

Avon Care Homes Limited

The Wells Nursing Home

Inspection report

Henton
Wells
Somerset
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Wells Nursing Home is a residential care home in the village of Henton a few miles from the city of Wells. The home is a large detached building. It has two floors and a passenger lift. People have access to a lounge area, dining room, conservatory and garden. They provide personal and nursing care for up to 40 older people. At the time of the inspection there were 27 people living at the home. People had mixed abilities of how much they could verbally communicate with us during the inspection.

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

The provider's quality monitoring systems were not effective and had not identified some areas of poor quality and safety of care being provided to people. The registered manager took actions during and after the inspection to address shortfalls identified at the inspection.

We observed that staff were not always following people's risk assessments and ensuring bedrails were used as assessed. Staff had not ensured people had access to call bells which meant people could not summon staff if they needed support. Action was taken to resolve this concern.

Care plans had been reviewed, were detailed and contained information to guide staff. However, people and their relatives had not been involved in reviewing care plans. A schedule was put in place to include people and their families as appropriate and a resident's/relative's meeting was held to discuss this issue.

Deployment of staff and the mix of staff skills and experience did not always ensure people's needs were met. This resulted in some staff not being clear about the support people required. The registered manager said they would review the staff deployment to ensure staff with the right skills would work on both floors to ensure people received the support they required.

The registered manager confirmed people being cared for at the end of their lives received care in accordance with their beliefs or preferences. However, personalised care plans were not in place to record people's end of life wishes. The registered manager took action to put these in place.

We identified that two people did not always receive appropriate continence care. The registered manager acted upon our feedback and said they would work alongside senior staff to ensure people's continence needs would be met appropriately. They also said they would hold a staff meeting to inform staff about meeting people's individual continence needs.

The provider had recruited a new activity person, they undertook group activities and visited people in their rooms to spend time with them.

The service was clean and free from odours. One person commented on this. They said, "On the whole it's alright. It's always nice and clean which is the main thing."

Medicines were managed safely and there were suitable systems to help safeguard people from abuse.

Most staff were wearing face masks appropriately and following Covid 19 government guidance to minimise risks to people. Systems were in place to ensure equipment was safe to use and in good working order.

The registered manager told us they had not received any formal complaints. In response to concerns raised with CQC the registered manager held a resident's and relative's meeting and had also arranged individual meetings with relatives to discuss their concerns.

The registered manager was keen to continuously improve the service and they accepted our feedback. They began to make improvements during and after the inspection and provided CQC with details of the improvements they had implemented. They had worked alongside some of the senior care staff to share their person-centred ethos and ways of working.

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 20 November 2020); no breaches of regulation were found at this inspection. A previous inspection undertaken in February 2020 (published 25 April 2020) identified breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans did not always contain personalised details and on occasions lacked key information. The provider completed an action plan after that inspection to show what they would do and by when to improve. At this inspection we found the provider had made improvements and were no longer in breach of Regulation 9.

At our last inspection we recommended that the provider consider current guidance on the content of medicine policies and procedures to ensure all staff had clear guidance and take action to update their policy accordingly. We also recommended the provider consider current guidance on employment checks in line with the UK Border Agency and take action to update their practice accordingly. At this inspection we found the provider had acted on these recommendations and made improvements.

The last rating for this service was requires improvement (published 20 November 2020). The service remains rated as requires improvement. This service has been rated requires improvement or inadequate for the last three consecutive inspections.

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

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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, Responsive 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 the same. This is based on the findings at this inspection.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 a breach in relation to the governance and leadership of the service at this inspection.

You can see what action we have asked the provider to take at the end of this full 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 responsive?

The service was not always responsive.

Details are in our responsive 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 Wells 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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. An Expert by Experience undertook phone calls, ringing relatives of people at The Wells Nursing Home. 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 Wells Nursing 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. The Wells Nursing 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.

