

Premiere Care (Southern) Limited

The Avenues Care Centre

Inspection report

1-5 First Avenue
Cliftonville
Margate
Kent
CT9 2LF

Date of inspection visit:
27 April 2022

Date of publication:
13 June 2022

Tel: 01843228761

Website: www.premierecarehomes.co.uk/our-homes/avenues

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Avenues Care Centre is a care home providing accommodation and personal care to up to 62 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 51 people living at the service.

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

People and their relatives were positive about the care they received from staff. One relative said, "[My relative] is safe and very well looked after. The staff are all very respectful and so lovely."

The registered manager was new in post since the last inspection and had been working to make improvements. However, there remained areas where more improvement was needed. Some care plans lacked detail where it was needed. There were some areas of staff practice that needed to be addressed. Staff recording needed to be improved to document the care provided to people.

Staffing levels had improved and there were enough staff to support people. Staff were recruited safely. People received their medicines safely. However, the device used to measure people's blood sugar levels needed regular calibration which was an area for improvement. People were protected from the risk of infection, however there were minor areas where the service would benefit from a deeper clean.

Incidents and accidents were investigated and monitored for trends. Action was taken to reduce the risk of incidents re-occurring. People were protected from the risk of abuse. Staff knew how to raise concerns and lessons from incidents and safeguarding's were shared with 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. For example, staff understood where people had capacity they had the right to make decisions for themselves, even where staff did not agree with the decision.

Checks on the quality of the service identified concerns. However, action had not yet been taken to address all areas where improvement was needed. Staff were positive about their roles and the support they received from the registered manager.

There were opportunities for people and their relatives to feedback to the service and raise issues. People and their relatives were positive about the changes the new registered manager had made. The registered manager was supporting staff to improve the quality of the training they understood.

The registered manager understood the importance of being open and honest in the event of an incident. Relatives were positive about communication with the service. Notifications were submitted to CQC when they needed to be. The registered manager and staff worked in partnership with health and social care

professionals as appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 05 February 2021). There were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made. However, the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. The rating for the safe domain had improved from inadequate to requires improvement.

Why we inspected

We carried out an unannounced focused inspection of this service on 09 December 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing levels and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 requires improvement.

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

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 and will take further action if needed.

We have identified breaches in relation to safe care and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

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 ●

The Avenues 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 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

The inspection was carried out by two inspectors and an Expert by Experience who made phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Avenues Care Centre 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. The Avenues Care Centre is a care home without 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.

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 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 six people who used the service and nine relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, senior care staff, care staff and a domestic staff. We reviewed a range of records including care records and multiple medication records. We looked at 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.



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 Inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure all risks to people were assessed and mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At the last inspection care had not been planned to ensure people's care was as safe as possible. Care plans had improved in some areas but continued to need improvement in other areas to ensure staff had the guidance they needed to support people.
- Care plans for people with diabetes varied. Some plans included the guidance staff needed. However, some did not, including people who had recently moved into the service. For example, there was a lack of information for staff on how high or low blood sugar might present in the person and if their diabetes was currently stable or not. However, staff were aware of these signs and knew what actions to take. Following the inspection care plans for people with diabetes were updated.
- One person had recently started to refuse their diabetes medicines. Staff told us they were supposed to check the person's blood sugar daily and the registered manager agreed this support should have been in place. However, this was not happening consistently which meant there was a risk abnormal blood sugar levels would not be identified before the person displayed signs of being unwell.
- Some areas of staff practice continued to need improvement. For example, staff identified one person was unsteady on their feet as they were moving about. They offered to fetch a wheelchair for the person who agreed to this assistance. However, they left the person in an unsafe position when they should have used their walkie talkie to communicate to other staff they needed assistance.

The provider had failed to ensure all risks to people were assessed and mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A range of servicing and checks were in place to ensure all equipment and services were working appropriately and people remained safe, and protected from harm.

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. For example, best interest meetings were held where people needed decisions to be made on their behalf. One relative said, "They are very, very good at involving me in decisions about [my relative]. They are excellent in fact, if they are worried or concerned, they phone me immediately."

Staffing and recruitment

At our last inspection the provider had failed to ensure enough staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- Staffing levels had improved at the service. At the last inspection people, relatives and staff told us there were not enough staff to provide care to people. At this inspection feedback was mixed but highlighted that there had been improvement under the new registered manager. One person told us there were times they still had to wait for support but also said staffing was improving under the new manager. Other comments included, "The staff are stretched at times but from what I see when I visit each week [my relative] gets the care [they] need." And, "There are enough staff to give [my relative] the care [they] need. [They are] really having quality of life there."
- Staff told us there had been some recent issues due to staff sickness, which was reflected in the rota but that staffing levels had improved overall since the last inspection. One staff said, "Staffing levels are getting better. The registered manager is doing a great job at recruiting more staff. There is enough staff at the moment." A new activity co-ordinator had been employed and people were engaged in activities.
- The registered manager used a dependency tool to calculate how many staff were needed on shift to support people. At the last inspection call bells rang for long periods of time and some people became distressed waiting for support from staff. At this inspection call bells were answered promptly.
- There was a safe system of staff recruitment in place to ensure all required checks were completed before new staff worked in the home unsupervised.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to medicines management.

