

Twinglobe Care Limited

Azalea Court

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Azalea Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Azalea Court is a nursing home for 83 people. The main building accommodates up to 75 people and is divided into three units. Astor unit accommodates people who need nursing care due to medical needs. Lavender and Poppy units accommodate people living with dementia. There is a separate unit in the grounds for eight people who have more complex nursing needs requiring specialist care.

We carried out an unannounced comprehensive inspection of this service in April 2017. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. We had also received a number of safeguarding alerts and complaints about the service which prompted us to undertake this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Azalea court nursing home on our website at www.cqc.org.uk.

This was a focussed inspection looking at whether the service was safe and well led. There were safeguarding allegations being investigated at the time of the inspection by the London borough of Enfield and we did not know the outcomes. We looked at safety and safeguarding issues and we did not find any concerns.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection there was a breach of legal requirement as risk assessments did not meet the required standard. At this inspection, we found that the registered manager and provider had made improvements to risk assessments. This meant that people had risk assessments that addressed the risks for them as an individual, helped to keep them safe and respect their freedom.

Nurses working at the service demonstrated good clinical knowledge and a good understanding of infection prevention and control, risk assessments and safety. Staff were trained in safety topics including medicines management, fire safety, first aid, basic life support and safeguarding people from abuse.

There were enough staff on duty but at mealtimes staff were very busy so a few people had to wait for support. At other times people said staff were responsive and there were enough staff on duty to meet people's needs.

There were no breaches of regulation found at this inspection. We have made a recommendation for improvement in the giving and recording of medicines.

The home was well led with a commitment to continuous improvement. The provider and management team carried out regular audits and had good daily oversight of the care provided in the home. There was a clear management structure. The management team worked well with partner agencies to ensure safe care. People and their relatives had good and regular opportunity to contribute to their care planning.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service has improved to Good. Staff were recruited safely and were suitably trained to care for people with complex needs. Risk assessments had improved since the last inspection. There were improvements needed in medicines management.

The standard of cleanliness in the home was good. There were some staff vacancies covered by temporary staff and the registered manager was recruiting new permanent staff.

Is the service well-led?

Good ●

The service remains good.

Azalea Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We undertook an unannounced comprehensive inspection of Azalea Court in April 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and safe? This is because the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

This was a focused inspection which took place on 23 January 2018 and was unannounced. The inspection team consisted of an inspector, a pharmacist inspector, a specialist nurse professional advisor and two experts 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. Both experts had an area of expertise in dementia care.

Before the inspection we received all the information we held about the service including whistleblowing, safeguarding alerts and feedback from relatives and health and social care professionals who contacted us since the last inspection.

We spoke with 29 people living in the home during the inspection visit. We spoke with twelve of their relatives. Some people were unable to talk to us so we spent time in the communal lounges and dining room to observe people's wellbeing and staff interaction with them. We observed mealtimes in three of the four units.

We spoke with the registered manager, the deputy manager, a senior healthcare assistant, four healthcare assistants, five nurses, the chef and an activity coordinator during the inspection. We also spoke with the home's GP, a community matron and a visiting nurse during the inspection. We spoke with three professionals from the local authority before and after the inspection to seek their views on the service.

We carried out pathway tracking for nine people. We read their care plans and risk assessments and the daily records of their care to see if their assessed needs and references were met. We looked at staff recruitment and training records. We looked at medicines records. We observed a medicines administration round, spoke to staff and the home's management team regarding medicines administration and management. We also looked at fire and health and safety records, management records including audits.

Is the service safe?

Our findings

There was a breach of regulation at the last inspection in April 2017 as risk assessments did not meet the required standard. At this inspection, each person had risk assessments addressing the risks to their health and safety to support them to stay safe. The quality of these assessments had improved since the last inspection.

There was a risk to people's safety as an alert from the Medicines and Healthcare Products Regulatory Authority had not been followed. We saw containers of thickening powder (to thicken drinks for people who have swallowing difficulties) in all three dining rooms. These were not meant to be accessible as they cause a choking risk if a person was to eat the powder in error. The registered manager said these were in the dining rooms ready for breakfast time but ensured they were locked away as soon as we pointed this out. They assured us that this powder would be kept securely at all times.