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 first day of the 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 met most of the people who lived at the home and spoke with eight of them about their experience of the care provided. We also spoke with a micro provider (a provider of a very small, community based care and support service) who regularly visits two people at the home on behalf of relatives. The Expert by Experience spoke with 14 relatives on the telephone.

We spoke with 12 members of staff including the registered manager, the clinical lead, a nurse, a senior carer, care workers, activity person, the cook, the kitchen assistant, the laundry person and the administrator. We also spoke with the local authority service manager for contracts and quality assurance monitoring, to discuss the service.

Some people were living with dementia, 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 observed people and staff in the dining room.

We reviewed a range of records. This included seven people's care records on the provider's electronic care system. We reviewed the management of medicines end to end process. We looked at two staff files in relation to recruitment. We also read a variety of records relating to the management of the service, fire documents, external servicing records, maintenance records, audits, compliments, staff rota's, policies, training matrix and quality assurance results.

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 requires improvement. At this inspection the rating for this key question has remained 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

- People's needs were assessed and regularly reviewed by staff. Where people's needs had changed, referrals were made if required and care plans updated. However, staff were not always following people's risk assessments, for example not all bedrails had protectors on, people did not have both rails put up when they had been assessed as requiring them both. This meant people were at risk of falling out of bed. We also found two people did not have access to a call bell which meant they were unable to request help which placed them at risk of not receiving care and support in a timely manner. In response to our concerns the registered manager and staff reviewed everybody's risk assessments and ensured they accurately reflected people's needs. Staff were informed so they had clear guidance about people's assessed needs, e.g. whether bedrails were required, and that people assessed as being able to use a call bell safely had call bells accessible to them.
- People's nutritional status and need were regularly assessed, and a plan referred to as a food pathway at the home were put in place for people who were assessed as being at a high risk of weight loss. Every month the cook met with the nurses/ senior care staff to discuss and implement changes as required.
- The building and equipment underwent regular checks to help make sure they were safe, and any faults were addressed. There were systems to help protect people if a fire occurred and evacuation plans so that staff knew how to support people to safely evacuate in the event of an emergency.

Staffing and recruitment

- People were cared for by adequate numbers of staff to safely support them. However, the deployment of staff and the mix of staff skills and experience was not always well balanced. The provider had needed to recruit several new staff to provide care and support to people. A staff member told us, and the registered manager confirmed, "We have struggled with staff, we have had a high turnover with staff." A relative said, "the home is better ... but you don't see the same staff twice".
- We observed that on both days of the inspection, more experienced staff were working on the ground floor and new staff were working on the first floor, with more experienced staff only 'popping up' to undertake checks. This meant there was limited oversight and leadership support for the new staff on the first floor. This resulted in some staff not being clear about the support people required. The registered manager said they would review the staff deployment to ensure staff with the right skills would work on both floors to ensure people received the support they required.
- People were supported by staff who had been recruited safely. Staff recruitment records showed pre-employment checks were carried out before staff joined the service, including checks to ensure staff were

suitable to care for vulnerable people.

- It was not clear that one staff member provided by an agency on a fixed term contract had an appropriate disclosure and barring service (DBS) check in place. We discussed with the registered manager about ensuring these staff had the checks they needed to ensure they were safely recruited. Following the inspection, the registered manager confirmed the staff member had had an appropriate DBS in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were suitable systems to help safeguard people from abuse. Staff received training and had regular updates and information, so they knew what to do if they suspected someone was being abused. Staff had access to a picture format of safeguarding guidance and types of abuse to guide them.
- A person told us they had raised a concern with the registered manager and was very happy with how it had been managed. We found the registered manager had worked closely with other agencies, such as the local safeguarding authority, to investigate the allegation of abuse and to put in place measures to help keep people safe from the risk of abuse.
- People looked relaxed and comfortable with staff who were supporting them. People's comments included, "I feel comfortable with the staff", "I do feel safe. No one can break in here" and "No staff are nasty, but they just don't seem bothered." Relatives said they felt the service was safe but there were areas which required improvement. One relative commented, "All staff are very nice... a couple ... do not know as much. I find they are really friendly here. If a concern, they always ring." Another said, "As far as I can gather, she [their family member] is safe."
- The registered manager reviewed all accidents and incidents and shared findings with all the staff so they could learn from these and improve the service.

