

Almondsbury Care Limited

Axbridge Court Nursing Home

Inspection report

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30 May 2019
31 May 2019

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

About the service

Axbridge Court Nursing Home is residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

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

There was not a registered manager in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been identified and was due to take up the post mid-June 2019.

People were not always protected from potential harm. Some contractor checks on the premises had not been carried out. This shortfall had been identified by the operations manager and the visits had been booked in June 2019. Checks that certain items of electrical equipment were safe to use had not always been carried out or reviewed.

People at risk of developing pressure ulcers were at risk of potential harm as pressure relieving mattress settings were not being checked regularly. However, there were additional systems in place which were being used effectively to prevent pressure ulcers developing.

Fluid input and output charts were not being monitored by senior staff to ensure people identified at risk of dehydration were receiving enough fluids. However, staff were very proactive in ensuring people had sufficient fluids throughout the day/night.

Staff understood their roles and responsibilities, however they lacked strong leadership. People, relatives and staff told us they had not been kept fully informed of changes that had occurred in the home. There were plans in place to involve people, relatives and staff more.

There were systems in place to identify shortfalls and drive improvement. However, those systems in use prior to a new audit carried out by the operations manager had failed to identify some shortfalls. For example, the failure of senior staff to monitor pressure mattress settings and fluid input and output charts.

New systems in place had identified some shortfalls and an action plan was in place. However, these systems need to provide assurance that they can be used consistently, and improvement sustained.

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.

Staff demonstrated a good understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on

their preferences and health needs.

People received care from staff who were kind and caring. Staff respected people's privacy and dignity. Staff encouraged people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes.

Rating at last inspection.

The last rating for this service was Good (published 9 December 2016). At this inspection the service is rated Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Axbridge Court Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

Service and service type:

Axbridge Court Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was not a registered manager in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. The inspection site visit activity was carried out over two days on 30 and 31 May 2019.

What we did:

Before the inspection we looked at information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We

looked at the information we require providers to send us at least once a year to give us some key information about the service, what the service does well and improvements they plan to make. This is called the provider Information return (PIR). We used this information to plan our inspection.

During the inspection, we found most people who lived at the home could verbally express their views to us. We spoke with 14 people who used the service and four visiting relatives/friends. We spoke with four staff members as well as the operations manager and a manager from a sister home who was supporting the service until the new manager assumed post.

We looked at a range of records. This included, five people's care plans and medicine records. We also looked at three staff files, staff rotas, quality assurance audits, staff training records, the compliments and complaints system, health and safety records and a selection of the provider's policies. The operations manager also emailed a copy of their current action plan to the inspector during the inspection.

Following the inspection, the newly appointed manager emailed the inspector information about how they planned to address the issues found during the inspection.

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 now deteriorated 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 potential that people could be harmed.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risks assessments related to nutrition and hydration and preventing pressure ulcers.
- There were measures in place to prevent pressure ulcers. People were assessed for dietary supplements to improve their nutritional intake and regular repositioning was carried out. The service had not had any new pressure ulcers that had occurred in the home.
- There was a reminder in the nursing office telling staff, "Check mattress settings against the service user's weight." However, of the 20 pressure mattresses we looked at 11 were on the incorrect setting for the person's body weight. This meant there was a potential risk for people to develop pressure ulcers. The incorrect settings could mean the pressure relief was not being applied on the right part of their body identified as at risk. Following the inspection, the newly appointed manager told us, "I have introduced a mattress check form which I will audit weekly."
- Not all necessary equipment safety checks had been carried out. The last fire alarm test had been carried out on 3 May 2019, this meant the weekly checks on the fire alarm had not been carried out for three weeks. One staff member said, "They used to be set off weekly, now it is monthly." The organisation's guidance in the fire record folder said the alarms should be checked weekly.
- Records showed the contractor annual check of fire alarms and firefighting equipment was overdue. The last contractors check was recorded as January 2018. We discussed this with the operations manager who showed us their action plan. They had already identified this shortfall and had arranged for the contractors to visit the home in June 2019.
- It was not clear that portable appliance tests had been routinely checked and updated. This test is carried out to check that portable electrical equipment in the home is safe to use. We found labels on electrical equipment dated 2015 and 2016 but we also found some dated November 2018. There were no additional records to evidence that routine checks had been carried out. We discussed this with the operations manager who immediately contacted the organisations head office to arrange for all portable electrical equipment in the home to be tested. Following the inspection, we were informed of a date the tests would be done by.

