

Avery Care Clevedon Limited

# Poets Mews Care Home

## Inspection report

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20 October 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Poets Mews Care Home is a care home that provides personal care and accommodation for up to 83 older adults with dementia and or mental health needs. There were 39 people living at the home at the time of the inspection.

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

People were currently supported by enough staff, although there had been pressure on the team following staff turnover and recruitment challenges in the region. Some relatives told us there were not enough staff to consistently meet all their family member's needs. However, we found that the provider had taken robust action to address these concerns. A staffing recruitment and retention plan was in place. This included the use of regular agency staff to ensure people's needs continued to be met consistently. The provider was in the process of recruiting new staff. They had implemented a plan to recruit and retain staff. The provider had also moved other staff from other homes to work at Poets Mews.

People were supported to receive medicines on time. We were assured by the infection, prevention and control measures in place. People felt safe in the home and risks they may experience were fully assessed.

Staff were seen to be kind, considerate and polite to people they supported. Relationships between staff and people were positive. People's needs were identified, and care and support delivered in ways that met their needs.

People were supported to have maximum choice and control of their lives. Staff helped ensure this was in the least restrictive way possible and in their best interests. There were policies and systems in the home to support this.

Staff told us they felt supported by the current management team. The staff also said the past few months had been challenging due to staffing shortages. Staff were being supported and trained to be competent to provide safe and effective care.

A new manager had recently been recruited. Until they were able to fully take up their post, the area manager and two acting managers from other services were managing the home.

Quality checking systems were in place that were getting results to drive up quality and safety. The area manager and acting manager had already identified the shortfalls in the service and were following an in depth action plan.

Rating at last inspection

This was the first comprehensive inspection of the service since it was registered with us on 04 September 2019. We carried out focused inspections of the service on 14 July 2020 and 26 November 2021 where we looked at the safe and well led domains.

### Why we inspected

The inspection was undertaken to provide a rating for the service.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last inspection, by selecting the 'all reports' link for Poets Mews Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led	<b>Good</b> ●

# Poets Mews Care Home

## Detailed findings

### Background to this 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 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.

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

#### Inspection team:

The inspection was carried out by three inspectors, and two Expert's 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.

#### Service and service type:

Poets Mews 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.

The service did not currently have a manager registered with the Care Quality Commission. A new manager had just been recruited. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. The provider had put in place two managers and the area manager to manage the service until the new manager was fully in post.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before our inspection, we reviewed all the information we held about this service. This included notifications the provider is required by law to send us about events that happen within the service.

We used information the provider sent us in the Provider Information Return. Providers are required to send

us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our inspection

We spoke with nine people receiving a service and 11 relatives. We met one of the acting managers and the area manager. We spoke by online video interview with 5 staff.

Records we looked at included five care plans, four staff files and a range of documents relating to medicines, accidents, incidents and complaints, satisfaction surveys completed by people and their relatives and quality assurance reports.

After the inspection we continued to seek clarification from the area manager to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first comprehensive inspection for this newly registered service. This key question has been rated as This key question has been rated good. This meant people's outcomes were consistently good.

### Staffing and recruitment

- Overall, there were enough staff to meet people's needs. Staff told us they were having to work a lot harder to make sure each person's needs were met. Staff talked with a real commitment to ensuring they continued to support people safely during what had been a challenging time around staffing. An in-depth action plan was being followed to ensure that there were enough staff to support people. For, example staff had been transferred temporarily from other services run by the provider. Agency staff were booked to work at the home long term. Long term agency staff we spoke with conveyed a good understanding of the needs of the people they were supporting.

- Managers told us recruitment was difficult locally and throughout the adult social care sector. The management team were very clear to us that they would not fill vacant rooms until they had the staff and the skill mix needed to provide safe and high-quality care. Just over half the rooms in the service were occupied at the time of our inspection. The managers understood the need to recruit and retain staff at the home. One said "Our focus now is recruitment. We're interviewing every day". Another told us "We will aim to overstaff this service." The area manager also told us that they were not going to take new people into the home until they were sure they had enough staff to fully meet their needs at all times.

- Some relatives told us they felt there was a shortage of staff at the home. One said "I think staffing levels suffered due to Covid. They are short staffed, but they are not opening to more residents due to tight staffing issues." Another said "I think it is poor during the week. Don't know about the nights. They are struggling to retain and get staff." and "My relatives have told me on several occasions that staffing levels are low, that this has been acknowledged and efforts to recruit have been made."

