

Athena Care Homes (Monmouth) Limited

Avocet Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avocet Court is a residential care home providing personal and nursing care to up to 153 people. The service provides support to adults. The service also provides support and care to people when they have left hospital and need additional support to go home, referred to as 'discharge to assess'. At the time of our inspection there were 89 people using the service.

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

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

Since our last inspection, there had been a change in management of the service. Staff and relatives were positive about how the service was led and that the manager was approachable.

There were systems in place to provide people with a safe service. Lessons were learned when incidents and accidents occurred, and actions taken to reduce them happening again in the future. Staff were trained and guidance provided in people's care records in how to keep people safe from abuse and avoidable harm.

People received their medicines where required and safely. Staffing levels were calculated to reduce the risks of people not receiving the care they required. These were kept under review and were adjusted where needed.

Infection control processes and procedures were in place to reduce the risks of cross infection. The service followed the most up to date guidance relating to the pandemic, this included the provision of personal protective equipment (PPE) for staff and testing. Visiting was managed safely which supported people to maintain relationships with their family and friends.

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.

The governance systems in place supported the management team to assess and monitor the service provided and identify and address any issues identified. The management team were knowledgeable about their role and responsibilities and what was happening in the service. People's views were listened to and used to drive improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 October 2021). We found a breach of regulation relating to the governance systems in place for monitoring and assessing the service provided.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider seek advice from a reputable source on their infection control procedures and the use of slings. At this inspection we found improvements had been made, people had their own slings and people staying in the service using the discharge to assess service were provided with disposable slings, all which reduced the risks of cross infection. We also recommended the risks associated with unguarded surfaces such as pipes and radiators required more detail in risk assessment to demonstrate effective oversight. At this inspection we saw records which evidenced that the areas were regularly checked and monitored to ensure people were safe.

Why we inspected

We carried out an unannounced focused inspection of this service on 23 August 2021 (published 2 October 2021). A breach breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in their governance processes. We also made two recommendation in relation to safe care and treatment.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. 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.

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

Follow up

We will continue to monitor information we receive about the service, 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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Avocet Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Avocet Court 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. Avocet 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. There was a manager who had completed a registered manager application, which was being processed by Care Quality Commission at the time of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 13 May 2022. We spoke with nine staff members including the manager, the clinical lead staff member, the operations director, care, nursing, maintenance and domestic staff. We spoke with 10 people who used the service and three relatives. We also observed people using the service and their interactions with staff. We reviewed a range of records including health and safety and audits during our visit. We asked the manager to send us further records securely for us to review remotely.

Following our visit, we reviewed records including five people's care records and records relating to how the service seek feedback from people and the service's ongoing improvement plan. We received electronic and telephone feedback from four relatives and eight staff members.

On 26 May 2022 we fed back our findings from the inspection by video call to the manager, clinical lead and operations director.

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 has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we made recommendations relating to the management of risks associated with unguarded surfaces, such as pipes and radiators and the slings to reduce the risks of cross infection. At this inspection we found improvements had been made.

- The management team and a maintenance staff member told us risks of people being harmed by exposed pipes and radiators were mitigated due to them being cool to touch at all times. Records showed these were checked and monitored.
- People who used equipment to mobilise, were provided with their individual slings. People who were using the service short term, such as those using the discharge to assess service, were provided with disposable slings. This reduced the risks of cross infection.
- People's care records showed how the risks in people's daily lives were assessed and guidance provided to staff in how these risks were mitigated. This included risks associated with pressure ulcers developing, falls, moving and handling, nutrition, choking and scalding. People told us they felt safe, which was confirmed by relatives.
- Equipment was used to reduce the risks of people who were assessed at risks of falling, these included sensor mats to alert staff if a person was attempting to mobilise independently. We observed staff respond quickly to support a person when there was a risk of them falling.
- A staff member we spoke with was knowledgeable about the risks associated with people choking. They explained the actions taken to reduce risks, which included staying with a person who was assessed at risk when they ate meals. During lunch time our observations confirmed what we had been told.
- Records showed there were systems in place to ensure the environment and equipment was checked to ensure they were safe for use and fit for purpose.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to reduce the risks of abuse and avoidable harm. This included policies and procedures and training for staff.
- Staff confirmed they had received training in safeguarding, and they understood their role and responsibilities in reporting concerns. In addition, feedback from staff told us they were aware of how to report bad practice, known as whistleblowing, and would have no hesitation in reporting concerns.
- Records showed concerns were reported appropriately and the management team worked alongside safeguarding team where required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were systems in place to reduce the risks of people not receiving the care and support they needed when they needed it. The provider used a tool to calculate the numbers of staff required to meet the dependency needs of the people using the service.
- The management team told us they routinely monitored the staffing levels, which were adjusted where required, such as if people required more care.
- The service was continuously recruiting staff, this included recruiting staff from overseas. Any current staff vacancies were covered by using agency staff. The manager told us these were regular to the service, so knew people well.
- People using the service and relatives told us they felt there were enough staff who were available when support was required. Staff told us they had recently seen improvement in staffing levels and were aware this was ongoing.
- At our last inspection we found no concerns regarding the safe recruitment of staff, therefore we did not examine recruitment records during this inspection. Feedback received from staff confirmed prior to starting work in the service checks were made by the service to determine that applicants were suitable to work in this type of service, including Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines when they were required and there were systems in place for the safe management of medicines, including storage, ordering, administering, recording and disposal.
- We reviewed the management of medicines and found that they were stored securely, with temperature check being undertaken. Medicines which required specific storage and recording was done appropriately. We checked a sample of medicines and found they tallied with records, were dated when opened and were all within the use by dates.
- Regular audits and monitoring of medicines by the management and senior team supported them to identify any issues and address them promptly.
- Staff who were responsible for supporting people with their medicines were trained to do so and their competency was assessed. We observed part of the lunch medicine round and found this was done safely by a staff member.
- People told us they received their medicines when they needed them. One person told us how they had been supported with the application of their prescribed creams, "The nurse came in and greased my knee."