Learning lessons when things go wrong

- We were told accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. However, at the time of the inspection a copy of the audit for falls could not be found evidencing any trend analysis had been completed. One staff member said, "[The previous manager] always did them I don't know where it is." There was no system in place when a manager was absent for staff to

review accidents and incidents and learn from trends identified. This increased the risk that preventable falls or incidents would still occur placing people at increased risk of harm.

Systems and processes to safeguard people from the risk of abuse

- The interim manager and staff understood their responsibilities to safeguard people from abuse. One staff member told us, "I know I can talk to [clinical lead] they would always deal with anything. They really care."
- Records showed staff had received training in how to recognise and report abuse. Staff were able to tell us who they could approach both within the organisation and other external agencies such as the CQC or police.

Staffing and recruitment

- People were supported by enough staff to meet their needs. However, people told us there was a high usage of agency staff. One person said, "Sometimes you don't see the same member of staff return from one day to the next." Another person said, "They [management] are really trying to keep staff but there are a lot of agency who come and go, and you don't get to know them as well as we did the regular girls."
- Staff told us they felt there was enough staff. However, they also said there was a high usage of agency staff which meant they spent time explaining to new or temporary staff how to provide care and support to people. The operations manager explained that they used a team of agency staff specifically allocated to the service. They also used regular agency staff from the same company to provide consistency with staffing.

Using medicines safely

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.
- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a protocol in place for the use of 'as required medicines.' These gave staff instructions on how and when they could be used. One person said, "I never worry about my tablets, they [staff] sort them out for me."

Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with Personal Protective Equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Some areas of the home were institutional and did not promote the feeling of a home from home. There were noticeboards with health and safety information, and in people's bedrooms each en-suite door included a health and safety notice about flammable creams. An area on each floor was noted as, "Visitors Chairs." The operations manager said they had identified the need to update the décor in the home and this was included in their action plan.
- There was no signage throughout the home informing people where the lounge, dining room or bedrooms were. This meant people with memory issues may become lost in the home. However, we also noted that most people either remained in their room or needed a member of staff to aid them to move around in a wheel chair. Following the inspection, the newly appointed manager told us, "I will be working on décor and signage throughout the home."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. However, some parts of the care plans were task orientated and lacked a personal approach. The operations manager had already identified this shortfall and plans were in place to introduce a new more person-centred format for recording people's care and support.
- Some people could tell us about their care plans and how they had been involved, others were unclear about what a care plan was. One person said, "I said what I wanted and that went on paper and I signed it. I presume that is my care plan. They talk to me about what I want to do or change." Another person said, "I suppose there is a care plan, but I just don't want to know. They look after me that's all I care about."
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care according to individual needs.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, one person had been referred to the Speech and Language Therapy (SALT) team to assist them with how staff could support the person with safe eating and drinking. We observed staff supported this person to remain as independent as possible at mealtimes but were

