Healthcare Homes (LSC) Limited

Avon Lodge Care Home

Inspection report

Southey Avenue
Bristol
Avon
BS15 1QT

Tel: 01179474370
Website: www.healthcarehomes.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Avon Lodge Care Home provides personal and nursing care for up to 62 people. The service is provided in purpose-built accommodation over three floors. At the time of the inspection, 52 people were living at the home.

People's experience of using this service and what we found
People told us they felt safe. There were safeguarding procedures in place and staff and managers had a clear understanding of these procedures. Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. People's medicines were managed safely. There were procedures in place to reduce the risk of infections and COVID- 19.

There were effective systems in place to monitor the quality of care that people received. Staff felt valued and listened to; people and their relatives also confirmed they were engaged with the service and their feedback was sought about the care at the home. The operations manager and staff worked with health and social care providers to drive improvement and to deliver an effective service.

Rating at last inspection
The last rating for this service was Good (published 14 November 2017). At this inspection the service continued to be rated Good.

Why we inspected
We carried out an inspection of the home to check how the home was being managed. This was because the provider had employed several registered managers since the last inspection who had not remained in post. We also followed up on information we had received. This was in relation to infection prevention and control measures and how this was managed.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avon Lodge Care Home on our 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Avon Lodge 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 two Inspectors.

Service and service type
Avon Lodge is a nursing 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.

Registered manager
The home had a manager who was registered with the Care Quality Commission. However they had recently left the home. An operations manager was currently managing the home. A new manager had been recruited and were going through pre employment checks. Throughout the report we refer to the operations manager as the manager.

Notice of inspection
This inspection was unannounced.

What we did before inspection
Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). This is information providers are required to

send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection
We spoke with the manager, admin assistant, three nurses, three staff and five people who lived at the home. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home. This included recruitment records, people's care records, infection control practices and quality assurance records.

We continued to review the information we received from the inspection to help us make judgements about the home.

Good

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- The home had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "We had some unexplained bruises recently. Me and the manager went to speak to the resident and the manager notified the safeguarding team. It was fully reported".
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "If I raised concerns to the manager and they refused to investigate it, I would take notes myself, and would report it higher".

Assessing risk, safety monitoring and management
- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to falls, moving and handling, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe.
- When moving and handling equipment or mobility aids were in use, the plans informed staff how to use them safely. For example, hoist and sling details were documented.
- Risk assessments in place for those people at risk of malnutrition were detailed and informed staff how to support people to have enough to eat and drink. When people needed to have food or drink of a recommended consistency because of the risk of choking this was clearly documented.
- Some people were assessed as being at risk of pressure sores, care plans informed staff how to reduce the risks. This included any pressure relieving equipment in use, such as air mattresses. These were checked daily by the nurses to check they were set at the correct setting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Five people that lived at the home had an authorised DoLS in place. Any conditions related to DoLS authorisations were being met with a tracker in place to monitor this.
● People had been assessed for their ability to consent to all aspects of their care. When people did not have the capacity to consent, there was clear documentation in place to show how best interest decisions had been reached and who had been involved.

Staffing and recruitment
● The provider used a recognised tool to calculate the number of staff needed to meet people's needs.
● There were enough staff to meet people's needs and keep them safe. We observed staff spending time with people and responding to their requests promptly. Staff were present in the communal lounge areas, dining areas and corridors monitoring people's safety.
● The manager told us the home had recently recruited four care staff who were going through recruitment checks. They also had advertised for further staff. Staffing was being managed well with staff picking up extra shifts as overtime. Agency staff were also used with regular agency staff used for consistency.
● Staff confirmed there were sufficient numbers of staff to support people. Comments we received included, "Yes, I feel we have enough staff here. I know we are also recruiting, which will help. Agency staff help to support us" and "Staffing levels are ok. It would be nice to have more permanent staff rather than agency staff".
● There was a safe system of recruitment. The provider had completed appropriate recruitment checks prior to employing new staff. This included a Disclosure and Barring Service check (DBS) and uptake of references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely
● Medicines were stored safely. The temperature of medicine rooms and fridges was monitored and was maintained at safe limits. A random check of controlled medicines showed an accurate stock balance.
● Medicines were managed safely. Some people were prescribed medicines on a 'as required basis'. Protocols were in place, which informed nurses when and why people might require additional medicines such as pain relief.
● There were photographs of people at the front of their medicine's file. These had been dated to indicate they were a true likeness of people. The pictures we looked at were less than 12 months old. People's preferences for how they liked to take their medicines had been recorded.
● Some people were having their medicines administered covertly. This is when medicines are disguised in food or drink. There were documents in place to show that people had been assessed for their ability to consent to this and how the decision to administer this way had been reached. The GP had been in involved in making this decision.

