

HC-One No.1 Limited

Avon Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avon Court Care Home is a nursing home providing accommodation and personal care for up to 60 people. At the time of our inspection there were 41 people living at the service. Accommodation was provided on two floors accessed by stairs and a lift. People had their own rooms and use of communal areas such as lounges, dining rooms and a conservatory. The home also provided rooms for people on a short stay arrangement in partnership with the local authority. These rooms were for people being discharged from hospital and in need of rehabilitation before moving back to their own homes.

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

Risks to people's safety had been identified and assessed. Plans were in place for staff to use to support and provide care safely. Plans were reviewed regularly or when people's needs changed. Two plans we reviewed needed more details, we informed staff during our inspection so action could be taken to update them. The provider had identified improvement was needed for care planning and taking action to improve quality of records.

People had their medicines as prescribed. The service had an electronic medicines management system which helped to identify shortfalls. We did note one person had not had their time sensitive medicines in a timely way. This was shared with the manager who took action to address this. Staff had medicines training and were assessed for competence.

People were supported by sufficient numbers of staff. There had been staffing challenges and agency staff were used to fill gaps in staffing rotas. The provider and the manager were working to recruit new staff using various methods. People told us staff were busy, but staff responded to them in a timely way. Staff had been recruited safely.

The home was clean and had been decorated shortly before our inspection. Cleaning schedules were in place to make sure all areas of the home were cleaned. Staff were observed to be wearing personal protective equipment (PPE) safely. Staff told us they had training on infection prevention and control good practice and received regular updates when needed. The home was following government guidance on testing for COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Prior to our inspection we received information of concern about staff interaction with people particularly at night. We visited in the evening and spent time observing staff interactions. We did not find evidence to substantiate any concerns. People told us staff were caring and kind and they felt comfortable with staff. People and relatives told us people were safe at the service. Staff had been given training on safeguarding

and understood their responsibilities.

People could share their feedback using quality surveys and reviews of care. The service used a 'Person of the day' process to review people's care and make sure they were satisfied. Staff were able to attend staff meetings to share views and have updates on events and people's needs.

There was a registered manager in post who was on long term leave at the time of this inspection. The provider had placed an experienced interim manager at the service who had worked for the provider for many years. Feedback from people, relatives and staff about the manager and deputy manager was positive. We were told they were visible, approachable and very supportive. Staff told us there was good teamwork and despite staffing challenges morale was high amongst staff.

Staff worked in partnership with various healthcare professionals to make sure people had their health needs met. Due to the service having a number of 'short stay' rooms there were professionals regularly visiting the home to provide rehabilitation. Some professionals told us communication could be improved with the management. We shared this feedback with the manager and area director who told us they would review current systems.

Quality monitoring systems were in place to make regular checks on quality and safety. The provider had systems that gave senior management access to key data such as weight loss, pressure ulcers and medicines incidents. This enabled the provider to make sure the right action had been taken to support people safely.

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 good (published 4 February 2021). At our last inspection we recommended that the provider review their policy about making sure end of life medicines were included in the care planning process. At this inspection we found this action had been taken.

Why we inspected

The inspection was prompted in part due to concerns received about personal care, staff approach and some risk management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avon Court Care Home on our website at www.cqc.org.uk.

Follow up

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

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avon Court Care 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 Health and Social Care Act 2008.

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 four inspectors.

Service and service type

Avon Court Care Home 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. Avon Court Care Home is a care home with nursing care. 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 a registered manager in post, but they were on long term leave. The home was being managed by an interim manager; we will refer to them as a manager in the report.

Notice of inspection

This inspection was unannounced. The first day of our inspection started at 7.30pm.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 this information to plan our inspection.

During the inspection

We spoke with 11 people and three relatives about their experiences of care and support received. We spoke with 12 members of staff, the manager and the area quality director and we contacted five healthcare professionals for their views about the service.

We reviewed nine people's care and support records, multiple medication records, staff meeting minutes, agency staff profiles, three staff files in relation to recruitment, health and safety records, accidents and incidents and various quality monitoring and management records. We also reviewed the service improvement plan and policies and procedures.

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 we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Comments included, "I am happy here, I feel safe and I know who to report things to" and "I feel safe here in this room, staff are lovely, there is not one I don't like."
- This inspection was undertaken due in part to concerns received about staff approach, particularly at night. One of our site visits was carried out during the evening to observe and listen to staff interactions with people. We found no evidence to substantiate any concerns about staff approach.
- The manager told us they had noted some concern with agency staff and how they worked with people. The manager said they had taken action not to use those staff again and passed on their concerns to the agency involved.
- Staff had received safeguarding training, and all told us they would not hesitate to report any concern. One member of staff told us, "I would contact the nurse in charge, I would contact the manager depending on what [concern] it is. I would always report it."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and reviewed. There were various risk management plans in place for risks such as moving and handling, choking and developing pressure ulcers. These had been reviewed when needed.
- We did see two management plans that needed more details. Action had been taken to involve healthcare professionals, but the guidance shared had not been added to people's plans. Some detail was not clear. We shared this with nursing staff who took action during the inspection.
- The provider had identified improvement to care planning was needed via their own quality monitoring. Action needed was added to the overall service improvement plan. The service was planning to introduce electronic care plans which would help to keep records updated in a timely way.
- Health and safety checks were carried out on the property and equipment to make sure it was safe to use.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff had been recruited safely. This included a check with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Agency profiles were in place for any agency member of staff who worked at the service. The profile recorded checks carried out by the agency and included training information for each member of staff.
- The service had faced staffing challenges but had strategies in place to try and recruit more staff. The provider had a recruitment team working to source care and support staff for all the provider's homes.
- People and staff told us there were times when there were shortages of staff due to short notice sickness. Staff told us they worked together as a team and made sure people's needs were met.
- Comments from people and staff included, "There are not enough carers sometimes, they are run off their feet", "It is tough, we have all mucked in as a team, the manager has brought us together and we all muck in which is nice. We do manage" and "We all pull together as a team for the residents. We are being well-led, and we feel appreciated, we all work as a team."

