

Coate Water Care Company Limited

Avebury House

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Avebury House is a care home with nursing for up to 41 people. People had their own rooms and access to communal rooms such as bathrooms, dining rooms and lounges. People had access to outside space as the home had gardens around the building. At the time of the inspection there were 29 people living at the home, some of whom were living with dementia.

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

People and their relatives told us they felt safe at Avebury House.

Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe. We observed staff following the risk management plans during the inspection. Care records demonstrated risk management plans were being implemented effectively, including records of fluid intake and repositioning to prevent pressure damage to skin.

People were supported to safely take the medicines they were prescribed, included medicines that were taken 'as required'. People told us staff brought them their medicines on time and they were able to have additional pain relief when needed.

The home was clean and the provider had systems in place to control the spread of infections.

The provider had developed detailed action plans to address the shortfalls identified at the last inspection. The plans included information about who was responsible for completing actions and had been regularly reviewed to ensure they were on track. Progress to complete actions was overseen by the regional manager.

The regional manager had established a management team in the service to make the immediate improvements that were needed. There were plans for how the service could move forwards and ensure the immediate improvements were embedded in practice. This included work with the staff team to identify and rectify gaps in skills and knowledge through training and supervision.

The provider had established a series of audits, to assess how key aspects of the service were operating. These included assessments of the medicines management systems, monitoring of food and fluid intake, care planning, risk assessments and observations of staff practice. Records demonstrated these audits had identified shortfalls in the way some systems were working and identified how improvements could be made. Actions from the assessments had been followed through to ensure improvements were implemented by all staff.

The management team were working with people, relatives, staff and health and social care professionals to receive feedback and make improvements.

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 22 February 2023)

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

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. This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

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, including action plans submitted by the provider. We used the information the provider sent us in the provider information return

(PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who live at Avebury House and 2 relatives. We reviewed records relating to risk management and care for 10 people, medicines management records and management auditing records. We spoke with the manager, regional manager and 5 staff. We received feedback from 2 health and social care professionals.

Is the service safe?

Our findings

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

At our last inspection this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe question at this inspection.

The purpose of this inspection was to check on action taken to meet the requirements of Regulation 12 (Safe care and treatment). We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people were assessed, and action taken to mitigate them. 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.

- Systems were in place to identify, assess and reduce risks to people.
- Risk assessments had been completed and details of the plans to manage risks were available to all staff on the care records. Examples included support for people to manage the risk of falls, the risk of developing pressure ulcers and risks in relation to specific health conditions.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. People and their relatives were involved in reviews.
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe. We observed staff following the risk management plans during the inspection. Care records demonstrated risk management plans were being implemented effectively, including records of fluid intake and repositioning to prevent pressure damage to skin.
- People and their relatives told us they felt safe at Avebury House. Comments included, "Very safe. They are always very quick to help people who get into difficult situations" and "I feel very safe here. They will always help me if I need it."

Using medicines safely

At our last inspection the provider had failed to ensure medicines were consistently managed safely. 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.

- People were supported to safely take the medicines they were prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the service.
- Medicines rooms were clean. Equipment for cutting tablets was not being shared and was cleaned after each use.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine. Records demonstrated

staff followed these protocols.

- People told us they received their medicines on time. They said they were able to receive 'as required' medicines when they needed them, for example for pain relief.

Preventing and controlling infection

At our last inspection the provider had failed to ensure there were effective systems to prevent the spread of infection. 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.

- The home was clean and smelt fresh in all areas. Work was underway to redecorate bathrooms and hallways. Additional cleaning tasks had been developed since the last inspection and systems had been established to ensure these were completed effectively.
- 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.

At our last inspection this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check on action taken to meet the requirements of Regulation 17 (Good governance). We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have effective systems to assess, monitor and improve the quality of the service provided. This 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.

- The provider had developed detailed action plans to address the shortfalls identified at the last inspection. The plans included information about who was responsible for completing actions and had been regularly reviewed to ensure they were on track. Progress to complete actions was overseen by the regional manager.
- The regional manager had established a management team in the service to make the immediate improvements that were needed. There were plans for how the service could move forwards and ensure the immediate improvements were embedded in practice. This included work with the staff team to identify and rectify gaps in skills and knowledge through training and supervision.
- The provider had established a series of audits, to assess how key aspects of the service were operating. These included assessments of the medicines management systems, monitoring of food and fluid intake, care planning, risk assessments and observations of staff practice. Records demonstrated these audits had identified shortfalls in the way some systems were working and identified how improvements could be made. Actions from the assessments had been followed through to ensure improvements were implemented by all staff.
- The manager had established contacts with relevant health and social care professionals to help them make improvements to the service. We received positive feedback from professionals about the way the manager had worked with them. Comments included, "They have been welcoming and open about the changes and willing to accept support" and "Whenever I emailed [the manager] to ask that various items be addressed, or to query anything, she responded in a timely manner and where appropriate added items to the residents care plan."
- Staff told us they had seen improvements since the last inspection. Comments included, "The management team have a very good handle on how risks are being managed and have good oversight of the service. They prioritise what is needed to keep people safe. Staff now genuinely understand the risks people face" and "The home has improved a lot. They were clear with us about the failings after the last

inspection and have been working to put things right."

- The manager had established meetings with people and their relatives to receive feedback and set out the action they were taking. The manager had apologised to people for the failings in the service and expressed a commitment to put things right. One relative told us, "There have been relatives' meetings to discuss the issues and how they are going to make the improvements."