- People were protected from the risks posed by unsuitable staff. Checks were undertaken before new staff were able to work at the home. These included Disclosure and Barring Service (DBS) checks which are carried out to aid employers in making safer recruitment decisions and ensuring that unsuitable people do not work with vulnerable groups. References were also taken up as well as proof of each applicant's identification.

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### Systems and processes to safeguard people from the risk of abuse

- Relatives gave us variable feedback about how they felt their family member was supported to stay safe by staff. One said "Yes. They have pretty good procedures and staff. The protocols in place meet safety requirements. My mother has dementia, but she says she feels safe as well." Another told us, "I think she is

safer than she was at home." Further feedback included "We feel they are both very safe, with supervision, warmth and caring" and "The staff are constantly checking on people. I feel 100% safe with her being there."

- Staff had been on safeguarding training and were clear about their responsibilities in reporting and recording any concerns.
- To support people to be safe there were procedures in place to ensure safeguarding concerns were reported and recorded. Safeguarding and whistleblowing policies were also in place to guide staff.

#### Using medicines safely

- Medicines were managed safely and staff supported people to receive their medicines as prescribed.
- People were supported to administer their own medicines where possible. Risk assessments were in place and were regularly reviewed to ensure people continued to be able to manage this.
- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines. The recording of fridge temperatures in one clinic room had not consistently been documented. This was highlighted to the management team during our inspection.
- Medicines administration records (MAR) were accurate and showed people received their medicines as prescribed. The provider used an electronic system to record medicines administration. This provided additional checks for staff and reduced the risk of errors.
- MAR information included guidance for staff about people's needs, preferences and risk factors relating to medicines.
- Medicines audits were carried out to monitor safety and ensure risks were managed.

#### Assessing risk, safety monitoring and management

- Systems were in place to ensure risks were identified.
- Risks to people's safety were assessed and plans were put in place to reduce the likelihood of harm.
- Risks within the premises were assessed and the necessary checks were made on key areas such as fire safety, gas safety and water safety, which evidenced the building was safe.

#### Preventing and controlling infection

- Relatives told us how they felt the home was safe around Covid 19 risks. One said, "It is safe because the visits have to be booked. I get my two hour slot on a Friday. All visitors have to do their test and wear PPE."
- We were assured that the provider was effectively managing risks in relation to COVID-19 and infection prevention and control (IPC).
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider had put in a lot of work to support staff during the COVID-19 vaccination process. Information and professional advice were given to staff to support them in the decision-making process and encourage them to take the vaccine.



- Staff showed they had a good level of knowledge of hygiene standards. We saw staff continually cleaning the home using antibacterial products and techniques. Staff also followed guidance for hand hygiene.
- Staff who worked with food followed safe practices and procedures for handling, storage and disposal. Food service areas looked clean and hygienic.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, and actions taken where necessary.
- The management team reviewed all incident reports. This helped to identify any themes, changes to practice or learning required in the service.
- Information about health and safety issues, incidents or changes to practice were highlighted in regular staff meetings.

# 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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Relatives gave us variable feedback around how they felt family members needs were met. One said "Yes my relatives needs are met. The level of care and nutritional element is good." Another said, "They are absolutely thorough on wanting to know her interests." A further comment was. "The level of care and nutritional element is good. They also encourage residents to mingle and my mother likes this and has thrived in this environment." Further feedback included "When I see my relative, he seems genuinely happy, is comfortable and certainly not looking to get out. I do sometimes think that his personal care needs could be a little better." Our findings were fed back to the acting manager and area manager. They both told us they were checking daily to ensure people's care needs were met.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other services. These included the local authority, GPs and community nurses.
- Records showed when staff had been in contact with a person's GP and other relevant professionals involved in their care.

Supporting people to live healthier lives, access healthcare services and support

- Regular meetings were held at the home to discuss and review people's clinical needs.
- Healthcare professionals were consulted and involved in the care of people to ensure their health needs were met. This included GPs, district nurses, pharmacists, dietitians and podiatrists.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported in their work. Staff had the skills, knowledge and experience to deliver effective care and support to people.
- An internal trainer was currently based at the home to provide live training and updates to the team.
- Staff spoke appreciatively of the training provided; They had attended training in a range of subjects including caring for older people, fire safety, first aid, food hygiene, health and safety, medicines, deprivation of liberty, moving and handling, infection control and safeguarding.

