

Avon Care Homes Limited

The Wells Nursing Home

Inspection report

Henton
Wells
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Wells Nursing Home is a Nursing Home providing personal and nursing care for up to 40 people. The home is a large adapted building. It has 2 floors and a passenger lift. People have access to a lounge area, dining room, conservatory and garden. At the time of our inspection there were 28 people using the service.

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

People's capacity was not always consistently assessed in line with the Mental Capacity Act 2005 and assessments were not being completed for specific decisions.

The provider audits and quality assurances took place to ensure the quality of the service was maintained. However, some risk assessments lacked detail. Quality monitoring had identified areas of the service that had improved since the last inspection.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The provider had appropriate recruitment procedures in place to ensure staff employed by the service were safe to work with vulnerable adults.

Staff followed infection prevention and control measures. Medicines were managed safely.

Staff employed had the right skill set to support people. The provider had recruited a new activity person, they undertook group activities and visited people in their rooms to spend time with them.

People and staff were positive about the registered manager. There were systems in place to communicate with people and staff. The service worked in partnership with a range of professionals.

Staff were caring, and people were treated with kindness and respect. Staff knew people well and understood how to communicate with them. People's privacy was respected, and their dignity and independence promoted. Staff had an awareness of individuals' needs and treated people in a warm and respectful manner.

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 May 2022). 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 in relation to good governance. The service remains requires improvement. The service has been rated requires improvement or inadequate for the last 4 consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

Enforcement and Recommendation

We have identified a breach in relation to Regulation 11 (Need for consent).

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details of our findings are listed below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details of our findings are listed below

Requires Improvement ●

Is the service caring?

The service was good in Caring

Details of our findings are listed below

Good ●

Is the service responsive?

The service was Responsive

Details of our findings are listed below

Good ●

Is the service well-led?

The service was not always Well Led

Details of our findings are listed below

Requires Improvement ●

The Wells Nursing Home

Detailed findings

Background to this inspection

The Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

The Inspection team

The inspection was carried out by 2 inspectors over 2 days and was supported by an Expert by Experience for 1 day. 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

The Wells Nursing 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. The Wells Nursing home 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

The inspection was unannounced.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We sought information for 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 spoke with 7 people who used the service and 19 relatives. We spoke with 8 members of staff, including the registered manager. We undertook observations of people receiving care to help us understand their experiences. We reviewed a range of records. This included 8 people's care records and 8 medicine records. We looked at 4 recruitment files and 1 agency profile. A variety of records relating to the management of the service were reviewed including, accident and incident records and audits. We sought feedback from professionals who work with the care home.

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 remains the same. This meant that people were not always safe.

Assessing risk, safety monitoring and management

- Risk assessments were being completed for individuals, they were of mixed quality. Some specific risk assessments such as bed rails and nutrition had not been completed. Some risk assessments lacked guidance for staff to follow when supporting people. Audits of care plans had not picked this up. This was addressed immediately by the registered manager during the inspection.
- However, we also saw evidence of some detailed risk assessments in people's care plans for example where a person had diabetes, the care plan identified the person's ideal blood range at different times of the day, glucose monitoring, associated health problems for staff to look out for and what actions staff should take in the event of a hypoglycemic episode.
- Some staff were living at the service on a temporary basis. Risk assessments in place were not comprehensive enough to minimise all potential risks to people. The provider said they would act to fully assess and mitigate risks to reduce potential risk to people of staff living on the premises. During the inspection we could see no impact on people from staff living at the service.
- Checks were in place relating to the safety of the building, such as fire equipment checks, PAT testing (portable appliance testing), gas and electrics, and water temperature checks.
- The building and equipment underwent regular checks to help make sure they were safe, and any faults were addressed. There were systems to help protect people if a fire occurred and evacuation plans so that staff knew how to support people to safely evacuate in the event of an emergency.
- People had personal evacuation plans (PEEPS) in place. PEEP's contained important information such as people's mobility, their equipment needs and if they required assistance in an emergency.
- Many of the people living there could not use a call bell, we observed people wearing pendants around their neck when moving around the home. There was evidence of regular observations on people who could not call for support.

