

Coate Water Care Company Limited

Avebury House

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Avebury House is a residential care home providing personal and nursing care to up to 41 people. At the time of inspection there were 22 people living at the service, set across two floors. Each floor has a lounge and dining area, and there is a large garden. The service includes support for people with dementia, mental health, and physical disabilities.

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

People told us they felt safe, however, risks to people were not always clear and risk management plans were not always proactive in managing risks. We were not assured people were adequately protected from the risk of choking and fire at the time we inspected, however measures have now been put in place to mitigate these risks. There were enough staff to support the current number of people living at the service. Staff understood their roles and responsibilities in safeguarding people from the risk of abuse. People's medicines were managed safely.

People were supported by staff who were kind and caring. People's care and support plans were detailed but sometimes contained incorrect information, although these were under review at the time of inspection. People and their relatives were happy with the care provided by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had mental capacity assessments in place and the provider was making improvements to their assessment of people's capacity to ensure appropriate assessments were completed. Any conditions relating to Deprivation of Liberty Safeguards (DoLS) were being met.

People told us they had enough to eat and drink, but we received mixed feedback about the food provided. Staff received training including an induction when they started work, however this did not always meet individual needs such as training for specific health conditions. The provider had identified this and had plans to improve this.

The provider has recently recruited a Quality Assurance Manager, who completed a mock inspection in the home and produced a comprehensive service improvement plan. A consultancy service had been employed by the provider to support improvements. There had been many improvements since the last rated inspection, in terms of medicine management, pressure care management, and malnutrition. The provider demonstrated an open and transparent culture and was receptive to feedback. We saw changes had been made in response to feedback. Staff felt supported by the current management structure.

The service did not have a registered manager at the time of inspection but was recruiting someone for this position; there was an interim manager in post whilst recruitment took place. The service was being supported by the Regional Manager who at the time of the inspection was the Nominated Individual.

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

Rating at last inspection and update

The last rating for the service was inadequate (published 2 March 2023) where breaches were found in relation to Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance). The targeted inspection (published 18 April 2023) found the service was no longer in breach of the regulations. At this inspection, we found a breach in relation to Regulation 12 (Safe Care and Treatment).

This service has been in Special Measures since 2 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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.

Follow up

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

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Avebury House

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 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 two inspectors, a senior specialist 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

Avebury House 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 have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. As there was no registered manager in post, we spoke with the Regional Manager, who was the Nominated Individual at the time of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 9 relatives about their experience of the care provided. We spoke with 7 members of staff including the nominated individual, nurses, a senior care worker, care workers, domiciliary staff, maintenance staff and the activities coordinator. 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.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, meetings, and health and safety, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

Assessing risk, safety monitoring and management

- The provider had recently identified that fire doors were not compliant and arranged an audit to check all fire doors within the service. This showed various doors needing replacing or repairing. The provider had obtained quotes for these works to take place; however, the provider had not mitigated the fire risks to people whilst the fire doors remained unsafe at the time of our site visit.
- People had risk assessments relevant to their needs, but there was not always clear guidance in place to mitigate these risks. For example, one person was identified to be at risk of falls. Staff told us this person was most likely to fall when the person stood up, but there was no information that stated this and how best to support this person to reduce their risk of falling when standing. This person had 7 recorded falls in one month.
- During inspection we observed one person having foods of a normal consistency, however this person was assessed to require Level 6 food texture on the International Dysphagia Diet Standardisation Initiative (IDDSI) scale, in order to reduce their risk of choking. The provider told us this was due to their request, however there was no capacity assessment to ascertain the person understood the associated risks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Robust measures were put in place to protect people from the risk of fire whilst waiting for works to be carried out; the provider contacted the fire service to discuss amendments to the evacuation protocols and additional fire safety preventions. The person at risk of choking was re-referred to the Speech and Language Therapy (SALT) team and a capacity assessment was organised. Clarity was provided to the staff around the residents needs and supporting their requests outside of IDDSI descriptor.

