

Avery Homes Downend Limited

Avonmere Care Home

Inspection report

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Date of inspection visit:
13 July 2023
14 July 2023

Date of publication:
14 September 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Avonmere Care Home is a residential care home providing the regulated activity of personal care to up to a maximum of 76 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 76 people using the service.

The home was purpose built with bedrooms and ensuite facilities over two floors. There were various communal lounges and dining rooms. People enjoyed the library, cinema, games room, salon, and beauty room. On entry to the home there was a large reception area and a café restaurant facility.

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

Improvements were required with medicines management, record keeping, staff training, person centred care, including care planning, and the audit and governance processes. Medicines were not always managed safely. We identified a number of issues with medicines including medication errors.

Infection control procedures were in place and staff used personal protective equipment (PPE) effectively. However, staff were observed to wear shellac, false nails, which does not follow good practice guidance in minimising the risk of infection.

The provider and registered manager followed governance systems which provided some oversight and monitoring of the service. These governance systems and processes needed to be improved to ensure the service met people's assessed needs as they did not identify shortfalls that were identified during the inspection process. The service had systems to communicate with all stakeholders effectively.

People told us they felt safe living at the home. People and relatives felt enough staff were deployed to keep people safe. Staff completed safeguarding training and knew how to report concerns. Accidents, incidents, and falls had been documented, with analysis completed to help minimise a reoccurrence. The home was clean, with effective cleaning and infection control processes in place.

Staff's suitability to work with vulnerable adults at the home had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken. Staffing levels were sufficient to meet people's needs and protected them from harm. People and relative views had been sought through meetings and surveys, to ensure they were involved in the running of the home.

People and relatives were happy with the care provided and spoke positively about the staff who supported them. People told us they were offered choices each day, their dignity and privacy were respected, and they were supported to remain as independent as possible.

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 did not always support this practice.

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

Why we inspected

We carried out an unannounced focused inspection of this service. We undertook this focused inspection due to the age of the rating.

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.

Enforcement

We have identified breaches in relation to medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Avonmere Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This 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 2 inspectors 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.

Service and service type

Avonmere Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Avonmere care home is a care home without 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

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and 7 relatives about their experience of the care provided. We observed interactions between staff and people living at Avonmere Care Home. We spoke with 11 members of staff in various roles. We reviewed 7 people's care records and other records relating to people's care and support. We looked at 6 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including policies and procedures.

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.

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 good. At this inspection the rating has changed 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 risk that people could be harmed.

Using medicines safely

- Medicines were not always safely managed. Some people were prescribed time specific medicines and the electronic recording system showed that staff had not consistently followed the prescriber instructions. One person was prescribed their medicine to be administered at 08.00, 14.00 and 20.00 hours. When we spoke with 2 members of staff who administered medicines, they were unaware of the importance of people taking the named medicine on time. Not administering medicines at the prescribed time for some people can have a negative impact on the symptoms associated with their health condition.
- People were assessed to administer their own medicines if they wanted to. The provider's policy stated that, "With the resident's consent, medication should be counted daily by staff for the first 7 days, weekly for 3 weeks thereafter and then counted at 28-day intervals to coincide with the medication changeover". We looked at the records for people who had chosen to self-administer their medicines and found that one person had not had their medicine stock balance counted when they moved to the service. Other people had, but there were no records of further stock balance checks being carried out. This meant staff were unable to assure themselves that people had taken their medicines as prescribed. One person who self-administered their medicines said, "They have never asked me if I have taken them."
- The provider's policy for self-administration stated, "Medication that is administered by residents must be kept in a lockable, fixed facility e.g., cupboard/drawer. It is the responsibility of the care home to provide this for residents." We asked one person to show us where they kept their medicines, and they showed us them in an unlocked cupboard in their bedroom. There was also a box of other medication on a side table. This meant the provider's policy was not being followed because the medicines were not stored safely.
- Some people had been prescribed medication to be administered in the event of a seizure. Although records showed staff had completed online training in how to do this, one member of staff told us they did not know how to administer it because they had never had to. We discussed this with the registered manager during the inspection, and they sourced additional practical training for staff during the inspection.
- Some people were prescribed medicines that were administered via a skin patch. These patches should be rotated at each application in line with manufacturer guidance, but records in place did not always show this had happened. Staff had not consistently recorded where they had applied a patch which meant there was no assurance that patch site rotations had happened.
- One of the medicine trolleys we looked at was damaged and it was difficult to close the door to secure it. The registered manager said they would order a replacement trolley immediately.
- Bottles of medicines, including topical creams and lotions had not always been dated when opened. This meant staff would not be aware when an item had expired. We saw some bottles that had been dated with a clear expiration date which had passed and yet the item had not been disposed of. This meant there was a risk staff could continue to administer expired items. The expired items were disposed of during the

inspection. Records in relation to cream and lotions being applied by staff were inconsistently completed. This meant it was difficult to assess if creams had been applied or not.