Using medicines safely

- Medicines were managed safely.
- Nurses who administered medicines, had their competency assessed and received training to handle medicines.
- Medicines were observed being administered in an unhurried manner and people were given the support they needed. People received their prescribed medicines safely and on time.
- Medicines were stored safely, including medicines requiring extra security. There were suitable arrangements for ordering, receiving, and disposal of medicines.
- Some people were prescribed medicines to be taken on a 'when required' (PRN) basis. Guidance in the form of PRN protocols were in place to give these medicines consistently.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat 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

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

The registered manager explained that only a few relatives had taken up being essential visitors and confirmed they had continued to visit their family member at the home at all times.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

At our inspection in February 2020, care plans did not always contain personalised details and on occasions lacked key information to support the care and treatment provided to people. This was a breach of Regulation 9 (Person-centred care) 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 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: End of life care and support.

- Since the last inspection improvements had been made in people's care plans; they had been reviewed, were more detailed and contained information to guide staff. However, it was not always clear if staff had the opportunity to read people's care plans to familiarise themselves with people's needs as computers containing the care plans were stored on the ground floor. The registered manager told us that staff did have the opportunity to read care plans and computers were available on both floors.
- A care needs summary (referred to as a 'crib sheet') was in each person's room for staff to familiarise themselves with people's needs. However, these did not always accurately reflect people's needs. After the inspection the registered manager had these reviewed to ensure they reflected people's needs.
- Staff reviewed people's care plans each month, but these reviews did not always involve people or their representatives. This meant people could not express any changes in their needs or preferences. On the second day of the inspection the registered manager had put in place a program of involving people in their reviews and to include their representatives if appropriate. They had held a resident's/relative's meeting which would include on the agenda 'encouraging families to be involved in care planning and reviews.
- Agency staff had a verbal handover when they started a shift at the home. They did not have access to clear written guidance about people's needs. On the second day of the inspection the registered manager had put in place a file on each floor containing people's needs for agency staff to refer to and familiarise themselves with.
- Discussions with the registered manager confirmed people being cared for at the end of their lives received care in accordance with their beliefs or preferences. They told us about a person they had supported at the end of their life who had specific religious beliefs. They said they had arranged for a priest to visit the person and support their religious needs. However, the provider's electronic care system generated generic care plans for end of life care. These advised staff about ensuring people were involved in decision making, spiritual needs and their wishes were respected. However, there was no care plan in place to capture these decisions for each person. On the second day of the inspection the registered manager had made changes. They had added additional information requests to the service user guide to get more information about

people's end of life wishes.

- On the first day we were not always assured people were receiving personalised care. Some people did not have access to call bells. This meant if they needed support, they couldn't alert staff. On the second day of the inspection, staff had ensured everybody who was assessed as being able to use a call bell had one available to them. The registered manager had put in place a monitoring chart for the nurses to complete each day and had ordered additional pendants for people to wear around their necks when they were too far away from their call bell.
- A continent person was not supported to use a commode when they requested to use it. This was also raised as a concern by a relative when we spoke with them. We discussed this with the registered manager who said they would work alongside senior staff and would hold a staff meeting to inform staff about meeting people's individual continence needs.
- The majority of people at the home were being nursed in bed. We discussed with the registered manager whether this was people's choice/ needs and whether health care professionals had been involved with the decision making. We discussed one person who told us they would like to sit out of bed. We could not identify in their care plan why they could not do this. In response to our feedback, the registered manager reviewed everybody's needs at the home and ensured they were receiving appropriate care.
- The registered manager wanted to ascertain as much information as they could about people and their views. People new to the home and their relatives, were asked to complete a home survey, food and drink survey, feedback suggestion form and the additional section planning ahead for end of life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in their care plans.
- People's sensory needs were known to staff. Where people required support to wear their glasses or hearing aids this was recorded within their care records. A concern was raised that a person did not always have their hearing aid in place when their relatives visited. The registered manager ensured this was added to the person's care needs summary.

