Twinglobe Care Limited

Azalea Court

Inspection report

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14 February 2023

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Azalea Court is a residential care home providing accommodation, nursing and personal care for up to 83 people. At the time of the inspection, there were 82 people living at the home which is a 3 storey purpose built home and an 8 bed unit in a separate building, called Willows unit. This unit is for people with specialist high dependency nursing needs.

People's experience of using this service and what we found
People and their relatives were generally happy with their care at Azalea Court. The nursing care was good. Staff supported people to take their prescribed medicines, and this was managed safely and in people's best interests. Risks to people's health and safety were assessed and addressed to help them keep safe.

People had good support to access the healthcare services they needed. Staff helped people to eat and drink and people were generally happy with the food in the home.

Staff were recruited safely, trained to meet people's needs and were supported well by the management team. Staff were kind and caring to people living in the home. There was a positive culture which promoted good care and treatment. There was good engagement by the management team with people, staff, professionals and relatives.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests, the policies and systems in the service supported this practice.

Management oversight was effective, and there were systems in place to monitor the quality of care.

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
At the last inspection we rated this service good (published 27 November 2021). At this inspection the rating remained good. At our last inspection we recommended that the service improve oversight of medicines to ensure there were no problems with stocks of medicines. At this inspection we found the service had made this improvement.

Why we inspected
The inspection was prompted in part due to concerns received about a person dying after sustaining a serious injury and the care of people who had tracheostomies (tube to assist with breathing). A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please

see the safe and well-led key questions of this full report. The provider had taken action to mitigate the risks.

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

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.

Follow up
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 safe. Details are in our safe findings below.	Good
Is the service effective? The service was effective. Details are in our effective findings below.	Good
Is the service well-led? The service was well-led. Details are in our well-led findings below.	Good

Azalea Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 team consisted of 2 inspectors, 2 nurse specialists and an 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. They assisted the inspection by talking to people living in the home and then making calls to relatives to seek feedback on the service.

Service and service type
Azalea Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Azalea Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

Inspection activity started on 10 February 2023 and ended on 15 February 2023. We visited the service on 10 February. The visit was unannounced.

What we did before the inspection
Before our inspection, we reviewed the information we held about the home. This included complaints and safeguarding alerts. 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 19 staff. This included the registered manager, deputy manager, quality assurance manager, clinical lead, unit managers, nurses and care workers, head of housekeeping and the nominated individual. A nominated individual is responsible for supervising the management of the service on behalf of the provider.

We met with 25 people living in the home and 3 visiting relatives. We later spoke with 15 relatives on the phone. We visited all 4 units in the home. We observed a mealtime in each unit. 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 carried out general observations and specific observations of people with one-to-one staffing.

We looked at 15 people's care records and multiple people's medicines records. We also looked at various documents relating to the management of the service. This included staff training, recruitment records for 5 staff employed since the last inspection, medicines management records, quality audits and analysis of falls, accidents/incidents.

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.
We completed a tour of the building. We sought feedback from 2 local authorities.

We requested further information from the registered manager and provider which we reviewed as part of the inspection.

Good

Is the service safe?

Our findings

This means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely
At our last inspection we made a recommendation that the registered persons ensure effective medicine governance arrangements are implemented and followed to reduce the risk of people not receiving their medicines as prescribed. At this inspection we found these improvements had been made.

- Medicines were managed safely.
- There was not enough information in the pain management care plans for 2 people to advise staff how to effectively manage their pain. One person was prescribed 3 different pain medicines and there was not clear guidance in the pain management care plan as to how staff should decide which medicine to give under what conditions. We saw the GP had advised this person be given pain relief before personal care. This was not done on the day of the inspection, the person was in pain and staff did not give pain relief.
- We addressed this with the registered manager and nominated individual who advised us they spoke with the staff concerned and improved the pain relief care plan without delay for both people.
- Other than the above example, staff followed best practice in administering and recording medicines.
- People and their relatives thought their medicines were managed safely. One person said, "Yes, they do help me with my tablets and with my insulin every morning." One relative said, "They certainly encourage him to take the medication. They explain to him the benefits of taking the medication, they don't just give it to him." Another relative told us, "They do help with medication and they are very thorough."
- Staff did not administer medicines until they were trained to do so and were assessed for their competence at administering medicines.
- Medicines were stored securely. There were suitable arrangements for ordering, receiving, and disposing of medicines.

