall assessment**

People are supported by staff they have positive relationships with, who know them well and are able to meet their individual needs. They are safe, protected and encouraged to take control of their lives and to make informed decisions. The home promotes independence and the decoration reflects people's personal taste and involvement. Systems are in place to monitor the quality of the service and identify any improvements needed. Staff work well as a team, feel valued and embrace a person centred culture.

### **2. Improvements**

Records we looked at for people living in the home were seen to be appropriate and used positive language.

Both the upstairs and downstairs bathrooms have been upgraded and redecorated in line with people's preferences.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. This includes staff files and the outside of the property.

# 1. Well-being

## Summary

People benefit from being supported by staff who know them well and are familiar to them. The service is working towards providing an “active offer” of Welsh. Individuals are kept safe and protected from harm.

## Our findings

People are settled and comfortable with each other and staff. We saw individuals and staff eating their lunch together, there was a good atmosphere and we heard lots of laughter and good humour. We noticed a member of staff providing reassurance and encouragement to one person. They were patient, understanding and caring towards them, supporting them to talk about their emotions and make their own decisions about what to do that day. A person with communication difficulties was trying to explain to staff about an item they wanted to buy. They expressed themselves through signs and gestures to two staff members. They placed their hand on one of the staff member’s shoulders which indicated they felt comfortable and relaxed interacting with them. Staff told us about the games and exercises they were encouraging this person to engage with so as to help improve their speech. Advice had been sought from the speech and language therapist and this was included in their care plan. Staff told us about arrangements in place for people to keep in contact with family including home visits, over night stays, Skype, phone calls and visitors. Care plans we looked at included information about people’s families and important relationships. An outcome identified for one person was to meet new friends and continue connecting with old friends. Each person has a nominated key worker and we saw minutes of key worker meetings which had been held. People have good relationships with staff and other individuals who are important to them.

People will benefit from a service which is working towards an ‘active offer’ of Welsh. The manager informed us the service had started implementing this. Examples included signs displayed in the home in Welsh and English, staff answering the telephone bilingually, documenting people’s first language, identifying Welsh speaking support staff and developing the recruitment process. We were told there was a Welsh language policy in place and Welsh language Advocacy support available to people living in the home. For the future the manager plans to support people to access Welsh language radio, television (S4C), magazines (Y Cymro), books and translating existing documentation. People will be able to receive a service in Welsh.

People feel secure, happy and comfortable. When we arrived we were asked to provide identification and sign in and out using the visitor’s book. We saw information about advocacy and how to make a complaint was available for people to access. Safeguarding training is considered to be mandatory for staff. Training records showed that all staff had completed this training and set for refresher training. According to the training record staff had also completed training in the Mental Health Act (MCA), Mental Capacity Act (MCA) and Management of Actual and Potential Aggression (MAPA) and Deprivation of Liberty Safeguards (DoLS). We saw that one persons DoLS application had expired in September 2017. We found this had been applied for and was being followed up by the manager. We looked at risk assessments in one persons file who had recently moved into the home. We

identified that these did not cover all the areas highlighted in other documentation held within their file. When we visited again this had been addressed and risk assessments had been completed and were available in the persons file. People feel safe and protected from abuse, neglect and harm.

## **2. Care and Support**

### **Summary**

People are able to take control and make informed choices about their lives. Staff understand and are able to meet each individual's needs in line with their personal preferences.