- Daily flash meetings took place where key information, such as reviewing risks, were discussed. For example, the interim manager asked if anyone had any new pressure areas and the team discussed this and the actions taken. Minutes of these meetings were recorded for staff that could not attend, however there was no requirement for staff off duty to read these notes to ensure they were updated of people's needs. The provider responded during the inspection and put in place a communication method to more robustly share and provide staff with up to date information and key changes.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and could tell us the process they would follow if they had safeguarding concerns.
- People told us they were safe. People knew who to speak to if they had concerns and felt they would be listened to and felt actions would be taken. One person told us "I would call the bosses, I have had to speak to them before and they put things right".
- There was a safeguarding policy in place which the provider told us was under review.

Staffing and recruitment

- There were enough staff to support people safely, however the building was half occupied at the time of our inspection. A relative told us "They don't have many residents, so staff levels are good at the moment".
- People told us they did not have to wait long for staff if they called the call bell and we observed call bells not sounding for long until they were answered.
- Staff were recruited following safe recruitment guidelines.
- The provider told us they had been successful with recruiting a full team of nurses and care staff and had not needed to use agency care staff for several months prior to our inspection. People told us how the care had improved with a consistent team of staff.
- There was a detailed on-call procedure for staff to seek support out of hours.

Using medicines safely

- Medicines were managed safely in line with national best practice guidance. We observed nurses administering medicines in line with people's prescriptions.
- Nurses completed monthly medication audits. We saw these audits were effective in identifying and addressing any medicines related concerns.
- PRN 'as required' protocols were in place for each person. This meant staff had clear guidance in place for when people required additional medicines such as pain relief. People told us these were effective. One person told us; "As soon as you ask for paracetamol or Imodium it comes, ive only got to ask and I can have them".

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 using PPE effectively and safely.
- 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was an action identified within the service improvement plan which stated lessons were not being learnt following accidents and incidents. There was a plan for this to take place.
- Daily flash meetings took place for all staff including nurses, care staff, maintenance, activities, and domiciliary staff, where incidents were discussed and thoughts shared amongst the team.
- We saw falls records had been reviewed and the reasons for falls had been explored and lessons were learnt as a result. The service had introduced the '5 why's' approach to incident analysis, which aims to determine the root cause for falls. The provider told us they were adapting this approach to be more investigative.

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

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

- People's relatives told us they were not always involved in decisions relating to their relative's care. Comments included "I don't think I have been involved. I may have been asked in the past but I'm not sure" and "We have regular meetings and discuss things about the home. I don't believe I have had direct input to her care plan".
- People's needs were assessed, however people did not always receive care and support relevant to their needs, such as mental health support and communication needs.
- The Malnutritional Universal Screening Tool (MUST) was used to establish nutritional risk to people. We saw these scores were reviewed at clinical review meetings, and appropriate actions taken as a result of these reviews, such as a referral being made to a dietician.

Staff support: induction, training, skills and experience

- Staff received training, however there was a lack of training specific to individual needs. For example, the service supports people with complex specific health conditions. There was no training or guidance in place for staff to support people with these specific conditions. The provider had identified condition specific training as needed across the whole of the company and explained this was being progressed.
- The provider had identified that not all staff had previously received regular supervision and appraisal, this was documented in the service improvement plan. The provider had began actioning this, and all staff had received a recent supervision at the time of our inspection, and there were plans for these to continue on a quarterly basis.
- Relatives felt staff had the skills, training and experience to support people well. We observed staff supporting people in line with best practise.

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

- People told us there was enough food and drink available. We saw people had drinks within reach. One person told us "I have enough to drink. The staff encourage you to drink plenty of juice, I like cranberry juice and they always have it here".
- We received mixed feedback from people about the quality of food. We saw people's feedback was sought and changes made when people were not happy. The provider had identified this was an area for improvement and had plans to conduct a more detailed survey of people's opinions and preferences in relation to the food.
- On our second day of inspection, we saw a hydration station had been put in place in the lounges, which was recommended at a previous inspection. This was not available on the first day of inspection.

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

- Staff told us how they sought support from external health professionals to ensure people's health and support needs were met. These external professionals included; the care home liaison team from the local authority regarding people's mental health, occupational therapists to provide equipment and speech and language therapists to reduce choking risks and support with communication.
- We observed daily flash meetings where staff discussed people's health needs and if any action needed to be taken. For example, we observed staff discussing who should be seen by the general practitioner (GP) during their weekly visit.