Preventing and controlling infection

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

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were 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

- People were able to have visits from their family and friends. This was confirmed by people using the service, their relatives and our observations during our inspection visit.

Learning lessons when things go wrong

- Where incidents and/or accidents had happened, the management team learnt from these and introduced systems to reduce them happening in the future.
- Incidents were analysed to check for any trends by the management team and actions taken to mitigate them.
- Incident records had recently been improved to evidence that they had been reviewed by the management team and lessons were learned and actions taken.

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 has changed to 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

At our last inspection we found the governance systems in place were not always effective in identifying and addressing areas for improvement. This was a breach of regulation 17 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 17.

- There was a programme of audits undertaken which supported the management team to identify shortfalls and to address them promptly. The provider's representatives also undertook a range of monitoring processes to reduce the risks of people receiving inappropriate care.
- Since our last inspection, there was a new manager in post who had worked in the service for several years. The manager had put in a registered manager application which was, at the time of this inspection, being processed by Care Quality Commission.
- The manager was supported by a clinical lead staff member. Both were knowledgeable about the expectations of their role and provided any requested information openly and promptly. They understood what was happening in the service and took action to learn lessons and address any issues which arose. A new post of non-clinical residential manager had been created and they were due to start working in the service to further support the management and oversight of the service.

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

- People's care records were detailed to identify people's specific needs and guide staff in how people's needs were being met to achieve positive outcomes.
- We received positive feedback from people using the service about the care and support they received and how staff were caring. One person told us, "I am very happy, they [staff] are brilliant, can't fault the staff." Another person said, "I have got everything I need; it is like a holiday."
- People's relatives told us they felt their family members were well cared for. One relative told us, "I have complete confidence in the staff and have personal peace of mind with the way my relative is looked after... The fact that my relative constantly tells me that [they are] well looked after is good enough for me."
- The service had assessed the times for call bell answering times to ensure people did not have to wait for long periods of time when support was needed. Staff received guidance on the expectations of answering call bells in a timely way. Records showed improvements being made in response times.

- We received feedback from relatives about how the service was well led. One relative told us the manager was, "Easy to talk to and accessible, works hard and will call back in person if I need to speak to [the manager]."
- Staff were complimentary about the manager and their management team and felt empowered to share their views. One staff member said, "I feel I have always been supported by my management team and I'm not afraid to express my views and opinions with the management team. I feel heard and they take on board new ideas and are always keen to hear ways to improve."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place and this was understood by the management team.

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

- Records of 'resident meetings' showed people using the service were asked for their views about the service provided, including activities and meals. All people were involved, and their views sought, for example, if people were unable or chose not to join in the group meetings they were visited in their bedrooms by the staff and asked for their views. A staff member told us how people were asked for their suggestions for activities and their comments were valued and used to plan future social activity.
- Satisfaction surveys were undertaken which were sent to staff, people using the service and their representatives and actions taken in response to comments made. The operations director told us the questions in the surveys had recently been reviewed and would be sent out in June 2022.
- We received feedback from people's relatives about how the service kept them updated about their family member's wellbeing and felt their views were listened to and addressed. One relative said, "They [staff] work with me, listen to my views and [family member's] views... I can go to them [manager] about anything and they will act on it."
- Weekly clinical risk meetings were held where any emerging issues, risks, safeguarding concerns and outcomes and complaints were discussed. The outcomes to these meetings and any actions required were fed back in staff meetings to ensure staff were aware of the expectations of their roles. Staff meeting minutes confirmed what we had been told. One staff member said, "Management hold regular meetings where all staff can speak freely, and they also have an open-door policy if staff want to talk one to one."
- Staff received one to one supervision meetings which provided them with a forum to discuss their work role, receive any feedback about their practice and identify any training needs. Staff confirmed they felt the management team engaged with them.

Continuous learning and improving care

- Staff received a range of training to meet people's needs. On site coaching had been introduced, this included bed making, assisting people with their oral care and skin care. Feedback from staff was positive about the training and induction they received.
- There were staff who were 'champions' for a range of subject, including oral care. They received enhanced training and support and were able to give guidance to colleagues where required.
- The management team kept updated with any changes in care, best practice and legislation to continuously drive improvement.

Working in partnership with others

- The management team told us they had good relationships with health and social care colleagues.
- This was confirmed by feedback received which stated the service engaged positively and were keen to accept any training and support.

- The service worked with commissioners and had an action plan in place, with timescales for completion.
- People's care records included guidance and advice received from health and social care professionals and how this was used to improve people's wellbeing.
- The service had been part of a pilot system working alongside a local dental surgery to ensure people received dental support where required. The management team told us they had developed a good relationship and people were able to access dental care at both the dental surgery and in the service, where required.