

Jasmine Healthcare Limited

Avenue House Nursing and Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

Avenue House Nursing and Care Home provides a service for up to 45 people, who may have a range of care needs including dementia. There were 35 people living in the home on the day of this inspection.

We carried out an unannounced comprehensive inspection of this service on 5 May 2015 and found that legal requirements had been breached. This was because the arrangements for managing PRN (as required) medication were not always safe. In addition, some equipment necessary to meet people's needs in an emergency, was missing. The provider sent us an action plan after the May inspection, setting out what they would do to meet legal requirements and address these concerns.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements. In addition, we looked at the staffing arrangements for the home, because prior to the inspection, we had received information which raised concerns about staffing levels.

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avenue House Nursing and Care Home on our website at www.cqc.org.uk.

During this inspection on 6 January 2016, we found that improvements had been made.

After the May 2015 inspection, a new manager had registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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.

New systems had been introduced to ensure people using the service had their medicines managed in a safe way.

Regular checks were being made, to ensure equipment necessary to meet people's needs in the event of an emergency, was being properly maintained.

We also found there were sufficient numbers of suitable staff to ensure peoples' safety and meet their individual needs.

Although we found that the service was no longer in breach of legal requirements, we have not changed the rating for the service on this occasion, because to do this this would require consistent good practice over a sustained period of time. We therefore plan to check these areas again during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to ensure the service was safe

New systems had been introduced to ensure people using the service had their medicines managed in a safe way. In addition, equipment necessary to meet people's needs in the event of an emergency, was being checked regularly to ensure it was safe to use.

There were sufficient numbers of suitable staff.

Requires Improvement ●

Avenue House Nursing and Care Home

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced focused inspection of Avenue House Nursing and Care Home which we undertook on 6 January 2016. The inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 5 May 2015 had been made. The inspection was undertaken by one inspector.

During the inspection we focused on one of the five questions we ask about services: is the service safe? This is because the service was not previously meeting a legal requirement in relation to that domain.

We spoke with two people living in the home and observed the care being provided to a number of other people during the morning and at lunch time. We also spoke with three members of staff including the registered manager, deputy manager and a nurse. We then looked at records such as medication records, staff rotas and meeting minutes; to corroborate our findings, and to check that the required improvements had been made.

Is the service safe?

Our findings

Following our last inspection on 5 May 2016, we found that improvements were required in this area. This is because we found some anomalies in regard to PRN (as required) medication. This meant people using the service were at risk of not having their care and treatment provided in a safe way, because medicines were not always managed in a safe and proper way. In addition, we found that the home's first aid box did not have all the required equipment. This placed people at risk of not having their needs met properly in the event of an injury or an emergency. These were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. The provider submitted an action plan after the inspection which outlined the improvements they planned to make to address both these areas.

During this inspection we found that the registered manager, who had been new in post in May, had made a number of improvements. For example, staff meeting minutes showed the registered manager had discussed the previous non-compliance with staff, and outlined what was needed to ensure medicines were managed safely in the future. She showed us evidence of recent training for staff responsible for administering medication, and confirmed training had been organised for two new members of staff. The registered manager told us she planned to introduce further checks; to test staff knowledge and competency following training. We also saw that a new system had been introduced to check the controlled drugs in the home; to minimise the risk of errors or any going missing. We checked a sample of these medicines and found the records matched the actual number of drugs in stock.

At the previous inspection, it had not always been clear what quantity of PRN medication had been administered to people, or the reasons for it being given. We checked a sample of medication records on this occasion and found clear information about the quantity and reasons for PRN medication being administered was now being recorded. This showed that systems were now in place to ensure the proper and safe management of PRN medicines.

The registered manager showed us a chart that had been introduced to check the contents of the home's first aid box on a weekly basis. We checked the box and found the contents matched those recorded on the new chart. In addition, we saw that the registered manager had introduced more checks to ensure other essential equipment, such as a suction machine, nebuliser and syringe driver, were in good working order. This showed that systems were now in place to ensure people's needs were met, because equipment was being checked to make sure it was safe to use.

Prior to this inspection, we had received information which raised concerns about staffing levels at the home, so we included staffing in this inspection. The registered manager told us that there had been a lot of changes within the staff team since the last inspection. She felt this had been positive because it had enabled her to recruit the right people for the service. The registered manager explained that during the changes, agency staff had been used but this had not been the case for around the last two months, because they were now fully recruited.

People we spoke with told us there were sufficient numbers of staff to keep them safe and meet their needs, although the time it took staff to respond at busy times could vary. We checked this out by pressing the call bell in one person's room twice around lunch time. On both occasions staff were prompt to respond. Another person told us they called out for staff if they needed them, but they didn't need to do this often, as staff were often close by. Staff we spoke with were content with staffing levels in the home. They told us there had been some staff sickness over the Christmas period, but they had been able to manage between themselves. In addition to the registered manager, there were seven care members of staff on duty - including a registered nurse, an activity coordinator, a cook, a kitchen assistant, two domestic members of staff, a laundry assistant and the maintenance lead for the home. We observed that there were enough staff on duty to meet people's needs in a timely way. The registered manager showed us a dependency tool, which she used to calculate the staffing levels required, and told us that rotas were planned six weeks ahead. The current rota showed that staffing levels were consistent with those seen during the inspection. This meant that systems were in place to ensure sufficient numbers of suitable staff to keep people safe and meet their needs.