### **Our findings**

People are supported by staff who are committed to enabling and empowering them to make choices and become more independent. We found that individuals were making choices on a daily basis regarding mealtimes, work and leisure activities and the general running of the home. One person told us about "shop and cook" and we saw shop and cook menus which had been planned by each individual. Staff told us this helped everyone contribute to mealtimes; promoted healthier home cooked meals and developed their independence and skills with shopping and cooking. The notice board in the lounge included "your menu for today" so people knew what was on offer. A person was on their way out to work at the local church mending hymn books. Staff told us the individual also enjoyed selling items at a local car boot and was keen to look for more work opportunities. Another person was getting ready to leave for work at an aquarium which staff told us they enjoyed and had been employed there a long time. We saw a list of chores on the notice board in the dining area which included laying and clearing tables and dishwasher, polishing, cleaning the laundry room, watering plants, filling hand towels and soap dispensers and cleaning bathrooms. People also had dedicated days to do their laundry. We saw minutes of residents meetings which showed these were being held each month giving people the opportunity to voice their opinions and raise any requests or concerns. Care plans evidenced that people were participating in their own assessments, with person centred plans and reviews being completed. One person's progress review showed photos of them using the self service at the local supermarket, in the work place and waiting at the dentist for their appointment. People are involved in making decisions which affect their lives and increase their independence.

People's individual needs and preferences are understood. We looked at one care plan which contained detailed information about the person. This included their life histories so staff could understand their past, present and future experiences and expectations. We looked at another care plan which was in the process of having information added to it as the person had recently moved into the home. Staff told us they were still getting to know them. They talked about what had been working with them and the approaches they had been using. We discussed with staff that this important information needed to be recorded to ensure staff understood how best to support the person and their routines now. When we visited again their file contained information including a more detailed person centred plan, relationships, communication chart, activity planner and daily routines. Staff told us about different people's holiday preferences. We saw photographs in one person's room and staff told us they were taken at a recent holiday to a caravan park in Blackpool. Another person had wanted to stay in a "fancy" four star hotel in Blackpool, this had been arranged and staff told us the individual had "loved it". There were also plans in place for a person to go to Manchester next month, who enjoyed shopping trips. People's individual needs and preferences are understood and anticipated.

### **3. Environment**

#### **Summary**

People are able to do things for themselves because the layout, design and facilities promote independence and accessibility.

#### **Our findings**

People feel included, uplifted and valued because they are supported in a personalised environment which meets their needs. We looked at the communal areas in the home which included two lounges, one of which is also used as a dining area, the kitchen and two bathrooms. We saw that both the bathrooms had been upgraded and redecorated since the last inspection. Staff told us people living in the home had chosen the colour schemes and the items used to decorate these rooms. One person saw us looking at the bathroom and they were pleased with it and had picked the brightly decorated blind. The home throughout was seen to be nicely decorated with items such as butterfly canvases and ornaments on display. People had also had been asked to choose the colour of the laundry room which was painted purple and decorated with plaques and other items. We were invited to look at two peoples bedrooms which were very personalised, creatively decorated and reflected their own individual preferences and interests. We were told by staff that a person living in the home completed the maintenance list once a month with support and gave this to the team leader to send onto the maintenance department. People live in accommodation which meets their needs and supports them to maximise their independence.

On the day we visited new gates were being put up at the side of the home. We saw that the garden area had wooden tables and chairs for people to use. A staff member told us that the planters contained different herbs. They were also going to purchase some lavender as one of the people living in the home liked the smell of it. The garden at the front of the home was in need of maintenance. We were told by staff that this was due to be done that day. When we visited again this garden area looked much tidier. The outside of the home would benefit from being painted as this was looking worn, considering the care and attention which had been given to decorating the inside of the home. This was also identified at the last inspection. We saw that the last annual quality assurance report for January 2017 to December 2017 states in the focus areas of the year ahead, "external painting of the home, scheduled for spring/ summer". Following the inspection we were informed by the manager that the different options were now being explored and quotes were being obtained for the work to be completed towards the end of the summer/ early autumn. People have access to a safe and pleasant outdoor space.

## 4. Leadership and Management

### Summary

People benefit from receiving a service which is committed to improving, has systems in place to assess quality and fosters a person centred culture at all levels. Staff are valued, supported and given clear direction and their potential is developed.