- At the last inspection there were a number of areas where medicine administration needed to be improved. For example, records were not always correct, and stocks of medicines did not tally with records. At this inspection the safety of medicine administration had improved.
- Where people had pain relief patches there was information to guide staff to ensure these were applied to

different areas of the skin as directed. This reduces the risk of skin irritation and helps ensure the medicine remains effective.

- Records had improved and were clear and legible. Any gaps in administration were explained. Stock counts matched the records of stock. Medicines were stored safely. Where people received their medicines covertly (without their knowledge) there was information for staff on how to administer these medicines.
- Medicines were ordered well in advance. However, medicines were not always delivered to the service in a timely way allowing time to address any issues where medicines were not received as they were out of stock. The registered manager had identified this concern and was taking action to address this.
- Staff were supporting some people with diabetes and used a machine to test blood sugar levels. This machine was not being regularly calibrated. We raised this with the registered manager as an area for improvement.

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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a small number of areas where deeper cleaning was needed. We discussed this with the registered manager who agreed to address this.
- 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.

Visiting in care homes

- Relatives told us there were no concerns about visiting and no restrictions to how often they visited. One relative said, "The staff are very accommodating with visiting."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong or there were incidents and accidents.
- Staff knew how to report incidents and the registered manager encouraged them to do so. Action was taken when incidents occurred.
- Incidents and accidents were analysed. The registered manager regularly monitored these for trends. Such as what time of day incidents occurred and the type of incidents. Where trends were identified, action was taken. For example, the registered manager had noted an increase in emotional based behaviour and had increased activities for people to ensure people spent more time engaged in positive experiences.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff understood the signs and symptoms of abuse and knew how to report concerns.
- Where concerns had been raised these had been reported and investigated as appropriate. Action had been taken to prevent future concerns. For example, how staff were deployed across the service had been changed following concerns that one person had not been checked on by staff as frequently as they should have been. Where changes were made these were discussed at staff meetings to share learning with staff.
- Staff were confident the registered manager would act when concerns were raised. If action was not taken

staff told us they would whistleblow and they knew how to do so.

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. The rating for this key question has remained 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.

Continuous learning and improving care

At our last inspection the provider had failed to ensure checks and audits and the service were effective and drove improvements at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17

- At the last inspection checks on the quality of the service had not been effective in identifying shortfalls. At this inspection the new registered manager had identified where improvement was needed and some improvements had been made. However, care plans and risk assessments still needed more work to ensure staff had the guidance they needed to support people. Plans were in place to address these shortfalls. However, actions had not yet been completed which meant the risk to people remained.
- The records made by staff about the care provided to people needed to be improved. There were gaps in records. For example, there were gaps in one person's records to show they had been repositioned in line with the care plan to reduce the risk of pressure sores. Other records needed more detail. For example, staff noted they checked people's pressure relieving mattress but did not note the setting. The registered manager was aware that records needed improvement and was working with staff to address this.

The provider had failed to ensure checks and audits had driven forward improvements at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Improvements had been made to other areas of the service. Work had been undertaken to improve medicines management and staffing levels. Staff morale had also improved, and staff told us they were happy working at the service. The registered manager and provider agreed there was still work to do to drive forward other areas of the service's quality.

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

- There was a positive culture at the service. One staff said, "The atmosphere is really good, I feel welcome here. Everyone is so friendly." There was a new registered manager at the service. Staff were positive about this and told us they felt well supported by the registered manager. Staff said, "They have been really, really good though supporting me. I feel very appreciated. They always tell me when you have done a good job."
- Some staff were still working towards catching up with some areas of training. The registered manager was aware of this and was supporting staff to do so. This was an area for improvement. The registered manager had a plan in place to increase staff's skills and knowledge to improve outcomes for people. Staff told us they had recently done interactive dementia training and were positive about this. Staff told us this had helped them focus on being person centred when providing support to people who lived with dementia. Staff were changing how they responded to people who could not remember events.
- The registered manager understood their responsibilities under duty of candour. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. When things went wrong or there were incidents, relatives were informed appropriately. One relative said, "I feel [my relative] is safe because they are very prompt at reporting any little thing."

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

- Staff were clear on their roles and the roles of their colleagues. For example, care staff understood when to raise things with senior care staff. Staff competency was assessed to ensure that they had the knowledge and skills they needed to undertake tasks such as administering medicines.
- Notifications were submitted by the registered manager to CQC where needed. This was to ensure CQC was informed of significant events that happened within the service, as required by law.
- The rating for the service was clearly on display for people and visitors to the service.

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

- Meetings had been held to enable residents and relatives to feedback their views. Relatives were positive about the registered manager and told us they were approachable, and they were able to raise any questions at other times outside of these meetings. One relative told us, "The new manager is very nice, very approachable and [is] doing a really good job. Everything seems much better."
- The registered manager knew people well and people were clearly comfortable approaching them to speak to them if they wished to do so. During the inspection people interacted with the registered manager regularly who responded to people calmly and in a kind way.
- Staff told us they felt listened to when they raised issues. Staff told us the registered manager was approachable and there were opportunities for staff to contribute to staff meetings and raise issues for discussion.

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals. For example, they shared ideas and raised queries with a clinical nurse to improve people's care outcomes.
- The registered manager and the provider had joined local forums and events to share and learn best practice ideas.
- People were referred to services such as GPs and dieticians where needed. Information from these health professionals was available for staff to refer to where needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure all risks to people were assessed and mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure checks and audits had driven forward improvements at the service.