



Inspection Report on

Avalon

Rhyl

Date Inspection Completed

03/07/2024

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About Avalon

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mental Health Care (Avalon) Limited
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	01 March 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.'

Summary

People are very happy with the support they receive at Avalon and are supported by engaging and dedicated staff who know them well. People are supported to make choices about their daily lives through exceptional use of person-centred planning (PCP) methods. Personal plans are highly person-centred, detailed, reflect people's needs, and are reviewed and changed accordingly. People are supported by staff to engage in preferred activities as and when they want, with personalised activity plans in place.

Staff feel well supported by management and are provided with training to meet people's needs. Governance arrangements are beyond expectations and the Responsible Individual (RI) visits regularly to oversee management of the home and gather the opinions of people and relatives to help to improve and develop the service. Feedback is reflected in quality of care review reports. The environment is well maintained, and the service is operating in line with the statement of purpose.

Well-being

People have control over their day to day lives, feel listened to, and their views are considered. The service is passionate about the use of PCP to identify what is important to people and how they can be supported to achieve their goals. Care staff work from personal plans that are written with the person and cater for people's preferences. The service evidence superb involvement of people in every aspect of their care planning. People say they like living at the home and can make choices on how they live their lives day to day, telling us *'I love it here, I'd stay here forever if they'd let me. It's amazing here and if it wasn't for them, I wouldn't be getting to do what I love'*. People and their relatives are involved with the improvement and development of the service, and we have seen clear choices around food and activities people take part in. Rooms are personalised and ensure people can have privacy when they wish. Care records give care staff the instruction required to support people accurately in a person-centred way. Reviews are carried out in line with regulations. People have good relationships with other people they live with and care staff. Care staff know people extremely well and can identify changes in health conditions by a change in their colour or subtle changes in behaviour or mood. Positive risk taking is encouraged by the service and is seen as essential to personal growth and developing people's confidence levels.

People have their own activity plans which ensure they do activities that are important to them. People share responsibility for tasks and activities that are required to keep the home clean and tidy. The service is working towards the Welsh language 'Active Offer' with staff attending Welsh courses, bilingual signs in the service and translation of some key documents. People are protected from abuse and neglect as care staff receive training in safeguarding and safeguarding policies and procedures are in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible. Care staff and managers are proactive and work collaboratively with support agencies. Resident meetings are held regularly. At the most recent meeting, discussions were held about voting in the General Election, with easy read documents provided to support understanding.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent through consistent and very high-quality use of the active support model. Strategies for reducing the risk to people while they move around the home are sufficient. The person in charge has identified potential hazards and has taken steps to minimise risks to people.

Care and Support

People can feel confident the service has an accurate and up to date plan for how their care and support needs should be met. Personal plans provide a level of detail and information that is over and above what is expected. People are at the centre of their care, and the service collaborates creatively with people to encourage co-production of their personal plans. People have a high level of choice and ownership over everyday decisions such as who they receive support from, what activities they take part in and where they spend their time. Personal plans are highly accomplished with specific, easy to understand and personalised information, they are regularly reviewed, and consideration is given to what is working for people and what isn't, with adjustments made to care and support accordingly. Personal plans contain individual outcomes which are underpinned by specific, measurable, achievable, realistic and timely (SMART) objectives. This means outcomes identified by people are more regularly achieved. Extremely detailed and person-centred risk assessments are in place and regularly reviewed. Pre-assessments take place before people move to the home. These are completed by the manager and deputy manager and gather information about people's history and how they came to be at the home. Care staff are kept informed of important updates using thorough daily handovers. People like the care staff, telling us *'They are amazing, I love spending time with them, they make me laugh'*. Care is provided in a pro-active and empowering way, with a consistent drive to develop skills and achieve identified outcomes. Reviews are completed within regulatory timescales, and are in depth, collaborative, of excellent quality, and consistently underpinned by personal outcomes. Positive behaviour support plans are also in depth and clearly evidence people's involvement in their creation.

Records show people have access to specialist advice and support from health and social care professionals. Reviews clearly document health appointments attended, their outcomes, and professional views are considered during reviews. Care plans and risk assessments are updated to reflect professional advice and care staff access appropriate and specialist training to ensure specific health needs are met. Care staff feel they can approach the manager if they have any concerns.

People can be satisfied the service promotes hygienic practices and manages risk of infection through infection control audits and regular cleaning taking place. Medicines management practices are good and keep people safe. Trained care staff administer medication, regular medication audits are completed and staff competency to administer is checked on a regular basis.

Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs, with plans in place for the kitchen to be refurbished soon. Recent RI visit reports show other areas for development or improvement being identified. The décor in the home is modern, fresh and well maintained. People have been involved in choosing furniture and paint colours in communal areas. There is a communal lounge/diner for people to spend their time in. They can choose to socialise in communal areas or have their own space. People's rooms are clean, tidy and personalised. People are involved in cleaning and tidying the home through use of a rota displayed on a noticeboard. There is a large, secure garden with access from the main living areas of the property. It is well-maintained and there are plans for further development. People access the main home through a securely locked door and visitors are required to sign in and provide identification on arrival.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show health and safety and environmental audits are completed and actions are dealt with swiftly. These audits are monitored by management and the RI. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are done, and records show required maintenance, safety and servicing checks for gas and electrical systems are up to date.

Leadership and Management

People can feel confident the service provider has excellent systems for governance and oversight of the service. The RI visits regularly to inspect the property, check records and gather the views of people and staff. Contact details for the RI are displayed in the foyer of the home, inviting people to contact them to discuss anything they wish. Reports relating to visits start by looking at whether actions from previous visits have been completed. They show every aspect of the running of the service and are in depth and productive. Personal plans, medication administration and training compliance are some of the areas considered. We saw evidence of a range of management audits over and above what is expected, with related action plans of all key areas included. Care governance documents are created which collate all ongoing actions in one place and meetings are held to drive forward improvements and actions. A quality of care survey is conducted by the home every six months, with resident and relative feedback recorded in a quality of care report. These reports go above and beyond to assess, analyse and monitor the quality and safety of the service. Every piece of feedback is considered with outcomes clearly communicated. Resident meetings are held regularly, and the RI gathers feedback directly from people living in the home, and care staff working there. People say they can speak to the manager about changes to their care and action is taken. The service provider ensures people have access to a service user guide and makes sure they have been supported to read and understand it. Lessons learned and positive outcomes are shared with other services owned by the service provider, evidencing a keenness to continually improve and learn. The manager of Avalon leads on PCP practices and shares her expertise with managers of other services under the service provider. On the day of inspection, a manager from another service visited to review outcome focussed practices within the home.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show the manager has suitable numbers of staff on each shift to support people's needs. New staff undergo thorough vetting checks prior to starting work and have access to the training required to meet people's needs. Training records are reviewed and updated to make sure they accurately reflect training compliance. Staff receive an induction specific to their role, annual appraisals and regular supervisions, telling us *'I feel incredibly well supported, I am validated and heard'* and *'I am praised when I have done something well, it keeps me motivated and happy. Management are good at seeing people's strengths and I have ownership of my role'*. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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