There were tracheostomy care plans for people who had tracheostomies (breathing tubes directly into the trachea) to minimise any risks to their safety. There were clear care plans in place for people who used other equipment such as catheters. Several people had been identified as being at risk of choking and there was clear guidance for staff to follow about how to keep them safe when they were eating and drinking. People at risk of pressure ulcers had a suitable risk assessment in place guiding staff on how to care for the person to prevent a pressure ulcer.

Care plans for people who had diabetes gave guidance about nutrition, and 88% of staff had completed training in diabetes management including how to recognise if someone is hyperglycaemic or hypoglycaemic.

Staff demonstrated appropriate moving and handling techniques when transferring people from bed to chair. Staff confirmed they were trained and updated yearly with moving and handling training. Training records confirmed that staff had completed this training.

There had been a number of safeguarding alerts in the months prior to the inspection. These alerts were all under investigation by London Borough of Enfield at the time of the inspection so we did not know the outcomes at the time of writing this report, but the registered manager had carried out the investigations required by the local authority promptly. The service had a comprehensive safeguarding policy displayed in each unit office and staff were trained to recognise and report any signs of possible abuse.

Staff rotas showed there were enough staff on duty and that absences of permanent staff were filled by temporary staff. Most people thought there were enough staff to meet their needs. One person said, "They ask if I need anything and ask me if they can help me do things like get dressed, wash. They give me time to get ready and I can usually choose a time to do things like have a bath and they come back later."

Some people thought staff were busy and one said they sometimes had to wait for support. One person said, "I'm always given help when I need it. They come and remind me of things like bath or medicines. You

do wait a while for both of those but I get help." Another person said, "The staff are nice, I like them. When they have time for a chat they make you laugh. They are very busy though. You don't see much of them." The staffing ratio was one care assistant to five people plus a nurse on each unit and the unit managers. Two people had one to one staffing at the time of this inspection for their safety and we checked this throughout the day and found they always had their allocated staff member with them. Some relatives thought there were not enough staff. One said, "They are very nice and always welcome you. I know them all and they help [relative] when they come in. They are always busy and rushing to someone else."

When agency staff were on duty relatives did not feel so confident. They said agency nurses took longer to complete the medicines round and so people may not get their medicines at their usual time. Some people on Lavender unit said they would like to get up a bit earlier in the morning and go to bed a bit later. Lunchtime on Astor and Lavender units was not well organised as there were not enough staff in the dining room to support the people eating in the dining room. People who ate in their room received good individual support to eat but staff supporting the dining room were rushed which meant that one person did not have a good mealtime experience.

We gave the above feedback to the registered manager who said they would look into people's requests to get up earlier and into the mealtime experience. The registered manager advised us that there were ten care assistant vacancies and four night staff vacancies and that they were in the process of recruiting new permanent staff.

People said that staff always made sure their call bell was within reach when they were in their bedroom and the majority said that staff responded to the bell straightaway and that they didn't have to wait. We checked how long staff took to respond to two callbells during the inspection and both times a staff member attended immediately.

Staff were recruited safely. The provider ensured suitable required checks, including criminal record checks, references from previous jobs, were carried out to minimise the risk of unsuitable staff being employed. Staff had completed training in mandatory safety topics which included medicines, safeguarding people from abuse, basic life support, fire safety and infection control.

People's feedback about medicines was that; "They bring me my tablets and watch me take them. Sometimes they are late, especially at night but I do get them and they always apologise." Another person said, "I have mine after meals. They are often a bit late but I know they come and I know what they are. They remind me what they are for"; "My pills are given to me. I know why I have them." Relatives told us that they were satisfied that people received their medicines and that they were kept informed about medicines. There were processes in place for the storage, recording and administration and disposal of medicines including controlled drugs, as outlined in the provider's medicines policy. However we noted that destroyed/returned medicines form was not always signed when medicines for disposal were collected by the respective agency.