available if needed, in line with their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training. The provider had a full training programme which staff confirmed they attended.
- All new staff completed a full induction process which included the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed, and they were supported to have a well-balanced diet. Staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice.
- Everybody spoken with praised the standard of the food provided. One person said, "I think the food here is very good, I never go hungry at all." Another person said, "The grub here is very good really, plenty to eat, a good choice on offer."
- We observed lunch which had an informal, social feel. People were offered drinks of their choice and there was a warm cheerful atmosphere. Nobody in the dining room required assistance to eat, however a member of staff was always present to assist if needed.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- People only received care with their consent. One person said, "The staff never do anything without me agreeing to it first. You get a choice what you want to do and what you want to eat." Another person said, "I am waiting for my favourite girl to come and sort me out. I can choose who helps me, I prefer [staff members name]."
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).
- We checked whether the service was working within the principles of the MCA. Records showed the service had liaised with the local authority to monitor the progress of existing applications and to renew those that may have expired. An Independent Mental Capacity Advocate (IMCA) had also been consulted to support people when necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. One person said, "The staff are very good, very friendly and caring, really nice people. Nothing is ever too much trouble for them, they take time to come and sit with you, we have a good chat." Another person said, "All of the staff here from the top down are very kind and caring. I stay in bed all day, no choice as the doctor has said I must, the staff always make sure I am comfortable in my bed before they leave me."
- On the first day of the inspection we were told of an incident at lunch time when a member of staff did not respond to a person with dignity and respect. We raised this with the operations manager who spoke with the person and their relative once informed.
- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion regularly. One person said, "They have a service here, and if I wanted my vicar to visit I would only need to ask." Staff were also aware of how they could access community links for people with other religious or cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed.
- People contributed to decisions about the activities they attended or wanted to attend. People decided what they wanted to do. One person said, "There is plenty to do if you want to join in."
- A record of compliments was kept and any received were shared with staff. Cards were also displayed on a noticeboard in the corridor near the nursing office. A suggestion box was also available for people and relatives to use.
- Compliments received included, "We knew [the person] was in a safe and caring environment this made it much easier for us." And, "You all treated [the person] with such dignity and compassion and you were so overly kind to me."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care. One person said, "Everyone here is very nice, they work hard but do a good job, they really care. They shut the door, and if it is shut they knock and ask if they can come in."

- Staff spoke respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

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 Good. At this inspection this key question has remained 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

- People's care plans included information for staff about the support they required to meet both their physical and emotional needs. They also included information about what was important to the person and their likes and dislikes. Some people told us they had been involved in developing their care plan, one person said, "Well I guess you mean did they ask me how I wanted to be looked after? Yes, they did, and I said what I wanted."
- Some records such as turning charts and fluid balance charts had not been completed in full by care staff. The operations manager explained they had already identified a shortfall in this area and new paper work had been introduced.
- Where fluid charts were being completed they did not include a target fluid intake for the day or a total at the end of the day. This meant senior nursing staff were not monitoring the fluid input and output charts. This had the potential to put people at risk of dehydration. However, during both days of the inspection, we observed people offered regular drinks and one person on a fluid chart said, "They [staff] are really good. There is always a drink on offer, I like my tea and they offer me squash as well." We discussed this with operations manager who said they would raise this with senior nursing staff.
- People and relatives told us they had the chance to discuss the care provided and make any changes they might not agree with. One person said, "I spend most my time in bed in my room, and they [the staff] make me feel comfortable and always ask me about anything I might like to change."

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

- People participated in a range of activities that met their individual needs and encouraged them to continue to follow interests. The home had a varied activities programme, one person said, "I choose to do some of the activities and don't attend others. I do like the Bingo, I am given a copy of the activities plan every week. It's really nice when the children come in to see us." Another person said, "The activities are quite good, I don't ever feel bored here. We have quizzes and games, people come in to amuse us, sometimes the children come in, I like that."
- During the inspection we observed the activities organiser leading a 'this is today session' and a quiz followed by a game of skittles. People appeared to enjoy the activities and mixed well. However, the activities took place in the lounge. This meant those people in the lounge who chose not to join in had nothing to do as the radio and TV had been turned off.

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.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard. People's care plans included how people preferred information to be shared with them.

Improving care quality in response to complaints or concerns.

