

Almondsbury Care Limited

# Axbridge Court Nursing Home

## Inspection report

West Street  
Axbridge  
Somerset  
BS26 2AA

Tel: 01934733379  
Website: [www.almondsburycare.com](http://www.almondsburycare.com)

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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

Axbridge Court Nursing Home is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 36 people in one adapted building.

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

People we spoke with said they were looked after well, and staff were kind. We observed person-centred and caring interactions between staff and people who lived in the home. People had risk assessments in place and guidance for staff on how to manage these risks. However, care records were not well-organised, and we have made a recommendation about this. People were supported by staff who had been recruited safely, received suitable training and supervision. Staff managed and administered people's medicines safely, however we identified that some medicines were over stocked.

Equipment used to support people was serviced regularly and checks were also carried out by staff. Health and safety checks were undertaken, maintenance was carried out where needed. Incidents were reported and the registered manager had an overview of these.

We were mostly assured people were protected from the risk of infection. Staff were wearing personal protective equipment (PPE) in line with government guidelines. However, we identified a risk in the use of the allocated staff room. The registered manager immediately closed this room and arranged to allocate a more suitable space for staff to use. There were arrangements in place for people to receive visitors safely; part of the dining room was used for this purpose due to the availability of space and ventilation.

There was a person-centred culture at the service. People commented positively about the staff and the care they received. Staff were warm and kind when interacting with people. Staff told us their morale was good and they felt supported by the registered manager.

Improvements needed at the service had been identified, with refurbishment of communal spaces and plans to upgrade bedrooms. The registered manager had an improvement plan in place.

Regular audits had been carried out to check the service was operating safely and effectively. Where required the registered manager had notified stakeholders of significant events. There were plans in place to improve people's contact with the wider community once coronavirus restrictions were eased further.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018).

## Why we inspected

The inspection was prompted in part due to concerns received about operational oversight of the provider's other services. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Axbridge Court Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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

# Axbridge Court Nursing 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 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 carried out by two inspectors

### Service and service type

Axbridge Court Nursing Home 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 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 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 three people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, the nurse in charge, care workers and the maintenance person.

We reviewed a range of records. This included five people's care records in respect of risk assessments and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from abuse. Staff received training in safeguarding; they knew what to report and who to. Staff told us it was their job to keep people safe and report any concerns. When concerns were identified the appropriate authorities had been notified.

Assessing risk, safety monitoring and management

- Environmental risks were identified, and regular maintenance checks undertaken. Safety checks of gas, fire alarm and electrical systems had been carried out. Hoists and slings had been checked and serviced at six monthly intervals.
- Emergency evacuation plans were in place. Each person had an up to date plan to advise staff and emergency services of the support they would require in the event of an evacuation.
- There were systems in place to identify and manage risks. Individual risks such as falls, skin integrity and nutrition had been assessed and actions identified to reduce these risks. However, care records were not well organised and there was no consistent system that enabled care staff to identify these risks quickly. There were two different paper records systems in use. A new electronic records system had been purchased, but only one person's records had so far been transferred to the new system.

We recommend the provider organises care records, so they are easily accessible to staff in one consistent system.

Staffing and recruitment

- There were sufficient numbers of suitably qualified staff working at the service. The registered manager was recruiting to fill vacant posts; at the time of inspection staffing shortfalls were filled by agency staff.
- Staff said there were enough staff although when only four were on shift, "It could be tight."
- The registered manager assured us that when more people were admitted to the home, staffing would be reviewed and amended in line with the dependency of people living in the home. A dependency tool was seen in people's care files.
- Staff had received suitable training and supervision. Recently staff had been able to attend in-person moving and handling training.
- Staff were recruited safely. Checks were undertaken to ensure suitable staff were employed.

Using medicines safely

- Medicines were obtained, stored and administered safely. Controlled medicines were stored within legal guidelines and their administration recorded in line with legal requirements.

- People's medicine administration records (MARs) contained a current photograph to reduce the risk of administration to the wrong person. Any allergies were also recorded.
- Stock checks were undertaken, however, we noted there was some excess stock of medicines. We spoke with the registered manager who said they would ask nursing staff to review stock levels and reduce the amount of excess stock.

#### 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 somewhat assured that the provider was using PPE effectively and safely. There was hand sanitizer, gloves and aprons placed in various places within the home accessible to staff and suitable systems in place for disposal of these items. On two occasions staff were not wearing masks appropriately. This was addressed by the registered manager who ensured masks were available where staff took their breaks.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. During the visit, two staff were observed using a small staff room, which had no ventilation. This was discussed with the registered manager in respect of the risks to staff in light that masks would be removed during the break and the close proximity of the staff. The registered manager immediately addressed this by decommissioning this room as the staff room.
- 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.
- We have also signposted the provider to resources to develop their approach

#### Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents. Actions were put in place to prevent recurrence where possible.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We spoke with three people who were happy with the care being provided. Comments included, "Staff have been excellent", "Cannot fault it, my hearing aid was not working and staff sorted it" (they said due to COVID-19 this has had been delayed), and two people said "It's been alright, I am ok here". People said their call bells were answered promptly with a, "Yes I think so" and, "They (staff) come as quick as they can."
- Staff described a positive culture where they felt supported. Staff talked about how approachable the registered manager was and the changes that had been made, especially around the décor. Staff told us they had a thorough induction and could get support from nursing staff.

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 registered manager understood their responsibilities to be honest about any incidents of actual or potential harm. Records at the service showed appropriate people had been informed when such incidents occurred.

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

- The registered manager had implemented a comprehensive system of audits to enable monitoring of the quality of the service delivered. Audits included checks of care notes, wounds, staff files, the environment and hoists. Any actions identified had been followed up.
- Audits were well organised and had been completed at the required intervals such as monthly or six-monthly. However, due to the change of operations manager, audits for completion in April were under review.
- Leadership at the service had improved, however there had been recent changes in management at provider level which had resulted in a change of governance systems.
- The registered manager notified us of significant events in line with their statutory responsibilities. As part of the registration regulations providers are required to inform us of significant events at the service.

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

- There were systems in place to communicate with relatives. Visits were now taking place in line with government guidelines.

- Care was not rushed, and staff delivered care in an individualised way. One person had specific needs around their dementia and safety. The provider introduced measures to ensure the person had their needs met, for example providing care on a one to one basis.

#### Continuous learning and improving care

- The registered manager had identified a range of shortfalls in the environment which they felt had a negative impact on people's well-being. They had made improvements to communal areas; the dining room looked organised and inviting, with tablecloths, wine glasses and napkins. The lounge area had new flooring and was a light airy space. The registered manager had a refurbishment plan in place to update and improve people's bedrooms.

#### Working in partnership with others

- Records showed staff at the service worked in partnership with GPs and care commissioners. The service had also worked closely with the local authority on a service improvement plan which had improved standards at the service.
- Contact with the community had been very limited during the coronavirus pandemic although community groups had delivered gifts for people living at the service and staff. The registered manager had plans to engage with a range of community activities once these were permitted.