Using medicines safely

- At our last inspection we made a recommendation that the provider review their policy around end of life medicines and care planning. At this inspection the provider shared their end of life medicines and care planning policy with us which had been reviewed.
- People had their medicines as prescribed. The service used an electronic medicines management system which held all medicines related records in one place. People had their own medicines administration record and we observed no gaps in recording.
- We observed one person did not have their time specific medicine consistently at the right time. We raised this with the manager and provider. This shortfall was added to the service improvement plan so further action could be taken.
- People had PRN (as required medicine) protocols in their files, this supported staff to understand when people may require their PRN medicine and how to administer these safely.
- People received topical creams as prescribed. Topical creams were stored in a temperature-controlled room and were dated to ensure staff would know when they were opened and when they would expire.

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 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.

Visiting in care homes

- We observed during our inspection, including the evening people had visits from friends and/or families. There were no restrictions on visiting at the service.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed. Any lessons learned were discussed in meetings held with heads of department daily and cascaded to other staff. We also saw themes were discussed in staff meetings and recorded in the minutes kept.

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection there was no registered manager in post. At this inspection there was a registered manager in post who was on long term leave. An interim manager was in post who had worked for the provider for some years and knew their policies and procedures.
- The rating from the last inspection was displayed at the home and on the providers website. Statutory notifications had been submitted to CQC when needed.

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

- People told us the staff were caring and kind and worked hard to provide person-centred care. Comments about the staff included, "Staff go above and beyond, and nothing is too much trouble", "Staff are alright and treat me well" and "The staff are very good, they are lovely."
- Relatives told us they thought the care provided was personalised and they were happy with the service. One relative said, "I can't fault the place, they have been brilliant, [relative] is very happy there, but he knows he is well looked after. They [staff] are wonderful, it is the best place for [relative] to be."
- Staff told us the manager was visible, approachable and managed the service effectively. Comments about the manager included, "[manager] will jump on to what she needs to do, always has her office door open, you can always pop in and see her", "It is loads better now, I think we are more well-led. We have [manager] now, she is brilliant, everyone seems to know what they are doing" and "[manager] is really supportive and she says thank you quite a lot, makes you feel better."
- Staff worked well as a team and told us despite the staffing challenges they felt morale was high. Comments included, "There is a good team spirit here, we work well as a team and help each other", "We have got some lovely staff here, we all get on" and "Staff are all feeling good. Considering we use a lot of agency; the morale is really good. We try to make things good for the residents, they are what matters."

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 provider was aware of their responsibilities of duty of candour, there was a policy in place. In the provider information return (PIR) the provider told us, 'All concerns and issues raised are dealt with in an honest, open and transparent manner'.

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

characteristics

- People told us they were asked for their views via surveys. One person showed us a survey they were filling in during our inspection.
- The service used a 'Person of the day' system which was a review of people's needs and records. Relatives were contacted for any feedback and people were involved in making sure care was right for them.
- Staff had opportunity for sharing ideas and discussing work related issues. There were staff meetings, opportunities for supervisions and daily handovers. One member of staff told us, "If I say something is not working, the manager listens, and she tries things. The team are open to doing things differently."

Continuous learning and improving care

- Quality monitoring was in place. The provider had many systems in place to make sure all areas of the service were reviewed so improvements could be identified.
- The manager completed a daily walk around which was recorded reviewing cleanliness, call bell response times carrying out observations of care. Any actions identified for improvement were added to the service improvement plan and discussed at daily head of department meetings.
- There was regular monitoring of key clinical areas such as weight loss, medicines incidents and falls. The manager recorded data on the providers systems which enabled quality teams, regional support teams and senior leadership to monitor performance. Any concerns were reviewed at regional operations visits to the home.

Working in partnership with others

- Staff worked in partnership with various healthcare professionals to help meet people's health needs. Some feedback from professionals about communication was that the service could improve.
- The manager told us they had identified communication with professionals as an area for improvement so allocated one member of staff to link with professional's day to day. They assured us this did improve communication. However, that member of staff was off work long term, so the link was not in place during our inspection. We shared feedback received with the manager and area director who told us they would review systems in place.