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew who they could talk to. One person said, "I do not need to complain, I tell the staff what needs to be done and they do it how I like it, if I was worried I would speak to the nurse." A relative said, "I raised a concern and the manager looked into it for me and it was dealt with very well."

- A record of concerns and complaints received was not readily available during the inspection. Following the inspection evidence of how three complaints had been managed was emailed to the inspector. These showed the provider managed complaints in line with their policy and procedure.

End of life care and support.

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained. Care plans included people's end of life wishes. Treatment escalation plans were in place for those people who did not want interventions and did not wish to go into hospital.

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.

There was not a registered manager in post. The last registered manager de-registered with CQC earlier in May 2019. The operations manager told us a new manager had been identified and was due to take up post mid-June 2019. Following the inspection, the newly appointed manager told us they had submitted their application to register with CQC.

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

- Staff at all levels were aware of their roles and responsibilities. However, they lacked clear leadership. The operations manager told us of the management arrangements in place whilst they waited for the new manager to take up post. The operations manager and a manager from a sister home in the organisation were providing support. They also had input from an independent manager who had looked at the systems in place and had made suggestions for improvement.
- Staff had not received regular supervision sessions with senior staff. Supervisions are an opportunity for staff to take time out to discuss their role within the organisation and highlight any training or development needs. One staff member said, "[The previous manager] was always on the floor and worked with us so we had time to talk then. But the one to one meeting had slipped." Another staff member said, "I can't remember the last time I had a formal one to one meeting, but we always had the time to talk things through so never felt the need for it to be formal." The operations manager had already identified this shortfall and had started to hold individual meetings with staff which they said they would continue to do.
- The provider had notified the Care Quality Commission of significant events which had occurred in line with their legal responsibilities.

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

- People, relatives and staff were not fully aware of or involved in some of the changes that had recently taken place in the home.
- People told us they were unsure whether the manager had left or not. They said they had not been told anything. One person said, "I have heard on the grapevine that the manager has left, but nobody has talked to us about it." A relative told us, "I have not been told officially that the manager has left, shame really, the old manager was very good indeed."
- Staff told us they felt, "In limbo," "Unsure of their future," and "Not involved," in decisions about changes in the home. We discussed this with the operations manager who told us they had plans in place for more contact with staff. This would be through one to one sessions and staff meetings to ensure staff were more

involved and informed about future plans for the home.

- Some people and relatives had completed satisfaction surveys and outside the nursing office was a board with, "you said we did feedback." This showed that people's opinions had been sought and acted upon.

Continuous learning and improving care

- There were systems in place to monitor safety and quality of care, and to drive improvement. However, the systems used before the operations manager carried out their audit had been a "tick box "exercise. This meant very few shortfalls had been identified or acted upon. Specific issues such as the monitoring of mattress settings and the fluid input and output charts had not been identified.
- A full audit had been carried out before the inspection and the operations manager had already taken steps to address some shortfalls found. Some health and safety checks were being arranged. However, the operations manager had to arrange an urgent appointment for electrical equipment in the home to be checked for safety when raised at the inspection.
- New systems were in place to audit the quality of service provided. These needed to be used consistently and show they were sustainable.
- The operations manager and the interim manager supporting the home were open to learning and building on lessons learnt. They were also supporting staff to develop their knowledge and roles.

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

- All the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people. One staff member said, "As much as we are all in change at the moment it is important we remember to put the residents at the front of everything we do. I don't want to lose sight of what is important and that is making sure residents are well cared for and involved in their care." Another staff member said, "I am here for my residents, what I can do, I try to do to my best. I want them [the people] to be looked after the same way I would look after my mum or gran."

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 operations manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- We saw this demonstrated during the inspection, when the operations manager was open and honest about shortfalls and immediately dealt with a negative experience one person and their relative had during lunch.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- Senior management worked with other independent organisations to drive improvement in the home for people and staff.