### Our findings

Staff are aware of clear lines of accountability and the manager is visible, approachable and responsive. The manager told us they felt well supported in their role. There are two team leaders employed to work at the home as well as support staff. On the day we visited the manager was absent. A support worker and team leader were keen to assist us, they were knowledgeable about the service and provided us with the information we requested. Staff told us they felt supported in their roles and responsibilities and were able to raise any issues or concerns with the manager. The manager informed us that the staff turn over was low. We looked at two staff files and identified where staff had moved between different services within the same company, their application forms, references and employment histories were not always clear or easy to follow. This was discussed with the manager who will address this. One form of photo identification had not been obtained for one staff member and we discussed this with the manager who will ensure this is held on their file. Staff understand what is expected of them and the vision, values and purpose of the service are made clear.

There are systems in place to assess the quality of the service. We saw the last annual quality assurance report from January 2017 to December 2017. This report included service user and stakeholder involvement, service user engagement forums, advocacy, family and carers feedback, lay visitors, complaints, concerns and compliments. According to the report a new family and friends feedback form was introduced to try and engage families/friends in order to provide greater opportunity to obtain their feedback and use it to shape service improvements. People are able to contribute to the development of an improving service.

Staff work well as a team and share the same values of enhancing the lives of people living in the home. The manager told us there was a *“very competent staff team”* who were *“skilled”*. Staff commented there was a *“brilliant team at Avalon”*. Staff team meetings took into account what was working and not working resulting in action plans compiled for who, what and when these were to be completed by. The manager showed us a team plan which was being developed which looked at *“our team purpose”*, care and values and responsibilities. A person centred culture was promoted throughout the service inclusive of people living in the home and staff working there. This was evidenced through discussions with the manager, team leader, support staff, observations on the day and documentation held in staff and peoples files. Staff complete their own one page person centred profiles, information also included what made a good day and bad day for them. Consideration had been given to how to reduce stress and support staff members effectively. Training in some areas had improved since the last inspection. This included all staff having completed training in dysphagia and all but one member of staff completing training in personality disorder. The staff training record showed four staff had not completed effective



communication and eight staff had not completed Makaton training. Training regarding communication was raised at the last inspection. We were informed by the manager a new Speech and Language Therapist had recently been employed and proposed training including effective communication and Makaton training was due to be delivered between July and August 2018. Staff supervisions were carried out regularly and involved reflective practice about what they had tried, learnt, what they were pleased about and any concerns they had. We also saw personal development plans in place in both the staff files we looked at. People benefit from a service where the well being of staff is prioritised and they are well lead, trained and supported.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None

### **5.2 Recommendations for improvement**

We recommend the following:

Staff files should provide a clear audit trail including application forms, employment histories and references for staff who have moved between different services within the same company. One form of identification should include a photograph of the staff member.

The outside of the property would benefit from being painted. This was raised at the last inspection.

## **6. How we undertook this inspection**

This was a routine inspection. We made an unannounced visit to the service on the 22 May 2018 between 10:20 and 14:30. We returned to the service on the 12 June 2018 between 13:30 and 16:00.

The following methods were used:

We meet and spoke with all four people living in the home, a team leader, support worker and the manager.

We looked at a range of records including a two care plans, residents meeting minutes, accidents and incidents, two staff recruitment files, staff supervisions, training and team meeting minutes and the last quality assurance report.

We looked at all the communal areas in the home. Two people were happy to show us their rooms. We also went out in the garden.

We provided feedback to the team leader and support worker at the end of the first visit. When we visited again we also held discussions with the manager and

provided them with feedback.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Younger</b>
<b>Registered Person</b>	<b>Mental Health Care (Avalon) Ltd</b>
<b>Registered Manager(s)</b>	<b>Tracey Roscoe</b>
<b>Registered maximum number of places</b>	<b>5</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>24 January 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>22 May 2018 and 12 June 2018</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Working towards this</b>
<b>Additional Information:</b>	