Assessing risk, safety monitoring and management
- Risks to people's health and safety were assessed and acted on.
- There were risk assessments in place outlining risks to people's safety and advising staff on how to mitigate the risks, for example risks of falls and of sustaining pressure ulcers.
- .Risk assessments contained sufficient detail, were regularly reviewed and showed good oversight of individual risks.
- People said they felt safe and relatives agreed that people were safe in the home. They said staff helped people to feel safe by explaining to them how they were going to use a hoist to move them. There were good security arrangements in place.
- People had personal emergency evacuation plans in place with clear written guidance for staff to follow in the event of an emergency evacuation of the building. There was an emergency procedure in place in the event of a person's tracheostomy being compromised.

Preventing and controlling infection; Visiting in care homes

● The service protected people from risks associated with infection.

● We were assured that the provider was ensuring Personal Protective Equipment was used effectively and safely. People and their relatives told us that staff wore their masks properly.

● The home was cleaned to a good standard. Regular audits of infection control and cleanliness were carried out.

● Staff had been trained in preventing and controlling infection.

● The home had a refurbishment programme. 2 people told us they were not happy with their carpets as they were dirty and the registered manager confirmed that the home was part way through a programme of replacing flooring.

● There was a screening procedure in place to ensure visitors did not have COVID-19 when visiting the home. They also had to report any health symptoms. Other than that, visitors were able to go to the home to visit people any time during the day and at night too if the person was at the end of their life.

● We were assured that there was a testing regime in place to test staff and visitors for COVID-19.

● There were visiting pods in place so that visits could still take place in the event there was infection in the home.

Staffing and recruitment

● Staff were recruited in a safe way and effectively deployed to meet people's needs.

● The service followed a robust staff recruitment procedure. Staff were subject to criminal record checks, proof of identity and right to work in the UK checks and employer references from previous work in care to ensure they were suitable to work at Azalea Court.

● We were assured there were enough staff to provide safe staffing levels. Those people who had their own allocated staff member due to being at high risk had this in place as required. Staff providing one-to-one support to people were given written guidance on what they had to do and that they needed to stay with the person at all times. We saw that people on one-to-one staffing were not left alone. There was one example of very good practice where the allocated staff member was constantly vigilant about the person's safety, supporting them in a sensitive and respectful way. One person said, "I have a one-to-one care, 24 hours a day."

● People and their relatives gave mixed feedback about whether there were enough staff and whether they responded promptly to call bells, but we found no evidence of any staffing concerns.

● Staffing was planned in a way to meet people's needs.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

● Staff had been trained in safeguarding. Staff showed a good understanding of their training including how to recognise signs of abuse and where to report concerns.

● The service raised safeguarding alerts where appropriate , for example, where a person came to the home with a pressure ulcer sustained in hospital.

Learning lessons when things go wrong

● The service had a system in place to monitor incidents and used them as learning opportunities to prevent future incidents. There was regular analysis of all falls in the home and what remedial action was taken to reduce the risk of that person falling again. There was ongoing monitoring of pressure ulcers and other wounds.

Good

Is the service effective?

Our findings

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

Staff support: induction, training, skills and experience

- Staff were suitably trained and supported to carry out their duties effectively.
- Records showed staff had completed mandatory training. Staff were offered other training and development opportunities. Staff working in Willows unit were trained in managing the needs of people who had tracheostomies and assessed for their competence in doing so. Many staff in the home were trained dementia interpreters. This training helps people translate a person's actions and body language into a recognised language where the person has lost the ability to communicate effectively due to dementia. Our observations found staff had a good understanding of how to support people with dementia in a person-centred way.
- The registered manager was running extra training sessions in a workshop style including topics such as the dining experience.
- Staff said they felt their training was good and they could request extra specific training if they thought they needed it.
- The provider sponsored some staff from other countries and was working with a local university to train staff as nursing assistants and supported staff who were trained as nurses in another country to complete pre-nursing training in the UK.
- Records indicated staff supervision took place regularly. The service ran an employee support framework where staff had sessions six times a year. This included a personal development plan and was in place of an annual appraisal.

Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported with their health and access to health services.
- There were comprehensive assessments of people's needs and these assessments led to the development of care plans for each person, outlining their needs and wishes in all aspects of their life.
- People told us they were happy with the care they received. They had good support with their nursing needs and personal care.
- There were no specific care plans for medical conditions such as Parkinson's, diabetes and multiple sclerosis. The symptoms of health conditions were included in other care plans for the person. We discussed with the registered manager that they might consider having specific care plans for specific health conditions which could help staff understand the varied symptoms and support needs associated with that condition and facilitate communication with consultants. Each health support need was addressed in different care plans.
- Wound care in the home was good and there was a clinical lead who oversaw all wound treatment plans.

There was evidence that pressure ulcers and other wounds improved due to effective treatment.
● Records of care and treatment were not consistently completed. Examples of this were; one person's repositioning records, some people's oxygen levels and respiration rates. There was also an incident of a person screaming which was not recorded as an expression of pain. This appeared to be due to staff not completing records properly and the registered manager looked into each instance when asked to and reported back to us that the required care was provided but not recorded. The registered manager and quality assurance manager told us there would a be closer scrutiny of records of care and treatment.
● There was good attention to oral care. There were oral care champions in place and staff were aware of people's oral health needs. Care plans guided staff to a person's individual needs and wishes regarding tooth brushing and mouth care.
● There was evidence of good working with and prompt referrals to other professionals.
● Staff supported people to arrange appointments with their dentist and optician as needed. A GP visited every week and more often when 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 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 MCA.
In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The service applied for DoLS for everyone who needed one. There was good oversight by keeping records of each DoLS in place, any conditions and when this was due to expire. New applications had been completed for those about to expire.
● People said staff sought their consent before providing care. One person said, "They do seek my permission when washing me."
● Staff said they understood mental capacity and that they gave people choices daily. We observed staff respecting people's wishes to be independent and supporting them in a respectful way whilst still ensuring their safety. An example of this was when one person was attempting to get into the lift to go outside, staff supported them by telling them lunch was ready and afterwards they would go with them to the garden to get some fresh air.
● Staff carried out mental capacity assessments with people and ensured best practice was followed when a decision had to be made in a person's best interests, involving their family and health professionals as needed.
● People were not unnecessarily restricted.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported with eating and drinking.
● We observed one mealtime and saw that people who had difficulties with swallowing or eating independently had written guidelines on how to support them with eating safely and they were given foods safe for them to eat.

● We saw three examples where staff did not support people with their meal in line with best practice. We discussed this with the management team. The registered manager showed us training materials that they were planning to deliver the week after the inspection to staff to ensure the best dining experience was provided.
● People said they were happy with the food. Those who wanted to follow a specific diet were supported to do so. Staff were able to tell us people's preferences. Staff provided snacks between meals. The registered manager told us fresh fruit was provided in the mornings and cakes/biscuits in the afternoon. Staff encouraged people to drink and kept records of fluid intake for those people who needed this monitoring.
● A vegetarian and a person who had Coeliac disease both said their diets were well catered for. Other comments included, "Food is alright, actually it's nice, if I like something different, I would ask for it, the quantity is okay" and, "There is enough snacks and drink."
● Staff were knowledgeable about what people liked to eat and drink. People had chosen their lunch in advance, but many people had forgotten they had done so. Staff explained to people what they were eating and offered alternatives to people who didn't want what they were given.
● People could eat in the dining room, lounge or their bedroom. In one unit nobody ate in the dining room and the registered manager said that people in that unit chose not to do so. In other units the dining room was used but those who were unable to come to the dining room ate in their room.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked with other professionals and followed their advice to provide effective care.

Adapting service, design, decoration to meet people's needs
● The home was designed to meet people's needs.
● There was an ongoing programme of refurbishment. There were suitable adaptations to meet the needs of people with a physical disability.
● There were different spaces people could use to be alone, with a visitor or in a group. People were able to move around freely on the floor they lived on.
● There was a lift available and a garden for people to use.
● People had personal items, for example, family photographs and televisions, in their bedrooms.

