

Athena Care Homes (Monmouth) Limited

Avocet Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avocet Court is a residential care home providing personal and nursing care for up to 153 adults. At the time of our inspection there were 79 adults and older people living in the service, some were living with dementia.

The service accommodates people across three separate units, each of which has adapted facilities. These were, Cilgerran House and Powys House, which provided personal and nursing care, and Harlech House which provided personal and nursing care for people living with dementia. There was a separate unit, where the management team, reception and administration, kitchen, coffee shop and laundry were located.

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

Since our last inspection there had been a change in the management of the service. The registered manager at our last inspection no longer worked at the service. A new manager was due to start in January 2021. In the interim, the service was being managed by the hospitality services manager/deputy manager and the clinical care manager.

There were governance systems in place to monitor and assess the care provided. Shortfalls were identified, and actions put in place to improve the service provided. Where incidents had happened, lessons were learned to reduce the risks of them happening again.

There were systems in place designed to reduce the risk of avoidable harm to people using the service, including abuse. Medicines were managed safely and available for people where required. There were systems to calculate the numbers of staff required to meet people's needs, which was kept under review. Checks were made on new staff to reduce the risks of unsafe recruitment. Infection control processes and procedures reduced the risks to people and staff.

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.

People were being provided with a service which was responsive to their needs. Care records guided staff in how people's specific needs were to be met. People's records included their end of life care decisions. People were provided with the opportunity to participate in activity to reduce boredom and isolation. There was a complaints procedure in place. People's views and concerns were listened to and used to drive improvement.

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 overall (published 26 November 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the safe personal care provided, staffing and governance. We had raised safeguarding referrals regarding some specific concerns to the local authority safeguarding team, who are responsible for investigating concerns of abuse. A decision was made for us to inspect and examine risks to the people using the service. We undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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 coronavirus 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.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avocet Court 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Avocet Court

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 visit on 18 November 2020 was undertaken by three inspectors. The additional inspection activity, including reviewing records, speaking with staff and relatives and providing feedback, between 19 November 2020 to 2 December 2020 was undertaken by one inspector.

Service and service type

Avocet Court 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 former registered manager sent us an application to cancel their registration, which was processed in September 2020. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There were arrangements in place for the management of the service, and we were told a new manager would be starting in January 2021.

Notice of inspection

We called the service to announce our inspection visit one hour before the inspectors arrived. This was to ensure we could ask the service for specific information regarding if there were any people using the service who had a positive test for Covid-19 and the provider's procedures for infection control and Covid-19, to

ensure we were working within these procedures.

What we did before the 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.

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.

During the inspection

We spoke with eight people who used the service and five relatives for their views of the service provided. We spoke with 13 staff members, including the hospitality services manager/deputy manager, clinical care manager, unit managers/nurses, clinical care assistant, care staff, domestic staff and activities staff. We also spoke with a visiting health care professional.

We reviewed a range of records. This included sections of 22 people's care records, including care plans and risk assessments in areas such as falls, pressure ulcer prevention, nutrition and hydration, oral care and end of life. We reviewed staff training records and records relating to the safe recruitment of staff. A variety of records relating to the management of the service, including audits and quality assurance were reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found.

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

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to reduce the risks of abuse. Staff had received training in how to recognise and report abuse.
- The service reported concerns to the relevant organisations, this included the local authority safeguarding team, who are responsible for investigating abuse.
- Action was taken to reduce future risks, in the case of safeguarding incidents, including disciplinary action and reviewing systems in place.

Assessing risk, safety monitoring and management

- There were systems in place to assess, reduce and monitor the risks to people in their daily living.
- People's care records included risk assessments which guided staff on how the risks were reduced in areas including falls, pressure ulcers, nutrition and hydration, moving and handling and behaviours which may challenge others.
- Regular checks and servicing on the environment and equipment, such as fire safety and moving and handling, reduced risks to people.

Staffing and recruitment

- We received mixed views about if there were enough staff to meet people's needs. The majority of people using the service, relatives and staff told us there were enough staff.
- There was a system to calculate the numbers of staff required to meet people's needs. This was kept under review to ensure any changes in people's needs, such as increased care needs, were addressed in the staffing numbers.
- There were systems to recruit staff safely, this included making appropriate checks to reduce the risks of people being cared for and supported by staff who were not suitable for working in this type of service.

Using medicines safely

- People spoken with told us they received their medicines when they needed them. This was confirmed in the medicine administration records (MAR) reviewed.
- We observed staff administering medicines and this was done safely.
- Records demonstrated medicines were regularly checked and audited to reduce risks associated with medicines management. The service had identified a shortfall in the recording in the administration of topical medicines, such as creams, we were assured this was being addressed.
- Staff responsible for administering medicines had been trained to do so and their competency was checked.