Staffing and recruitment

- Staff rota's we viewed showed a difference in the number of clinical staff on at weekends compared to week days, there was no explanation for this. Staffing levels had improved, and the registered manager continued to recruit people into the service. There was a good mix of skill base within the staff team. However, there was mixed feedback about staff levels. One person told us, "It takes them 15 – 30 minutes to answer my call bell." A relative told us, "They are short staffed Sunday evenings." Another person told us, "I think that they could do with a 'floating person' between the two floors." The registered manager told us going forward they would have 2 clinical staff on at the weekend; however, we could see no evidence of this in the rotas during the inspection.

We have made a recommendation for the provider to assure themselves they are able to meet people's needs in a person-centred way at all times of the day and night seven days per week.

- Recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person told us, "I feel safe no reason not to, they're always nice and friendly, they help as much as they can."
- People were protected from the risk of abuse and processes were in place if safeguarding concerns were identified. Staff received safeguarding training. The manager told us they recently asked people to refresh their knowledge of the care home's safeguarding policy, staff reviewed this and signed acknowledging they had read and understood the document.
- The registered manager alerted and worked with the local authority safeguarding team when potential safeguarding concerns were identified.
- There was a reporting system in place for accidents and incidents. Staff were able to explain the reporting process they followed to report an incident or accident. Accidents and incidents were reviewed, and lessons learnt shared with staff.

Using medicines safely

- Medicines were used and managed safely. Nurses who administered medicines, had their competency assessed and received training. There were some gaps in the medicines training, the registered manager took action to address this during the inspection.
- People's preferences for taking medication were not recorded clearly in people's care plans. This was addressed during the inspection.
- Medicines were observed being administered in an unhurried manner and people were given the support they needed. People received their prescribed medicines safely and on time.
- Medicines were stored safely, including medicines requiring extra security. There were suitable arrangements for ordering, receiving, and disposal of medicines.
- Some people were prescribed medicines to be taken on a 'when required' (PRN) basis. Guidance in the form of PRN protocols were in place to give these medicines consistency.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

The environment did not look dirty overall, but repair and refurbishment were needed. Some areas of the building were worn or damaged which meant they were difficult to keep clean and presented a higher risk of contamination. For example, some bathrooms, doors, chairs, and carpets required attention.

- The registered manager carried out regular infection prevention and control spot checks to monitor staff practice and compliance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks could 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

- The provider supported families and friends to visit in line with government guidance. At the time of our inspection there was no visiting restrictions in place

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

- People's capacity was not always consistently assessed in line with the principles of the Mental Capacity Act 2005. Some documentation we saw did not show staff were fully skilled with the mental capacity assessment and best interest decision-making process. Mental capacity assessments were not being completed for some specific decisions such as bed rails and nutrition. The registered manager started to address this during the inspection and acknowledged staff needed further training in this area.
- Where people were being deprived of their liberty, referrals had been made to the local authority. There were 9 authorised Deprivation of Liberty at the time of inspection. We found the service had not assessed every person's Mental Capacity before completing the DoLS referral.

This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff understood they needed to seek verbal consent before they supported people with daily tasks such as supporting with meals and personal care. Where people refused support, this was recorded. We observed staff asking people for consent before entering people's rooms and undertaking care with the person.

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

- Parts of the home appeared in need of repair and updating. One person's bathroom had a broken bath panel, some bathrooms appeared to be used for storage, chairs in the communal lounge looked old and

worn, bedroom doors were chipped and marked. The provider told us there was an improvement plan for the building, this included redecorating all rooms, replacing furniture and extending communal areas. At the point of our inspection 9 rooms had been redecorated and fitted with ensuite facilities.

- We observed people's rooms containing personal effects such as photos and books.

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

- Staff used nationally recognised assessment tools such as MUST for nutrition, Waterlow for skin integrity and NEWS for early recognition of illness.
- People had oral health assessments which recorded their needs in relation to oral care and hygiene.

Staff support: induction, training, skills and experience

- Staff records reviewed showed staff supervision and appraisals took place. Group supervision were used for learning opportunities. Where an incident occurred, the manager used supervisions with staff to reflect on this.
- Staff received training relevant to their roles and to the people they supported. Training records we reviewed included manual handling, dementia awareness, diabetes, Speech and language therapy and fire safety.
- Staff told us they recently attended training on Dementia and End of Life.
- One staff member attended an annual wound care conference on behalf of the service
- The service recently introduced a Dementia and End of Life champions; in time they would become specialists in this area to support staff and people.