Preventing and controlling infection

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

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

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

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
There were no restrictions on people welcoming visitors to their home and the provider was following current published visiting guidance by the Department of Health and Social Care.

Learning lessons when things go wrong
● Incidents and accidents were reported by staff to the nurse on duty. Post fall observations were carried out of people to check on their continued wellbeing over a 48-hour period.
● Lessons learned from incidents were shared with staff to prevent recurrence. One staff member said, "We talk about things that have gone wrong to learn from them".
● Systems were in place to ensure staff had oversight of any accidents, incidents or concerns and ensure appropriate action was taken and the relevant people were contacted. For example, referrals to health care services and updates with family members were made.

Good

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

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

- The operations manager was currently managing the home until a new manager was recruited. Staff that we spoke with told us that they found changes in the management team unsettling. There had been several managers recruited since the last inspection, who had left their role for various reasons. Despite the changes in the management team we did not find this that had an impact on people's care.
- Despite the frequent changes of managers, staff generally remained positive. Comments included, "A new manager brings new eyes and new ideas and I like that".
- Staff said they felt supported by the manager. One member of staff said, "I feel supported. I was panicking, [because of COVID outbreak] but now I feel relieved. [Manager] has been very supportive of me". Another member of staff said, "I feel the company is good to work for. The management team are very supportive".
- We asked people if they felt they received good care and if the staff treated them respectfully. Three people told us that they found night staff were not so nice as the day staff. They did not wish to raise any concerns but felt they were just not as kind or willing to help. We fed this information back to the manager. They told us they would take action and would speak to people and carry out monitoring checks.

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

- Robust systems were in place to provide oversight of the quality of the service. The management team and maintenance person completed a range of audits covering areas including care plans, medicines and health and safety.
- An area manager also supported the home and maintained good oversight. They visited regularly and helped to provide management cover at the home.
- Governance reports helped the manager and area manager to monitor the quality of service provided to people. Providing a high level of care was important to the management team.
- Improvement plans were put into to address any shortfalls identified during audits.

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

- Staff received daily handovers between shifts to ensure they were kept up to date with people's needs in order to be able to provide effective care. Daily 'stand up' meetings were held with the heads of each department attending. They discussed any challenges or received updates about the home and people they cared for.

● Staff also received information through team meetings and were engaged in supervisions where they were able to share information, ideas and concerns. The operations manager told us that over the past month they had worked hard to ensure all staff had an up to date supervision. The focus for August 2022 was to engage with the completion of yearly appraisals.
● In the height of the COVID-19 pandemic, relatives were given updates about their relative's wellbeing over the phone, and through video calls. Visits were also undertaken and followed the guidance at that time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care.
● The registered manager understood the need to report incidents to the local authority where appropriate.
● The manager understood the importance of notifying CQC about significant incidents and events at the home.
● The management team understood their responsibility's in relation to duty of candour. They were open and transparent when things went wrong. Where shortfalls in people's care had been identified the management, team met with people or their relatives. This was to discuss actions put into place and to share any learning.

Working in partnership with others
● The home had allocated 'discharge to assess' beds in use in conjunction with the local health authority. Staff told us they worked closely with the discharge team. This included social workers, occupational therapists and physiotherapists.
● The home had a good working relationship with the GP surgery. Staff told us the GP visited weekly for a ward round and they were always available at other times if needed.
● The home was working with Bristol, North Somerset and South Gloucestershire Healthier Together team to review RESPECT forms. This was a process to create a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.