- There were some issues with out of stock medicines which the service was working to rectify with the supplying pharmacy. We saw that some people had not received their medicines for the previous 4 days because it had not been delivered by the pharmacy. The registered manager said they and the deputy manager were in discussion with the supplying pharmacy to address the issues; however, there remained a risk that people did not always receive their prescribed medicine.
- Some people had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were not always in place and when they were they lacked information about when and why people might require additional medicines. Staff did not consistently document the reason why they had administered PRN medicines or the effectiveness. This meant it was difficult to assess if the medicines were working or not and whether a GP review was required.
- Some people had been prescribed medicines for when they became distressed or anxious. We saw that the information within these protocols was limited and did not inform staff of the steps they should take to try and alleviate people's distress before resorting to the use of medicine.
- Regular medication audits had been carried out; however, they had not identified the issues we noted.

The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the Inspection, however, unsafe management of medicines placed people at increased risk of harm. This demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The temperature of medicine storage areas was recorded and showed that medicines were stored at safe temperatures

Systems and processes to safeguard people from the risk of abuse

- Staff told us that they believed that any concerns they raised with managers would be dealt with appropriately.
- People told us they felt safe living at the home. Relatives we spoke with had no concerns about their family member's safety.
- Through conversation, staff demonstrated a good knowledge of how to keep people safe from abuse. Comments included, "I would report any unexplained bruising because it might be abuse" and, "We would raise it to [registered manager] straight away and document it. It's important to document it in case of abuse."

Staff told us they received training in safeguarding and knew how to identify the different types of abuse and report any concerns.

- A log had been kept which detailed safeguarding referrals, what had occurred, and actions taken. We found any issues had been reported in line with local authority guidance.

Assessing risk, safety monitoring and management

- Information about risks and safety was not always comprehensive or up to date. We could not be assured that staff were checking people that had a stoma on a consistent basis. Records were inconsistent in recording the timings and outcomes of when a stoma bag had been changed. We raised this with the registered manager, and they have implemented a system to ensure daily records were undertaken.
- Risk assessments in relation to malnutrition, falls, choking and skin damage had been carried out and regularly reviewed. However, when risks had been identified, care plans did not always provide enough guidance for staff on how to keep people safe. For example, we looked at care plans for people who were at risk of having seizures. The plans detailed the medication people had been prescribed but did not inform

staff of the steps they should take in the event of a seizure in order to keep people safe. Staff told us in the event of a seizure they would immediately call for help by pressing the emergency buzzer and would wait for assistance from a senior carer. One staff member said, "If they [senior] took too long, I would help the person into the recovery position."

- Some people had been assessed as being at risk of choking. Care plans did not inform staff of all the steps they should take to support people to eat and drink safely. For example, there was no information on the position people should be in when eating and drinking, the size of cutlery which should be used or how to ensure people were alert and not distracted.
- Other plans we looked at did provide clear guidance for staff on how to keep people safe. When people needed mobility aids to move around, these were listed.
- Accidents, incidents, and falls had been logged on the provider's electronic system. Additional analysis had been completed looking at patterns and trends and we saw action plans had been generated to help prevent a reoccurrence.
- The service had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas, electric and regular checks of fire safety equipment.

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

(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. Any conditions related to DoLS authorisations were not always being met.
- DoLS authorisations had been sought. At the time of the inspection, 4 authorisations had been granted. Some people had conditions attached to their authorisation. We looked at the condition for one person which was for staff to keep records in relation to a specific aspect of care being provided. The records we looked at had not been consistently completed, which meant the condition in place was not always being met. This issue was rectified during the inspection process.
- People had their capacity assessed for aspects of their care. For example, we saw records which showed that people had been assessed for their capacity to consent to having a care plan and being supported with aspects of their care. However, records did not always clearly show how staff had assessed when people lacked the mental capacity to make a decision. For example, in relation to covert medication, the record we looked at for one person did not show that staff had asked the person if they understood why they needed to take their medicines.
- Some people had sensor mats in place to alert staff if they tried to walk unaided. People had not always been assessed for their capacity to consent to this.
- We discussed these issues with the registered manager during the inspection. They told us they would address them with immediate effect.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We reviewed staffing rotas and spoke to the

registered manager who told us that they had more staff than they required, and this new system worked well. We saw that staff responded in a timely manner to people. Most staff told us they felt there were enough of them on duty. One staff member commented, "We have enough time to do the care, but not so much time for the chatting. A lot of people love to chat, so it's nice to have time to sit and chat with them."

