

Avon Care Homes Limited

The Wells Nursing Home

Inspection report

Henton
Wells
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Wells Nursing Home is a residential care home providing personal and nursing care for up to 40 older people. At the time of the inspection there were 17 people living at the home. People had mixed ability of how much they could verbally communicate with us during the inspection. Additionally, we tried to keep people safe due to the COVID-19 pandemic by minimising interactions with them.

Each person had their own bedroom in the home and there were shared facilities. There is a garden people could access plus a lounge with a conservatory area and a dining room.

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

People and staff were all very positive about the improvements which had occurred since the last inspection. Positive, meaningful interaction was seen throughout the inspection between staff and people.

Part of this inspection we looked at infection prevention and control measures under the Safe key question. Overall, we were assured that people were being kept safe. However, whilst staff were using the correct PPE throughout the inspection. They did not fully understand the safe sequence for putting on and taking off the equipment to reduce the risk of infection spreading. We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff had only received internal training in relation to infection control outbreak. Following the inspection, we contacted the local authority to provide additional support to staff.

Systems were now in place to monitor the quality and safety of care people received. Quality assurance systems made improvements when issues were identified. The management were responsive to anything raised during the inspection including making any necessary changes.

Throughout the inspection we could clearly see the culture had changed and was more positive. Interactions between staff and people were not just task based. People were smiling, laughing and singing whilst interacting with staff and were treated with respect.

Care plans had been greatly improved in identifying and providing guidance regarding risks to people. Some improvements were still required to ensure assessments were in line with best practice such as around moving and handling and catheter care.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 25 April 2020).

After the last inspection we took account of the exceptional circumstances arising as a result of the COVID-

19 pandemic when considering what enforcement action we took as a result of the inspection. The provider did send us an action plan and was regularly updating the Care Quality Commission to help us monitor whether people were kept safe.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations for Safe and Well led. We did not look at breaches in other Key Questions.

Why we inspected

This was a planned inspection based on the previous rating.

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 coronavirus and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 26 and 28 February and 3 March 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, recruitment, governance systems, staffing levels and notifications in line with statutory requirements.

We undertook this focused inspection to check they had followed their action plan, including their regular updates, and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. The service is no longer in special measures.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Wells Nursing Home 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Wells Nursing Home

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

This inspection was carried out by one inspector and one specialist advisor nurse.

Service and service type

The Wells Nursing Home 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and had informal conversation with others whilst walking around. We spoke with eight members of staff including the registered manager and staff from a variety of levels. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care plans and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We viewed a variety of operational records whilst on site which could not be reviewed away from the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records which did not need to be seen whilst at the home such as quality assurance records, health and safety checks and training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Work had been carried out to drive improvement and risks to people were now being assessed. People at risk of pain had clear guidance in place and there were systems for those with limited communication to ensure they were comfortable. Pressure care and choking risks had clear guidance in place for staff to follow.
- People were being supported to transfer by kind and caring staff. We witnessed staff singing along and providing clear guidance and to support for someone who was being hoisted. The person was smiling and happy throughout the manoeuvre.
- However, occasionally, there were details missing in care plans to make them in line with best practice and provide clear guidance for staff. For example, people who required catheters lacked full guidance in care plans for staff to follow. The registered manager told us they knew there was still work to be completed and had clear plans of how this would be achieved.
- Staff were now receiving training and competency checks in line with people's needs. During the COVID-19 pandemic the provider was finding alternative ways to ensure people were safely supported by staff when face to face training was limited.
- Systems were in place to monitor environmental risks and put things in place should a shortfall be identified. Since the last inspection the call bell systems was replaced. A fire risk assessment was completed by an external agency and actions were being taken to rectify concerns. Clear monitoring was occurring weekly.
- People were now protected by systems which learnt when things had gone wrong. For example, one person's health had been declining leading to an increase in falls. Actions had been taken by staff and the management to arrange reviews for the person.

Systems and processes to safeguard people from the risk of abuse

At our last inspection there were no systems in place which were effectively protecting people from abuse or

improper treatment. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems were now effective at identifying when there was potential abuse. Appropriate authorities were now alerted. The registered manager was clear about their roles and responsibilities in safeguarding.
- People told us they were happy and safe at the home. They appeared comfortable around staff who worked with them. One person who had issues with their hearing aid at the last inspection had this resolved. They were clearly enjoying interacting with staff laughing, singing and smiling throughout.
- Staff knew how to keep people safe and recognise potential abuse. They were confident action would be taken if they reported anything to management. One staff member felt the increase in regular permanent staff had made a difference to keeping people safe.