Good

Is the service well-led?

Our findings

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 good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an effective governance framework in place.
- We made a recommendation at the last inspection to improve medicines governance and this had been completed. At this inspection we found an issue with pain management care plans. The management team acted on this immediately when we raised it.
- The governance framework in the home included a range of audits and checks carried out by designated members of the management team. The provider employed a quality assurance manager and clinical lead to increase the effectiveness of the leadership team who all had clear designated duties. The registered manager also had a deputy and the nominated individual was based in the home full time. Each person had their own designated responsibilities. The nominated individual carried out their own audits as well as overseeing the reports of all audits carried out by other members of the leadership team. They all had a good understanding of regulatory requirements.
- The electronic care recording system used in the home allowed the management team to have instant access to care being given and to maintain an overview of care in the home.
- There were effective systems in place to oversee the running of the home and quality of care provided. This included daily meetings of the leadership team. They each had a good knowledge of current risks and of people's needs.
- We were assured that the leadership team would effectively address the issues we brought to their attention at the inspection.

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

- The culture in the home was person-centred and empowering.
- The registered manager acted as a role model to staff by working alongside them regularly. Staff and relatives said that the registered manager was always visible and approachable in the home.
- The nursing care and good clinical leadership led to positive outcomes for people in wound and pressure ulcer care.
- People and their relatives gave positive feedback about the home. Some people who had lived in other care homes told us it was better in this home and they felt much happier.
- Relatives' comments included; "The nurses are absolutely lovely, really good with my father when we are there and when we are not present.", "The staff are very good, they talk to my husband, they get him involved in activities, they are very good like that." and, "I would say they are friendly, from reception to

everyone else, the way they greet you, they say hello by my name, if I want to talk to anyone they do listen, it is clean, he is well looked after, and if he has any infections they deal with it straight away."
● The service promoted the celebration of festivals and activities such as quizzes, crafts, Bingo and parties. People were positive about the entertainment offered in the home. They particularly enjoyed the visiting animals which several people told us about.

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; Continuous learning and improving care
● The registered manager understood the requirements of the duty of candour.
● The management team told us they were working to continually improve this service. They gave us examples of this which included new training, social events and keeping up with new practices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was regular engagement with people to check if they were happy and if they wanted any improvements. There were resident meetings. The registered manager had also introduced keyworker sessions where staff engaged with people regularly on a one-to-one basis and asked them their views on their care, the food, activities, etc and recorded this so the management team could have an overview and respond to people' s feedback.
● Relatives also said they could approach staff in the home with any concern and suggestions for improvement. They said that any concerns and complaints were acted on. One relative said, "When you complain, they are always supportive, and they would sort the issues out." Another said, "Everything about the care home is very professional, very good on doing their job, they look after him very well, he looks better than he did in years, and they are doing a great job."
● Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service and for the provider to ensure staff knew expectations of them. In addition, staff could talk to their unit manager, the registered manager, deputy or nominated individual who were all available in the home full time. Staff told us the management style was "strict but fair" and they felt well supported.
●The registered manager worked extra hours daily to engage with night staff. Night staff were fully involved alongside day staff with staff meetings and training.
● There was a very good support system for staff which in turn led to a consistent well trained staff team with little staff turnover. The provider gave staff free meals at work. They could help themselves from a breakfast bar and had a free main meal when they were on duty. As well as this the provider had offered support to staff due to the cost of living crisis. This ranged from advice, assistance with completing forms, food hampers and assistance with school uniforms for children where staff were struggling financially. Staff were encouraged to tell the provider if they needed help. Another example of innovative staff support was free family food hampers for school holidays for all staff whose children were entitled to free school meals.
● Staff addressed people's protected characteristics where possible. Although the service did not always have care staff who spoke the same language as people, they tried other forms of communication such as communication books with pictures and key words in the person's language.

Working in partnership with others;
● Staff worked with other professionals to ensure people were supported; such as speech and language therapists, GP, physiotherapists and other visiting healthcare professionals as well as various local authorities. Relatives were consulted and their views considered as partners in people's care.