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

- People's care plans contained important information such as if people required a modified diet or if they were at risk of weight loss. Referrals were made to specialist advisors such as dietitians and GP's if concerns were identified.
- Kitchen staff were responsible for preparing meals where people required their diet to be modified. They had systems in place that ensured people's meals were modified in line with their individual requirements.
- Where people required a specialist diet or modified food, the service worked with professionals, including the Speech and Language Therapy team (SALT), to implement guidance for the staff and chef. A colour coded dietary sheet was available on food trolleys to inform staff.
- Some people ate in the dining area, several people ate in rooms and needed 1:1 support with their meals. We observed staff engaging with people through their meal and giving them time to eat.
- People were supported to maintain their nutrition and hydration. There was choice of meals for people. If needed this was done visually so that people could see the options available to them and choose.

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

- Staff worked with external professionals and agencies. People were supported with referrals to health care professionals when required. For example, referrals were made to tissue viability services, mental health services, dietitians and visits were undertaken by GP's. Details of any appointments or visits were recorded within the person's care plan.
- We received some mixed feedback from professionals involved with the service. One professional told us "they seem to know the people well and provide safe and compassionate care". Another commented there had been issues with communication.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- During our inspection we observed staff speaking to people in a kind and caring manner.
- The registered manager whilst walking around the home acknowledged people and spoke with people in a respectful manner.
- The manager is working on 'This is me' summary which will give staff information about the person's needs, preferences and how best to communicate with people. We saw evidence of this in people's paper care plans.
- People and relatives spoke positively about the staff. One person told us "if you are awake in the night, they will make me a cup of tea." A relative said "they encourage her to be independent, she can feed herself with her left hand, turn on the T.V. and press the call bell". A member of staff explained "I always explain what I am doing. I close the curtains, I am calm and reassuring, close the door, and wear PPE."

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

- Care plans were being reviewed and people and their relatives were being encouraged to be involved in decisions around their care. Records show staff had involved the person or relative in a decision about their care. A staff member told us "Really important to be open with families about what has happened. We write it in the daily notes that we have called families."
- People knew who to speak to if they had a concern. The home held resident meetings. One person told us, "There was a resident meeting the other week, and we have filled in a couple of questionnaires asking about things we would like at the home." Another person told us "I was involved with the care plan."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who had a good understanding of how to respect people's dignity and privacy and promote their independence.
- We observed care staff supporting people they knew well and asking consent before providing support. A staff member told us "(name) walks independently, we assist by standing behind them when they walk. They brush their own teeth and hair. We support them to do as much as they can for themselves and are there to help when needed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this was rated requires improvement. At this inspection the key question has changed to 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

- The registered manager was working hard to ensure people had control and choice to meet their needs. For example, since the last inspection the service has been working on a regular basis with health professionals to enable people to get out of bed safely and move around the home if they want to. This meant more people were involved in decisions about what they wanted to do with their day. They were able to move to other parts of the home, join in with an activity in the communal area or sit in a chair outside of their room.
- Electronic assessment and care planning documents were in place for each person. Some were detailed and some provided a comprehensive picture of the person's care and support needs. The registered manager had introduced a summary of people's needs and preferences of people for staff to refer to easily. The registered manager told us they were still working on care plans.
- People were supported by staff who knew them well. There was mixed feedback about people's preferences being met. One person told us they were not supported with their preferred sex of carer; this was addressed during the inspection. Another said, "I can't choose when I get up, the nurses decide."
- Care plans were reviewed regularly or when people's needs changed. One person was involved in care plan reviews, 2 people declined. Where people had difficulty participating in care plan reviews, they were supported by relatives.
- Staff received daily handovers to ensure they continued to support people in the way they needed and wanted. Updates, changes, and needs were documented by staff in daily notes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it.

- Information about people's communication needs was identified at assessment and documented in care records. For example, where one person used a hearing aid it described in the care plan how the aid was used and where it was kept.
- Staff understood the best ways to communicate with different individuals. This was done with consent.

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

- The registered manager had recently recruited another activities co-ordinator, the service had 2 activities co-ordinators working across 7 days. Some people could not get out of bed, the activity co-

coordinators spent 1:1 time with people in their rooms. There was a monthly activities programme and a monthly review of what people had been doing with photos circulated to people and their relatives. Care plans showed what people liked to do, read or watch and this was incorporated into the activities planner. For example, where a person had expressed an interest in flower arranging this had been built into the activities planner.