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 provider had recruited a new activity person. They had been working at the service for two weeks. In that time, they had spoken with everyone at the home to ask about their interests and hobbies and social requirements. They undertook group activities and visited people in their rooms to spend time with them.
- We observed group activities on both days, a quiz and model making. People were engaged and appeared happy. The activity person also joined people in the dining room at lunchtime, encouraged conversations and helped create a happy atmosphere.
- The registered manager told us about their plans going forward with meeting people's social needs. They told us they had been in discussions with the activity person to encourage people who chose to stay in their rooms to attend some group activities. They also told us about how the activity person was helping to review people's care needs summaries to ensure they were accurate.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any formal complaints. People had mixed views

about making a complaint. One person told us, "If I wasn't happy, I would tell someone." However, they added, "If you tell enough staff then they may do something." We discussed some concerns which had been raised with us. Following the inspection, the registered manager wrote to us telling us how they were acting on our feedback. They had held a resident's and relative's meeting and also arranged individual meetings with relatives to discuss their concerns.

- The registered manager and staff had received messages of thanks from relatives. These included, from a person who had used the service who wrote, 'Thank you everyone for all you have done for me. I will miss you all'. A relative had written, 'Thank you so much for the excellent care and attention you have given to (person)'.

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality monitoring systems were not effective and had not identified some areas of poor quality and safety of care being provided to people. Checks and audits had been completed but these had not identified the shortfalls identified at the inspection.
- They had not identified that not all people had access to a call bell, bedrails were not being used as assessed, continence care being provided was not appropriate, people and their relatives were not being involved in reviewing care plans and that personalised end of life care plans were not in place. Staff deployment had not ensured people were being supported by staff with the right skills. Although action was taken to improve these concerns during the inspection, people had experienced poor care and the provider's systems had not identified this.

We found no evidence that people had been harmed. However, the provider had failed to operate an effective system to monitor the safety and quality of care provided to people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- A registered manager was in post, was present throughout this inspection and showed genuine compassion for people using the service. During the inspection we observed several interactions with them and people which were positive and very person centred. However, there was no clear evidence of how this ethos was relayed to staff.
- The registered manager was committed to making improvements to the home and the care that people received, and they accepted our feedback. They began to make improvements during and after the inspection and provided CQC with details of the improvements they had implemented. For example, they had worked alongside some of the senior care staff to share their person-centred ethos and ways of working.
- Most people and relatives were positive about the registered manager. Comments included, "Find him very helpful very accommodating", "Manager keeps me informed, if I mention anything, he is on to it" and "It has improved since the new manager has come." Staff were also positive about the registered manager, comments included, "I find (the registered manager) very supportive."
- The registered manager wrote to us after the inspection telling us about improvements they were making,

these included, 'In order for us to strive to improve in certain areas and to lead and motivate the team we have nominated champions... Whilst this is new we will be working towards ensuring that the champions understand their roles as the champion and what that entails moving forward'. They told us they now had designated leads in infection control, medication, dementia, wound care, end of life and continence care.

- The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had engaged with people and relatives in the running of the service. Survey responses had been mixed. We discussed with the registered manager sharing the findings of the survey with people and their relatives and any actions taken, so people knew their views had been listened to and acted upon.

- Staff received a handover at the beginning of each shift to inform them about people's changing needs.

- Staff had good links with other health and social care professionals. Visits from other professionals had continued to take place during COVID-19 restrictions to ensure people had access to the care and support they 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 registered manager was aware of their responsibilities under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- The service worked with the local commissioning authorities to make sure people received joined up care and support.

- Staff told us they felt able to raise concerns should they need to and felt they would be listened to.

- The rating from the previous inspection was on display at the home as required.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers quality monitoring systems were not effective and had not identified some poor quality and safety of care being provided to people.</p>