

Coate Water Care Company Limited

Avebury House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avebury House is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 30 people in one adapted building.

People's experience of using this service and what we found

People told us they felt safe living at Avebury House and when they used the call bell, someone came quickly, they didn't have to wait too long.

People told us they were asked how they would like support, what they could do for themselves and what kind of help they needed.

People's needs were thoroughly assessed, and person-centred care plans developed. Care plans had regular updates and reviews.

People's medicines were managed using a new electronic system. This meant medicines were given in a timely manner and any errors were quickly identified and rectified.

Avebury House had recently been re-furnished and had a pleasant, calm and homely feel. People enjoyed the bright communal areas and outside space.

Feedback we received from people and visiting professionals was positive.

The service was part of the Wiltshire Alliance of care providers who take people from hospital for a period of rehabilitation under the Discharge to Assess programme.

The service worked well alongside the local authority and GP practice to provide appropriate access to care and treatment.

The management team communicated with people well, they provided good support to the staff team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 July 2020 and this is the first inspection.

Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

The overall rating for the service has changed from no rating to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avebury House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avebury House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Avebury House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service. We reviewed

notifications the provider sent to us. Notifications are information about incidents the provider is required to send to us, by law.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people about their experience of the care provided. We spoke with the registered manager, the operations manager and the operations director. We spoke with the clinical lead and four members of the care team.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rota's and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from the risk of harm.
- People had risk assessments in place which covered generic care areas such as oral health, skin integrity and mobility; as well as individual assessments according to people's specific medical conditions.
- Risk assessments were robust and comprised of a matrix showing the severity and likelihood of a risk and any actions required to reduce the risk.
- People told us they felt safe. Several people who were receiving support under the discharge to assess programme had asked to remain at Avebury House. Three people told us they felt safer at Avebury House and did not wish to return home.
- The registered manager had contacted the local authority safeguarding team appropriately and had sent CQC the required notifications.
- Staff had received mandatory training in safeguarding and were knowledgeable about identifying and acting on any concerns.
- Accidents and incidents were recorded, monitored and quality audited by the senior management team. This meant any themes or trends were identified and actions taken to amend areas of risk. Any learning from incidents was fed back to the staff team.

Staffing and recruitment

- Staff were recruited safely.
- There were sufficient numbers of staff to meet people's needs safely. We confirmed this by reviewing staff rotas. Staff we spoke with told us they were a good staff team. New care and kitchen staff were being recruited.
- The registered manager and the clinical lead worked as part of the care support team when required.
- The registered manager carried out staffing requirement checks weekly using the providers 'dependency tool'. Staffing numbers were adjusted according to the care needs and numbers of people.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- The service had a new electronic medicines administration system in place.
- People had medicines care plans which documented how people preferred to take their medicines and the support they required. 'As required' medicines (PRN) protocols were in place.
- People's records contained body charts for the accurate application of topical creams.
- The new system identified any errors so they could be rectified in a timely manner. It also enabled an

accurate audit of stock. Where errors had been identified the clinical lead ensured staff had the required competency checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with were happy with the level of care they received. They told us staff knew how to help them and asked how they wanted to be supported. People told us the communication with staff was good.
- People's care plans detailed the support people required and where people were independent. Care plans were reviewed and updated with new information regularly.
- The management team were confident that the new systems in place would mean people's needs were met efficiently and effectively.
- Some people enjoyed living at Avebury House and receiving the support they needed so much, they had asked to remain living there.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they were well supported by the staff team and the senior management team.
- We received very positive feedback from staff we spoke with regarding the support they received from the registered manager and senior management. One staff member told us, "[The registered manager] is the best manager I have had, I feel part of a family, part of a team, [they] are interested in me and are supportive and patient."
- There was regular oversight of how the service was performing. Senior managers received twice daily updates of medicines and 'planned interventions'. Planned interventions are specific care tasks for people such as fluid and nutrition, creams being applied and personal care.
- There were daily 'flash' meetings with staff and a weekly head of department meeting to update and communicate changes.
- The registered manager fully understood their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service carried out regular surveys and requested feedback from people, relatives and staff. The findings were analysed and were positive. People we spoke with were happy with the care they received. One person told us, "People make sure you are OK, the staff are lovely, I get the care I need when I need it." Another person said, "[The registered manager] makes you feel so comfortable, I feel safe and if I press the

buzzer they come, you don't have to wait."

- Feedback from professionals was also positive. One professional told us the staff team had worked really hard during the pandemic months and had stepped up to take on extra responsibilities.

Continuous learning and improving care

- The service had introduced new electronic care planning, care recording and medicines systems. This meant records were up to date and any changes or errors were identified in a timely manner.
- The systems also meant the management team had good oversight of all areas of care provision within the service.

Working in partnership with others

- The management team worked closely with Wiltshire Council commissioners and the COVID-19 support team.
- The service was part of the Wiltshire Alliance of care providers who take people from hospital for a period of rehabilitation under the Discharge to Assess programme.