Medicines were stored securely and room and fridge temperature were monitored daily, although we saw that room temperature was consistently higher than 25°C. For example in one of the treatment rooms, we noticed that the recorded room temperature was higher than 25°C for 12 days on the month of our inspection (January). This is outside the medicines manufacturers' storage recommendation therefore we were not assured that the medicines remain suitable for use. The provider told us that there was a problem with the air conditioning unit and it was being repaired. This work was completed at the time of our inspection.

Review of peoples Medicines Administration Records (MAR) showed that they were given their medicines as prescribed. There was evidence that people receiving medicines that needed regular blood monitoring and dose changes such as people with diabetes and those taking anticoagulants were being monitored. We saw risk assessments in care plans for people taking high risk medicines. Records showed that staff responsible for administering medicines had undergone some training although not all had completed their competency assessment. Staff told us that all staff had been enrolled to undertake the new competency assessment training. One person had missed doses of two medicines as these had not been available. This did not cause harm.

We recommend that that the service review their medicines management in line with best practice to address the issues of recording administration times, temperature of storage room, the recording of controlled drug disposal and ordering of medicines..

There was an infection prevention and control policy in place. Staff had completed training in infection control and wore protective equipment (gloves and aprons) when caring for people. Antibacterial hand gel stations were present on each floor for staff and visitors to clean their hands. The standard of cleanliness and hygiene throughout the home was good. Staff reported that mattresses and bedrails are checked and cleaned every day. A relative said, "The place is kept scrupulously clean and the staff are happy and chatty."

There was evidence that the management team learned from any mistakes made and acted to make improvements. One example of this was that following a concern, staff wrote more information about the outcome of a GP visit and had to records whether they had informed the person's next of kin about the GP visit. Some people had communication books where their next of kin and staff could write information about their welfare to ensure clearer communication. This was in order to improve communication and decrease complaints.

Is the service well-led?

Our findings

The home had a registered manager. 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. The registered manager was supported by a deputy manager and each unit also had a manager.

The management team visited each unit daily. They told us how they tried to promote a person centred culture including displaying notices reminding staff that they are in people's home and by encouraging good practice when they saw it. The registered manager said that when they interviewed new applicants for a care assistant job they always asked them if they understood person centred care.

The management team carried out audits monthly. They checked health and safety, infection control, meals, maintenance and the care plans of a sample of people living in the home. People at high risk had their care plans checked more regularly. The area manager for the provider was based in the home, met with the manager regularly and carried out mock inspections. There was a clear governance framework in place.

The registered manager talked to relatives at events throughout the year including a Christmas party, cheese and wine evening and Black History month event. As well as informal contact there had been two relatives meetings but the attendance was poor. The registered manager said that relatives phoned and emailed them and also could see them when they visited so there were opportunities for relatives to ask questions and raise concerns. In addition relatives were invited to a monthly review of their relative's care plan. This was good practice. There was an annual survey of staff and people living in the home to seek their views on the quality of care provided. The registered manager and deputy manager told us they were in the process of planning staff incentives to celebrate and reward good practice.

We asked people their views on the management of the home and whether they felt they could raise any concerns. People said they could get any concerns resolved by staff in their unit and would speak to the nurse if they had a problem or request. One said about the manager, "I feel I can ask to see her but I haven't had to." Relatives said, "I've not had to raise complaints. The staff sort things out quickly and listen and take on board any feedback. They are amenable and efficient", "The nurse sorts out any questions I have, I've never needed to complain. They do ask you what you think of things and I feel I'm listened to" and "The manager is very nice and I do feel she would welcome any feedback. The staff answer any questions and if they don't know something they go and find out and get straight back to you or call."

The registered manager was able to give us examples of how they continuously learn and improve the service. They had recently hosted the first "quality circle" meeting with some other local care homes so they could share good practice. They also visited other homes to get ideas and was planning to visit a home where computerised care planning was being used to see if this system would be appropriate for Azalea Court nursing home.

The service worked well in partnership with other agencies. In order to address some recent difficulties the registered manager was planning to meet the local hospital discharge team to improve the process of people being discharged from hospital back to the home. The GP for the home met regularly with the management team and community matron and gave very positive feedback about the management of the home and the way the registered manager worked with other professionals in the multidisciplinary team in order to provide a good standard of care.