Staffing and recruitment

At our last inspection current legislation had not been followed to ensure people were supported by staff who had been through safe recruitment. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were supported by staff who had been through a robust recruitment. The registered manager and another member of staff explained they had been reviewing all existing staff as well as new staff recruitment records.
- Staff had a range of checks completed prior to starting, including references from previous employers. However, some of the checks were not completed in line with current UK Border Agency requirements. These were resolved during the inspection.

We recommend the provider consider current guidance on employment checks in line with the UK Border Agency and take action to update their practice accordingly.

At our last inspection there were not enough staff to meet people's health and care needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by enough staff to meet their needs and wishes. One person said, "Staff are so good to me... They are there for me if I want them." Others were interacted with on a regular basis and smiled throughout the interactions. Calls bells were responded to quickly.
- People in their bedrooms were having frequent checks throughout the day. Records demonstrated a range of checks were completed. The activity coordinator told us how they make sure they spend time with people in their bedrooms. This had been really important during the COVID-19 pandemic to prevent isolation.
- Dependency tools were now used by the management to identify the required staffing levels. No staff

raised concerns about staff levels throughout the inspection.

Using medicines safely

- Medicines were managed safely. People self-administering medicines had clear risks assessments in place.
- Time-specific medicines were administered in line with their instructions. This included antibiotics which should be spread evenly throughout the day to increase their effectiveness.
- Medicines were stored securely in appropriate cabinets. Any medicine requiring additional security had weekly checks to ensure stocks were right.
- Guidance was in place for most 'as required' medicine to ensure it was consistently administered. Topical creams had clear guidance for staff in people's bedrooms where the administration could be recorded by the staff member.
- However, improvements were still required to ensure the provider's current medicine policy was in line with current best practice.

We recommend the provider consider current guidance on the content of medicine policies and procedures to ensure all staff have clear guidance and take action to update their policy accordingly.

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 somewhat assured that the provider was using personal protective equipment (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 somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff had only received internally training in relation to infection control outbreak. Following the inspection, we made contact with the local authority to provide additional support to staff.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed in line with their legal obligations to notify the Care Quality Commission (CQC) of significant events. This was a breach of regulation 18 (Notifications of Other Events) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider was now sending notifications in line with their statutory obligations. This included around Deprivation of Liberty, deaths and safeguarding.

At the last inspection we found the lack of effective oversight, governance and quality monitoring arrangements was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and staff were positive about the changes which had occurred since the last inspection. One person said, "This is my home" and continued to explain they had no complaints. The atmosphere at the home was warm and welcoming. People appeared comfortable and could spend time where they chose. Staff said, "It is a totally different place" and "There have been such a lot of changes. The support is amazing."

- Everyone we spoke with including people and staff praised the new registered manager. People clearly had a good relationship with them. They joked with them and the registered manager knew them all well including their likes and dislikes.

- Staff told us, "[Registered manager] knows how to approach staff. No-one is stressed anymore", and, "We are in a good place. Residents know the [registered manager] really well. We have a leader."

- Systems were now in place to monitor the quality and care that people received. When shortfalls were

found things were put in place to rectify them. Any concerns raised during the inspection were responded to thoroughly.

- Concerns were found during the inspection such as best practice around infection control and catheter care. Some issues were already known about and being managed. The registered manager was responsive and acted immediately if it was not recognised.
- The provider had been updating the Care Quality Commission weekly in line with the action which was agreed at the beginning of the COVID-19 pandemic. This included assessing risks for any potential new residents. When the registered manager was away, the regional manager sent the updated action plans.
- The provider and registered manager were realistic that improvements were ongoing. They had worked hard on prioritising actions and were also working within a COVID-19 pandemic which had created new challenges. Sustainability now needs to be demonstrated to the positive changes which have been made.

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 had understanding and acted upon their duty of candour. During the inspection we saw examples of where they had informed relatives about accidents and incidents. This included around the COVID-19 pandemic and how to keep relatives informed. We saw examples following the inspection where this openness continued.

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

- People were clearly engaged by the registered manager during the inspection. Any concerns they raised were responded to or actions were taken to rectify it at a later date. Choices had increased for people since the last inspection. For example, one staff told us, "Menus have changed. Much more choice. Carers offer the menu daily; one option is usually vegetarian but if neither option wanted, they have what they want." We saw this was put into practice during the inspection.
- All staff felt listened to, supported and could contribute to how the home was run. Comments from staff included, "I have had a lot of support from [registered manager]" and, "I felt valued from the moment I got here. I felt at home."
- We saw from correspondence with relatives they were actively involved in the running of the home by the registered manager. This included telling them about new things which were happening and speaking with them when concerns were raised. The registered manager told us they had worked hard on relationships since starting work at the home.

Working in partnership with others

- Good links had been developed with other health and social care professionals to meet the needs of the people.
- During the COVID-19 pandemic links with the local community had been strengthened. This included getting masks and face shields. They had welcomed all support that had been offered.