- We observed lunch on the first floor and saw that people were encouraged to be as independent as possible, but that staff were on hand to provide support if needed. We observed one person having difficulty with a bowl of soup, and a staff approached them and offered to put the soup into a beaker. They did this and said, "I've got you some soup in here; it might be easier for you."
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A Disclosure and Barring Service (DBS) check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We observed some staff members wearing nail varnish and/or gel nails. This is not considered best practice from an infection prevention and control perspective. Nails should be kept short to prevent damage to people's skin and the undersides of nails should always be kept clean. The use of gels and varnishes makes it easier for fingernails to harbour infection.
- Staff said there was enough personal protective equipment (PPE) in place. Staff knew when to put on and when to remove PPE.
- The environment and equipment were visibly clean and Housekeeping staff were on duty 7 days per week.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 not assured that the provider was responding effectively to risks and signs of infection.
- 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

- Government guidance around visiting had been followed.

Learning lessons when things go wrong

- Staff told us they knew how to raise concerns.
- We reviewed the accident and incident log and audits to determine if lessons were learned, we could see that some improvements and follow up actions had been 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 good. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Managers had access to a range of systems, tools and processes that helped them assess the safety and quality of the service and identify areas that needed attention. For example, these included audits on medicines management, complaints, first aid, fire, personnel files, and health and safety. These were not always effective as they did not identify the shortfalls we identified during this inspection.
- The provider's audit and governance process had not identified the issues we noted on inspection, including those relating to care plans, medicines management and contemporaneous record keeping. The registered manager had put plans in place to rectify the issues identified during the inspection.
- The registered manager understood the regulatory requirements and reported information appropriately. Processes were in place to respond appropriately if something went wrong, and they met their legal obligation to let people know.
- The registered manager was supported by the deputy and area manager. We were told the area manager was supportive and visited once a month to carry out a monthly audit.

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

- All of the staff we spoke with said they believed the team provided good care to people. One staff member said, "The care here is good. We all work hard as a team. The residents trust our staff, there is a bond between them."
- Staff spoke highly of the service and said they enjoyed working there. Comments included, "I enjoy working here", "I think it's good here, better than a lot of places I've worked. We have a good team, and we know the residents well" and, "It's a nice place, I recommend it as a place to work. We are like a family here. It's nice to work in a place where you feel welcome."
- Staff told us they felt able to ask for support and help if needed. One staff member said, "If I don't know something I can ask the senior for help and advice."
- The registered manager told us that the service had improved in the last two years. The culture of the service had improved, and this was evident during the inspection.

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

- The registered manager notified the CQC and safeguarding teams of any accidents and incidents as

appropriate.

- The service apologised to people, and those important to them when things went wrong.

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

- Staff told us they had regular staff meetings. If staff were unable to attend on site they were able to attend via video call. Staff said they were encouraged to speak up during the meetings and to raise any concerns or make suggestions. However, some staff said they did not always receive feedback when they made suggestions.
- Resident's meetings took place on a regular basis. The meeting minutes were displayed on a noticeboard in the entrance lobby of the service.
- Staff said the management team was approachable. One staff member said, "[Registered manager] is very approachable, really understanding, I feel like I can go to him with anything. His door really is always open. [Deputy manager] is the same, very approachable as well." Other comments included, "[Registered manager] is a good friendly open manager" and, "The management team are easy to speak to. I have no problems going to them."
- There was a friendly atmosphere at the service. We saw people laughing and joking with the staff, and they were smiling in their company.

Continuous learning and improving care; Working in partnership with others

- The registered manager held a daily staff meeting with the managers for each area within the service. They discussed any updates or concerns and the registered manager also used these meetings to provide themed training sessions on general data protection regulation (GDPR).
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The home worked with health and social care professionals to provide joined up and consistent care for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Processes and record keeping relating to the safe management of medicines were not robust.