- Some people chose to spend time in their bedroom watching television and listening to the radio. We observed carer's talking with people in their rooms.
- Visitors were welcome at the home to visit whenever they liked. We saw relatives visiting at various times of day. One person told us, "They are absolutely fantastic, I've been in all hours, at different times."
- People's religious and cultural needs had been considered. There was opportunity for people to take part in church services. The local church minister visited the home weekly.

Improving care quality in response to complaints or concerns

- The registered manager responded to complaints. People knew how to complain and who to raise concerns to. One person told us they would speak with the registered manager if they were concerned about anything.
- The provider had a complaints policy and procedure in place. Complaints were logged including the details of the complaint and action taken.

End of life care and support

- Care plans reflected people's End of Life preferences.
- There was clear information documented when people expressed a wish to not be resuscitated. The service had introduced a chart that showed people who had a 'Do not Attempt Resuscitation' (DNAR) in place or who did not, so staff could refer to easily.

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 for this key question has remained the same. 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.

At our last inspection in March 2022 we found the provider failed to establish and operate governance systems to identify shortfalls in the quality of care provision and safety. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 17.

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

- There were systems in place to monitor the quality and safety of the service. Audits were being carried out at provider and service level. The provider had an action plan in place following our last inspection. This identified areas which were being addressed.
- The registered manager had a good overview of where the service needed to improve and was committed to good quality care. While care record audits had not always identified where improvements were needed in certain risk assessments (see safe section of the report), they had led to detailed risk assessments with clear information for staff to follow in most instances.
- Quality visits from the provider showed the service had made improvements in several areas since the last inspection. For example, there was now a greater number of permanent staff with the appropriate skill mix and the service had introduced 'champions' in areas such as 'End of Life' and 'Dementia'. The registered manager had worked hard with health professionals to support people to get out of bed if they chose.
- The home had quality assurance systems in place that checked the recording of incidents and accidents including analysing any trends.
- Staff had daily handover meetings to communicate important changes and to ensure continuity of care for people. Staff were able to read the handovers to keep up to date in respect of the welfare of people.
- People, relatives, and staff said the registered manager was approachable. One person said, "The [Registered] manager is approachable, they talk to the residents". One staff member told us "[Registered manager] is very supportive, phones at the weekend. Good work relationship and good communication. We are a stable team."

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 understood their role and responsibility under the duty of candour. They worked

in an open and transparent way and wanted to improve people's care experience.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an inclusive ethos at the home though improvements were needed in staff skills around formally assessing people's capacity (please see the effective key question). The registered manager recently introduced pocket cards for staff to carry with them, the cards covered the principles of the Mental Capacity Act and SALT guidance. These acted as prompts for staff when delivering care.
 - The registered manager was working hard to create a positive culture within the home. The manager had introduced 'coffee with (name)' for people and introduced new training for staff.
 - People, relatives, and staff spoke positively about the service. One relative told us. "I think that it is well managed, there are always people around to answer questions and find things". A staff member told us "The staff team is a happy team, like a family. Communication is good between us".
 - People, relatives, and staff said the registered manager was approachable. One relative told us "the manager always pops in when I visit and asks if everything is alright" and one staff member told us "They are respectful, always ask how we are, they care about staff as well as people."
 - The registered manager held residents and relative meetings. A recent resident meeting held discussed recruitment and the refurbishment of the home. Upcoming events such as Burns Night and Chinese New Year highlighted. Relatives did not often attend but were sent a copy of the minutes.
 - There was a monthly newsletter sent out which updated people about upcoming events and services such as the hairdresser and mobile shop.
- Staff meetings were held regularly. A recent meeting included information about the recent provider visit and thanked staff for their work and support. One staff member told us "We have regular meetings with the manager and the kitchen staff to ensure staff know people needs".
- The registered manager told us they had tried to engage staff and people and relatives in questionnaires but did not get any responses.

Continuous learning and improving care

- The registered manager undertook daily walk around the home. This was an opportunity to monitor the day to day running of the service. They also made changes to systems and process when improvements were identified. This meant they were continually looking to improve the service and care people received. The registered manager was working on broadening the training available for staff this included training from the local hospice centre and clinical training. Professionals from health were working with staff to support them with equipment and manual handling.

Working in partnership with others

- The management and staff worked closely with health and social care professionals such as Occupational Therapists, Physiotherapists, Speech and Language Team and Mental Health team. This was to ensure people's individual needs were being supported through interventions to achieve positive outcomes 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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The provider failed to ensure the requirements of the Mental Capacity Act 2005 were fulfilled.</p> <p>Regulation 11</p>