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, and personal protective equipment (PPE) was used effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff, and the provider was admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service had systems to learn lessons when incidents had happened. This included reviewing systems and the care provided.
- Where there had been shortfalls identified in staff practice, this had been addressed by the provision of training and coaching and/or disciplinary action.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection we found the service and staff were not always responsive to people's needs. This included the responses to call bells and how this was monitored. We had also received concerns prior to our inspection regarding how the staff responded to people's needs. At this inspection we found improvements had been made. Routine monitoring of call bell responses ensured any shortfalls could be quickly identified and addressed with the staff.
- People's care records included guidance for staff on how people's specific needs were met to ensure people received the care and support they needed and preferred. The care records identified people's choices and how their independence was respected. People's care provision was monitored routinely, and any shortfalls identified were addressed.
- We received complimentary feedback from people and relatives spoken with, about the individualised care provided. For example, one relative told us how their family member was provided with a new bed which met their needs.
- We observed staff were working with people in a way which met their individual needs and preferences. For example, one person was living with dementia and was being supported by staff who entered the person's world, such as helping them to nurse the object they held for comfort. Another person refused their meal, a staff member persuaded the person to have something else and the person agreed on a mug of soup with bread and butter. The staff member showed the person the types of soup they could choose, which was respectful of their ability to make their own decisions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included how they communicated and guided staff how they were to communicate effectively with people.
- One person's relative told us how the staff had supported their family member and their verbal communication had improved, allowing them to communicate with their family. Another person's relative told us how the staff had supported their family member with setting up their electronic device to support their contact with their relatives.
- Important records and documents were available in formats which were accessible to people using the service, such as in languages other than English and larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The majority of people and relatives told us there were the opportunity to participate in activities which interested them.
- There were some comments made regarding one unit in the service, we found this was due to an activity staff leaving, a new staff member had been recruited and started the day after our visit. There were now four dedicated activity staff in the service to provide people with activities which interested them, including the provision of social interaction with people who remained in their bedrooms.
- One of the activity staff had been nominated and won a national award in October 2020 for activities provided. Their nomination included testimonials and activities they had developed and delivered with people.

Improving care quality in response to complaints or concerns

- The service had system to manage complaints made about the service they provided.
- Complaints were investigated and responded to and used to improve the service.
- Relatives spoken with told us they had not made a complaint but knew how to and were confident their comments would be acted on.

End of life care and support

- Records showed people's decisions about their end of life care were discussed and recorded. This included if they wanted to be resuscitated and their choices, such as where they wanted to be cared for at the end of their life and how they wanted to be cared for.
- The service worked with a local hospice and had been accredited in end of life care. The clinical care manager told us how they attended meetings with the hospice and other accredited services where they shared good practice and guidance.
- One person's relative told us about the positive experiences they had when another family member who previously used the service had received end of life care.

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 remained the same. 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

- People who used the service told us they were satisfied with the service they received. This was confirmed by the relatives we spoke with during our inspection.
- The care people needed and preferred was documented in care plans and risk assessments and these provided guidance for staff on how they were to be met. These records, as well as the records which documented the care provided to people daily were regularly monitored and audited to ensure shortfalls were identified and acted on.

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 service had a policy relating to the duty of candour and the management team had a clear understanding of the requirements of this policy.
- The clinical care manager shared examples of the actions they had taken in line with the duty of candour.

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

- Since our last inspection the previous registered manager had left the service. They applied to have their registration cancelled and this was processed in September 2020.
- A new manager had been appointed and was due to start working in the service in January 2021. In the interim the service was being managed by the experienced hospitality services manager/deputy manager and the clinical care manager.
- The hospitality services manager/deputy manager and the clinical care manager were clear about their roles and the requirements of managing the service. In addition, they told us they were supported by the provider.
- Staff spoken with understood their roles and responsibilities and were committed to providing good quality care. Without exception staff spoke about people and the care they provided in a caring and compassionate way.

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

- People using the service and their representatives, including relatives, were asked for their views on the service. People's views were valued and used to drive improvement.

- Staff were provided with one to one supervisions meetings and staff meetings, which provided a forum to discuss their performance and the care provided.
- Staff spoke with were complimentary about the management team in place, and said they felt supported. Staff told us how the morale of the staff team had improved and felt if there were areas of improvement needed in their performance, this was done constructively and in a supportive way.
- Discussions with the management team identified staff concerns were taken seriously and acted upon. This included when staff had reported bad practice, known as whistleblowing, this was investigated and acted upon.

Continuous learning and improving care

- Records and discussions with staff demonstrated staff were provided with the training they needed to meet people's needs. This training was updated where required, and if shortfalls in staff practice were identified staff were provided with support, coaching sessions and training to improve.
- There were systems to monitor and assess the service provided. This included analysis of falls and audits such as care plans, care provided to people, call bell response times, oral care and food and fluid intake. We saw where shortfalls were identified prompt action was taken to address them and use them to drive improvement to reduce future risks.
- There was a service improvement plan in place which identified planned improvements with clear timescales for implementation.

Working in partnership with others

- The management team told us how they had good relationships with other professionals involved in people's care. This was confirmed in records which showed guidance received, such as from health care professionals, was incorporated into people's care records to show how guidance was being followed.
- A commissioner of the service and visiting health care professional told us how the service worked positively with them.