

Jasmine Healthcare Limited

Avenue House Nursing and 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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Avenue House Nursing and Care Home provides nursing and residential care for up to 45 older people, including people living with dementia. There were 33 people receiving care at the time of the inspection.

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

Systems and processes in place to give the manager oversight were not robust enough to identify when records were incorrect, not completed or required updating.

Risk assessments were in place to protect people from harm. However, we found an environmental risk that had not been investigated. The manager agreed to remove the risk immediately.

People were supported by trained staff who knew them well. People, staff and relatives all spoke highly of the manager and the support they offered.

We found there were sufficient numbers of staff on shift and the manager regularly reviewed staffing levels. Staff had been safely recruited.

Medicine administration was completed in line with best practice guidance.

Staff were kind and caring to the people living at Avenue House Nursing and Care Home. Staff understood safeguarding and were confident to raise any concerns they may have.

People were protected against infection. Staff wore personal protective equipment and the environment was kept clean.

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 19 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about manual handling, record keeping and staffing. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avenue House Nursing and Care Home 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?

Good ●

The service was 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.

Avenue House Nursing and 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 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 team consisted of one inspector and a specialist nurse advisor.

Service and service type

Avenue House Nursing and Care 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 did not have a manager registered with the Care Quality Commission. The company had recruited a manager who was in the process of registering with CQC. We will refer to this person as the manager within this report. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This supported the service and us to manage any potential risks associated with Covid-19.

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 used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager, clinical lead, maintenance person and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records 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 communicated with four relatives about their experience of the care provided.

We continued to seek clarification from the provider to validate evidence found. We looked at staffing 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.

Assessing risk, safety monitoring and management

- People and their relatives told us that they felt safe at Avenue House Nursing and Care Home. One person said, "I haven't worried about safety, so I must feel safe all the time here."
- People had risk assessments in place for equipment, fire, health concerns and mobility. Risk assessments contained strategies to mitigate the known risks to keep people safe. However, there were not any risk assessments in place when a person could not use their call bell. The manager agreed to implement these immediately.
- The water temperature checks evidenced that people's showers were above the Health and Safety Executive [HSE] recommended maximum temperature of 44 degrees Celsius. However, staff checked the temperature before people accessed the shower to reduce the risk of scalding.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse.
- Staff had received training in safeguarding and understood how to recognise signs of abuse.
- Staff told us they felt comfortable in raising any concerns and had confidence that the manager would deal with any concerns appropriately. One staff said, "I would definitely raise any concerns, to either [manager] or outside of the company, if I needed to."

Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as, references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Staffing levels were assessed regularly to ensure there were enough suitably trained staff on each shift to meet the individual needs of people. People and staff told us they felt there were enough staff to meet people's needs.

Using medicines safely

- People received their medicines as prescribed.
- Staff had received training on the administration of medicines, and recognised a person's right to refuse. Staff recorded this information correctly, and followed up any actions needed.

Preventing and controlling infection

- People were protected against the spreading of infections. Staff wore personal protective equipment

(PPE) as required and had received training in infection prevention and control.

- Cleaning schedules were in place and records evidenced regular cleaning of the service.
- People and staff were supported to access regular testing for COVID 19.

Learning lessons when things go wrong

- The manager reviewed all accident and incident forms. Trends and patterns were investigated to ensure lessons could be learnt. However, the manager had not investigated any environmental trends linked to falls. The manager agreed to investigate and review records to look for any environmental patterns.

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 good. At this inspection this key question has now deteriorated to 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. Continuous learning and improving care

- The provider did not have sufficient systems in place to identify when support and care was not delivered. We found issues with the recording and oversight of food and fluid charts and pressure mattress checks. However, there was no evidence of harm to people.
- The provider had not ensured the environment was always safe. For example, we found that people could access a kettle that was in use in a communal area. This put people at risk of being scalded. The manager agreed to move the kettle to keep people safe.
- Records of care were not always kept up to date. For example, we found conflicting information regarding people's pressure care in varying documents. The manager agreed to update and cross reference all documents.
- The service did not have a registered manager in post. However, the manager was open to feedback and implemented changes immediately after the inspection for all concerns raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives were encouraged to give feedback on the service. One person told us, "Staff will listen to me, I can tell them if I have an issue." The provider had put into place a system to allow staff to feedback on the service anonymously.
- Staff attended daily meetings to discuss any updates on people's needs including any injuries, medication issues or health concerns.
- Staff told us they received regular supervisions and support and the manger was always available. One staff member told us, "[manager] is so supportive, they will always listen and action anything needed."

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 manager understood their responsibility to be transparent when things went wrong. Significant people were kept up to date on people's changing needs.
- We saw that complaints had been responded to in line with the providers policies and procedures.

Working in partnership with others

- We saw evidence of referrals being made to external agencies including, doctors, dietitian and the falls team.