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

- People were supported to eat and drink enough to meet their needs.
- Relatives gave us variable feedback about the food their family member was served. One said "From what I have seen the food and drink is very good. Before Covid, I had a meal with my relative there which was very good. No concerns about food and drink or the availability of it." Another told us "The food and drink there is very, very good, and I have no concerns about that. I have also been there when my relative has had a

meal, so I know this personally from observation." A further comment was "The food was pretty awful, but they got a new chef, and this has now improved" and "The food is great, but the delivery is all over the place." We made the area manager aware of this feedback. They had already identified clear ways to ensure quality of food was maintained as part of their action plan for the service.

- People were encouraged to make their views known about the food provided. There were meetings with people to gather their views to ensure changes were made swiftly.
- People with specific dietary requirements for example, those needing fortified meals, or reducing diets were catered for.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People were able to make decisions about the care and support they received.
- Training records showed that staff had received MCA training in the past year.
- DoLS applications were made when required. Care plans showed people's DoLS status.

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

- The home had been purpose built and was designed and adapted to promote independence where safe to do so.
- Each floor had their own kitchenette area, where people could make themselves a drink and help themselves to a wide variety of snacks.
- Bathrooms were designed to support people with mobility needs so they could enjoy a bath without any difficulty. There were signs in larger font, and they were clear to read.

# 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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated 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

- People were supported respectfully by staff. One relative said "All the staff that I have seen there appear to be jolly and happy and are always there for a touch on the shoulder or a hug. They are certainly there for the residents and are very caring in their manner." Another relative said "They always knock on my relative's door if it is closed, even if it is opened, they knock on the side and check that they can come in. They make her feel like she is at home. They are a very friendly bunch. She requires help with showering but everything else she is fine. They are very kind and respectful when doing her showering." Another told us "Yes from what we have seen both her and us would agree that she is treated with dignity and respect."
- Staff were trained to understand how to treat people with respect and to ensure they understood equality and diversity. Staff understood the needs to treat each person as a unique individual and to respect the choices and preferences in their daily life. Care plans reflected this around areas such as spiritual and sexuality.

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

- People were encouraged to express their views and make decisions about the care and support they received. This was by regular reviews with staff, and informally when staff spoke with people.
- We saw staff speaking to people in a respectful and caring manner.

Respecting and promoting people's privacy, dignity and independence

- Relatives spoke positively about how staff treated their family member.
- Staff were observed speaking with people in a courteous manner. Staff were also observed to assist people in a discreet way when they needed support.
- Staff told us they were regularly observed by a senior member of staff to make sure they treated people with respect and dignity. Feedback as given to staff about how they supported people.
- Care records were written in a positive way about how each person liked to be supported.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service.

This key question has been rated 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

- Relatives told us how they felt the service was responsive. One said " When she went in there was a quite an in depth interview. They wanted to know everything including what are her hobbies. She may not remember what she does in terms of activities the next day, but when doing them she is very engaged in them."
- Information in the care records we viewed showed people were encouraged to plan and decide what sort of care and support they wanted. The care plans set out what actions were required to assist each person with their needs. For example, care records explained where people needed support with their self care and they clearly showed how to provide this support.

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 were supported to maintain relationships and to take part in activities they enjoyed.
- Relatives told us, "They have two wellbeing staff and have certain activities on both in the morning and afternoon, and sometimes in the evening. There is always something for everyone to get involved with if they want to." "There are some activities going on but think that they are more focused on the residential wing rather than the dementia one." Further feedback included "They have lots of activities going on, and my relative does have the opportunity to get involved if he wants to. I think generally he is happy to stay on the periphery" and "They do have a list of activities which residents can attend if they want and they do send out a list of these. However, I don't know if my relative ever gets involved with any of them."
- Managers had a lot of praise for the activities co-ordinator. There was a very full programme of activities, and the activities organiser facilitated groups in the morning and afternoon. They also spent time and sat with someone who was receiving end of life care. The activities programme on display in reception had a key which highlighted whether an activity was 'social', 'physical' or 'emotional'.

