

Advice Doctor Limited

Annabel House Care Centre

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

About the service

Annabel House Care Centre is a care home providing personal and nursing care for up to 30 people aged 65 and over. At the time of the inspection there were 17 people living at the home. The service is laid out over two floors, with communal areas such as two lounges and a dining room on the ground floor.

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

People and staff had been placed at risk of potential harm due to ineffective and inconsistent systems in place for COVID-19 testing for staff. Published guidance in relation to procedures to follow in the event of a positive COVID-19 result had not been followed.

As a result of these inspection findings, the provider took immediate action to ensure staff COVID-19 testing followed government guidelines. By the second day of the inspection changes were made to ensure tests were carried out systematically, with results recorded and overseen. During the inspection the senior management team changed.

Governance systems were in place. However, some management audits had not been completed in the latter part of 2020 as scheduled. There was a lack of provider audits which would support the overall oversight of the service. The provider said this would be addressed.

We received positive feedback about staffing levels at the service. New staff were recruited safely. Medicines were administered and managed well. There were regular checks on the environment and equipment.

People were happy and enjoyed living at Annabel House Care Centre. There was a friendly and calm atmosphere. Staff were valued by the provider and worked well as a team. The home was clean and well maintained.

We observed positive interactions during the inspection. Staff knew people well and had developed good rapport.

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 22/07/2019. An infection prevention control assurance inspection was conducted in January 2021, published 26/01/21.

The last rating for the service under the previous provider was good, published on 23/08/2018.

This service has no overall rating, as it has not yet been inspected across all five domains.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns we had received. The concerns referenced the service failing to follow government guidance relating to COVID-19 testing and isolation. A decision was made for us to inspect and examine those risks.

We inspected and found these concerns were substantiated. There were risks with the overall COVID-19 testing system for staff, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We found immediate improvements were needed in relation to effective systems in testing staff for COVID-19. We sent a letter requiring the provider to take prompt action to address these concerns. The provider sent us evidence of the measures they had implemented straight away.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to Regulation 17 (good governance) at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 ●

Annabel House 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. 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 completed by one inspector. An assistant inspector completed telephone calls with relatives and people after the inspection.

Service and service type

Annabel House Care centre 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. We did not request a 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. We used all of this information to plan our

inspection.

During the inspection

We spoke with one person and five staff members which included the registered manager.

We reviewed a range of records. This included three people's care records and multiple medicine records.

We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, records of COVID-19 testing and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to COVID-19 testing. The concerns found were referred to the local authority safeguarding team. We spoke to two people to gain their feedback and four relatives. We also spoke to a further two staff members after the inspection.

Is the service safe?

Our findings

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

This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured the provider was accessing testing for people using the service and staff effectively. There was no provider policy in place in relation to COVID-19 staff testing.
- We were not fully assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were not fully assured that the provider was admitting people safely to the service. Any person admitted to the home since the start of the outbreak had been placed at risk due to the lack of effective and reliable staff testing.
- The home was clean and tidy. One person said, "Oh it's brilliant, you couldn't be in a better place. You couldn't see a bit of dust." A relative said, "Yes, it is clean and tidy."
- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives told us about the safety measures in place when they had visited. One relative said, "I sat in the conservatory. I had apron, gloves and the mask and visor on."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Assessing risk, safety monitoring and management

- Risk assessments were in place in areas such as skin integrity, health conditions and mobility. These directed staff on how to manage known risks.
- Checks and assessments were in place to safely manage the environment and equipment.
- Fire risk assessments and procedures were in place. Regular checks on fire safety equipment were completed both internally and externally.

Staffing and recruitment

- Staffing levels were kept at the level deemed safe by the provider. A staff member told us, "Staffing levels are good." One person when asked if there were enough staff said, "Yes."
- Recruitment procedures were followed. This included a Disclosure and Barring Service check (DBS) and a full employment history and satisfactory references. A further reference for one staff member was sought after the inspection as it related to employment in health and social care.

Using medicines safely

- Medicines were stored, managed and administered safely.

- Medicine Administration Records (MAR) were completed accurately. Two recent recording errors had been identified and managed promptly.
- We highlighted where for three people their known allergies were not showing on the printed MAR. The deputy manager said this would be addressed.
- Temperatures of medicine storage areas were monitored. Medicines that required additional storage in line with legal requirements were stored appropriately.
- Protocols for, 'as required' medicines were in place. These guided and recorded when people had additional medicines.
- Thorough medicine audits were conducted monthly and identified areas for improvement.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well supported. One person said, "I feel nice and safe and I get on well with everyone."
- Staff had received training in safeguarding adults. Staff we spoke with were clear on what constitutes abuse and their responsibility to report any concerns.
- Systems were in place to report safeguarding concerns to the relevant authorities. Records showed this had been completed when appropriate.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Changes to the reporting form were made during the inspection to ensure actions to reduce reoccurrence were clear.
- Accidents and incidents were analysed monthly to monitor for pattern and trends.
- From this inspection it was highlighted information in daily notes were not always easy to read and events were not always timed. By the second day of the inspection, the service was trialling an electronic system of recording.

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 key question has been rated 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

- Published guidance in relation to procedures to follow in the event of a positive COVID-19 result had not been followed.
- On the first day of the inspection it could not be demonstrated that an effective system of staff testing for COVID-19 was in place that followed published government guidance or public health advice.
- Provider audits were not conducted. The provider said this was to be actioned.
- A range of audits were completed monthly by managers. These included areas such as accidents and incidents, care planning and infection control. Some audits the registered manager was responsible for had not been conducted between July 2020 and February 2021 as scheduled. The new manager had identified and was addressing this, including reviewing the frequency of infection control audits in light of the COVID-19 pandemic.

This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC.

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

- The service had a friendly and calm atmosphere. One person said, "Oh yes it's lovely and bright and the staff are very kind and the residents are kind as well." Another person said, "I love living here."
- Staff said they worked well together. One staff member said, "We have got a great team. Staff are really friendly."
- People and relatives said they knew who the new management team were and could raise any concerns. A relative said, "I certainly find them [managers] approachable." Another relative said, "They've been fantastic. The deputy manager has been so supportive."

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 new manager had a full understanding of the duty of candour. Relatives told us they were kept well informed and issues and concerns were addressed.

- Relatives, people and staff had been informed about the recent management changes.
- The provider was clear a full explanation would be given under the duty of candour when investigations both internally and externally were concluded.

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

- Regular staff meetings were held. One staff member said, "We can bring up anything."
- A recent staff survey had been conducted. Actions taken from this were displayed. For example, introducing a policy of the month for staff to review and discuss.
- People told us staff were responsive, caring and approachable. One person said, "There is always people to talk to. If I've got something on my mind I go and tell them [staff] and they help me sort it out."

Continuous learning and improving care; Working in partnership with others

- The provider had made adaptations to the service in response to the COVID-19 pandemic. For example, in areas to hold safe visits.
- Reflective supervisions were held with staff when areas of improvement had been identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured governance systems monitored and reduced the risk in relation to COVID-19. The provider had not ensured systems were operated effectively for staff testing for COVID-19. Regulation 17 (1) (2) (b)(d)