The Orders Of St. John Care Trust

Avonbourne Care Centre

Inspection report

1 Mitre Way
Old Sarum
Salisbury
Wiltshire
SP4 6NZ

Tel: 01722429400
Website: www.osjct.co.uk

Date of inspection visit:
17 July 2019

Date of publication:
08 August 2019

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
Avonbourne Care Centre is a care home providing accommodation and personal care for up to 120 older people, some of whom may have dementia. At the time of the inspection 51 people were living in the home.

People's experience of using this service and what we found
At the last inspection we told the provider they needed to improve the way they supported people with medicines, managed risks and assessed the quality of the service. At this inspection we found the provider had made the improvements necessary to meet legal requirements.

Medicines were safely managed. People were supported to take the medicines they had been prescribed. Staff had received additional training and managers regularly checked to ensure the systems were working well. People told us they received their medicines on time and were able to get additional pain relief promptly if they needed it.

Risks people faced had been assessed and there were clear plans setting out the support they needed to stay safe. People told us they felt safe in the home. Staff had a good understanding of the risks and support people needed to stay safe.

There were effective systems in place to assess the quality of the service and plan improvements. The management team made regular checks of all aspects of the service and sought feedback from people about their experiences. This was used to develop a comprehensive service improvement plan, which was regularly reviewed.

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

Rating at last inspection
The last rating for this service was requires improvement (published 30 April 2019) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 13 March 2019. Breaches of regulations were found and we served a warning notice against the provider. 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 and governance of the service.

We undertook this targeted inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to safe care and treatment and

governance of the service.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement. This is because we have not assessed all areas of the key questions.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avonbourne Care Centre 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Avonbourne Care Centre

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.

Inspection team
The inspection was completed by one inspector.

Service and service type
Avonbourne Care Centre 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.

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. In addition to the registered manager, there was another manager and a general manager.

The provider has submitted an application to change the registration of this service, so that there are two registered locations in the building, each with a registered manager. We are in the process of assessing that application, to ensure it meets legal requirements and guidance. This inspection did not form part of that registration assessment.

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. This included the action the provider said they would take to address the shortfalls identified at the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections.
We used all of this information to plan our inspection.

During the inspection-
We spoke with four people who use the service about their experience of the care provided. We spoke with six members of staff including the general manager, a manager, care workers and the peripatetic manager. We also spoke with an external consultant the provider had employed to help improve the quality of the service provided. The registered manager was not available during the inspection as they were on a period of leave.

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 audits and a service improvement plan were reviewed.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

Using medicines safely

● At the last comprehensive inspection, in March 2019, we assessed that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always receive the correct dose of medicine they had been prescribed. This was a repeated breach of regulations in relation to medicines management. We served a warning notice as a result of this on-going breach of the regulation. We told the provider they needed to meet the requirements of the regulation by 30 June 2019.

● At this inspection we found the provider had taken the action needed to ensure medicines were managed safely. People were supported to take the medicines they had been prescribed.

● Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take. There was a record of all medicines received into the home and disposed of.

● Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. Staff had recorded why they had supported people to take this medicine and whether it worked, for example whether it helped control people's pain.

● We observed staff following safe practice when supporting people with their medicines. Staff administering medicines had received training. They were assessed regularly to ensure they put the training into practice.

● The provider had developed new systems to check medicines had been administered correctly, to enable any missed medicines to be picked up early and corrected. Meetings were held for all staff who administered medicines. This helped to ensure all staff were aware of changes to systems and review any areas that were not working well.

● The supplying pharmacist had completed an audit of the service in June 2019. They assessed the systems to be safe and working well.

● People told us staff provided good support for them to take their medicines. People said they received their medicines on time and staff responded promptly if they needed any pain relief.

● Staff told us they had received additional support with medicines management and felt they were able to concentrate on supporting people without distractions. Staff were confident the medicines management systems were safe.

Assessing risk, safety monitoring and management

● At the last inspection, in March 2019, we identified the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks people faced had not been effectively assessed and managed. We told the provider to tell us what they would do to meet the

requirements of this regulation. The provider sent us their action plan following the last inspection, which stated they would meet their legal requirements by 30 June 2019.

● At this inspection we found the provider had taken the action needed to ensure risks were managed effectively.

● Risks people faced had been assessed and there were clear plans setting out the support they needed to stay safe. Examples included risks people faced in relation to falls, pressure ulcers and altercations between people as a result of distress reactions. The assessments and plans contained specific information about the person concerned and the support they needed.

● The provider had developed risk management plans in consultation with specialists where necessary. Examples included speech and language therapists in relation to choking risks; tissue viability nurses in relation to the risk of pressure damage; and Admiral Nurses in relation to distress reactions for some people living with dementia.

● Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe. Staff said there was good communication around any changes to the plans.

● The management team reviewed any accidents and incidents to assess whether changes were needed to the risk management plans. Records demonstrated plans were changed in response to incidents where existing measures to keep people safe had not worked or people's needs had changed.

● People told us they felt safe living in the home. They said staff provided good support, which helped them to stay safe.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the home.

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

- At the last inspection, in March 2019, we identified the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they did not have effective systems to assess, monitor and improve the service provided. We told the provider to tell us what they would do to meet the requirements of this regulation. The provider sent us their action plan following the last inspection, which stated they would meet their legal requirements by 30 June 2019.
- At this inspection we found the provider had taken the action needed to ensure there were effective systems for oversight of the service and planning improvements.
- The general manager reported they had changed the process of assessing the service and planning improvements. They had re-launched regular management meetings to review and plan improvements to the service. This was used as an opportunity to share good practice with different parts of the home.
- Feedback was obtained from people and their relatives through surveys and group meetings.
- The management team completed regular audits and checks of the service. This included reviews of staff practice as well as records. The checks included night visits by members of the management team. Records demonstrated discussions about improvements needed had been held with staff, both in groups and individually.
- The provider had employed a consultant to help with oversight of the service and to make improvements that were needed. The consultant had been focusing on improvements to the medicines management systems and working with staff to develop their skills and confidence.
- Staff told us they were confident the management team could make the improvements necessary, with one commenting, "Management have a good understanding of what is happening on the floor. They check things regularly to ensure the home is working well."
- The various assessments and checks had been used to develop a comprehensive service improvement plan. The plan contained detailed information about actions needed to make the improvements. There was a named member of the management team who was responsible for each action. Actions were reviewed regularly and amended if necessary. The improvement plan identified the initial steps that had been taken to meet the legal requirements of the regulations. Monitoring was continuing to ensure the improvements were sustained and embedded in daily practice in the service.