Improving care quality in response to complaints or concerns

- There were systems in place to support people to make a complaint or raise a concern.
- The area manager and the two acting managers responded to complaints that had been received. We saw how they followed the providers own complaints procedures. Complaints were investigated and a response was given to the person who made them. We saw that the area manager aimed to ensure all complaints were dealt with in an open and transparent way. For example an acknowledgement that currently the home had to use a lot of agency staff to make up for staff numbers.

- Relatives gave us variable feedback about how concerns and complaints were addressed. One relative told us "I raised a concern yesterday and it was fixed in an hour. So that and everything else they are very responsive." Another told us "We have raised complaints, but nothing changes. My wife sits on video conference calls and other relatives are raising similar concerns and complaints." Further feedback included "I have not had to make any complaint about anything since he has been there. If I did have to then I would go straight to the manager." "I have never had to make a complaint, and I would not know what to do if I did have one. However I am simply happy if my relative is content and getting the right care "and, "They do have a round robin zoom meeting which you can attend if you want where I believe you can express your views about certain things."

#### End of life care and support

- The service supported people on their end of life journey. Care plans showed that advanced planning was discussed with people and recorded at a suitable time.
- The area manager told us relatives were supported by the home during this time.
- Staff were trained to support people at this stage of their lives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had put in place systems to help engage with people. For example, there was now a weekly 'open surgery' where people could meet one of the managers at the home and raise any matters that they wanted to bring to their attention. Another example was how social and therapeutic activities were planned with people based on their age, preferences and disability. Some people wanted one to one time with the activities organiser and this was acted on.
- Relatives told us how the current management team engaged with them. One said, "I must admit that the new management team appear to be turning things around and have contacted me as and when required." Another told us, "You can get hold of the manager, you do sometimes have to leave messages for her, but she does get back to you." Further comments included "I do believe that since my relative has been there, there have been about five different managers. At present we have the regional manager there a couple of days a week, and then there is a manager who is from another home who is covering. It is fair to say that they have both been responsive to emails that I have sent to them. If I have spoken to them in person, they have been happy to speak to me" and "They always seem to be on the ball and if I do have any questions or concerns and can't get hold of the manager immediately, she will always ring me back."
- Whole team staff meetings were held regularly. There was a daily schedule in place for departmental meetings throughout the week. Teams included the wellbeing team, kitchen team, housekeeping, carers, heads of departments and night staff.

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

- There was currently no registered manager for the service. The provider had responded robustly to this shortfall. They had put in place a management team until a new manager was recruited. There were two day to day acting managers. Also the area manager was currently working from the home and keeping a close oversight of it for at least three days a week.
- The provider and the management team had fully identified there had been a shortfall in the numbers of suitable permanent staff at the home. A business contingency plan was in place for the recruitment and retention of staff. The plan included recruiting very regular agency staff to make up this shortfalls to work at the home. It also included a very proactive drive to recruit suitable new staff.

Continuous learning and improving care

- Staff were positive about learning opportunities and the service demonstrated a commitment to continuous learning.
- The area manager and acting managers were fully aware of the matters raised by some relatives during our inspection. An in-depth plan to improve quality was in place. There were actions in place to address all the concerns that were raised with us. For example, ways to ensure the food was always of a good quality had been implemented. Also, potential new staff who did not convey the values of the service were not taken on. The area manager told us they would rather not appoint new staff than take on people who may not be suitable.

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 managers understood their responsibilities and were open and transparent.
- The managers knew their responsibilities to tell people and families, the Care Quality Commission and other agencies when incidents occurred at the home.

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

- The managers conveyed an understanding of their role and responsibilities.
- The area manager ensured they met with the two acting managers regularly to check audits were completed and were up to date. Areas checked included, certain people's skin integrity, weight loss, significant incidents, duty of candour, safeguarding, whistle blowing, falls, medicines, compliments, complaints, deaths, accidents and incidents, capacity assessments. As well as specific feedback from relatives and residents' meetings and comments about food.
- The managers were aware of events and incidents that needed to be notified to CQC.

Working in partnership with others

- The service worked in partnership with other organisations. For example, with mental health teams and other service providers including voluntary services.
- The management team felt they had good relationships with local authority colleagues, particularly safeguarding and commissioning teams. An acting manager now met weekly with a member of the local authority safeguarding team. This was to improve communication and make sure the home was doing what was required to keep people safe.