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

- The service was designed and decorated to meet people's needs. People told us they could decorate their room how they wanted and were happy with the design. One person told us "I've got no complaints since I've been here, I am allowed to have my room how I want it".
- Each floor had its own lounge and dining area. There was a lift that could be used to access each floor. We saw people could move freely between floors if they wished.

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

- We saw people had access to some healthcare services such as occupational health services and speech and language therapy. However, people did not always have the right support in relation to mental health needs. For example, one person was diagnosed with a mental health condition. There was no evidence that the provider had sought the support of the community mental health service for this person, and staff had not completed any specific training on this condition. This meant the person may not have received enough support in relation to their mental health.

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

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 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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person had a Deprivation of Liberty Safeguards (DoLS) that was authorised at the time of inspection. We saw conditions on this were being met.
- The provider had identified there were gaps in people's consent and capacity records which did not correspond to people's care plans, this was documented on the service improvement plan. These were being reviewed at the time of our inspection, with the support of the consultancy firm.
- We found mental capacity assessments had been undertaken and best interest decisions made in relation to some decisions around care and treatment, such as bed rails and consent to care.
- Staff understood the principles of the Mental Capacity Act and applied these in their roles. One staff

member told us; "We have to consider [people] as capacitated, check out if they are happy for us to do what we need to do".

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 the last inspection this key question was not rated. At this inspection 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 and their relatives spoke positively about the care and support provided by staff. Comments included "The staff are the loveliest people" and "I love all the staff. They are very friendly, approachable and will do anything for you".
- Staff spoke to people kindly and respectfully, and staff knew people well. We observed a staff member singing and laughing with a person they were supporting with lunch, which the person responded positively to.

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

- Staff respected people choices. One person had asked to eat their meal in the lounge area. The staff responded positively to this request and supported the person to do so.
- We saw people's feedback was sought through resident meetings. We saw that feedback had been sought from those who could not attend these meetings by 1:1 meetings and questionnaires. People told us things changed as a result of feedback. One person told us "You only have to mention something and invariably it appears on the menu. I like rice pudding, it's now on the menu regularly, when it wasn't before".
- We saw staff asking people if they would like any 'as required' medicines such as pain relief.
- People were involved in their care and were able to make day to day decisions. People chose where to spend their time and who they wanted to see.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity. One person told us "We are protected as much as we can be. I have my routine of how I get dressed, we talk through it and the staff support me in the way I want".
- Relatives told us "[Staff] get 10/10 for dignity and respect. They close doors and curtains when needed".
- We observed one practice which did not promote dignity and respect. For example, one person had a sign in their room stating that they can become distressed when their communication was not understood. This was clearly visible to people walking past such as visitors, contractors and healthcare professionals. We raised this with the provider, who said they would review this.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed in some areas, however some contained incorrect or unclear information. For example, one person's care plan contained two different IDDSI fluid textures. The provider had identified care plans needed to be more person-centered and this was documented on the service improvement plan. This was being actioned on the first day of our inspection.
- The service had organised resident meetings. Surveys were sent out to people who could not attend or did not want to attend the group meetings, to ensure all people living at the service have the opportunity to express their views. We saw minutes of these meetings had been shared with people to read and the provider told us how actions arising from these meetings were being included in the service improvement plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were not always met. Staff told us they could not always understand one person they supported. We observed a staff member walking away from this person as they were speaking. The staff member told us "We usually can't understand [person] because of [person's medical condition], when [person] wants to say something, they can be clear".
- Alternative methods of communication had not been effectively explored for this person. On the second day of inspection the provider told us this person had been re-referred to SALT to explore communication.
- People's communication needs were recorded in their care plans. Any additional support people needed to communicate, such as ensuring a person was wearing their hearing aids, was recorded.

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 told us there were activities available. One person told us "There is a list of activities, they don't really interest me at all. I enjoy reading. They have a really good service from the local library here, who visit and leave books".
- People told us they could have visitors at any time. We saw relatives visiting people during our inspection.
- One person told us they would like to take part in community activities. The person told us "At [the resident meeting] I asked if we could have a minibus, we've not gone out for the day anywhere. The only time I go out is when I go to hospital". We saw evidence that the activity co-ordinator had explored hiring a

minibus as a result of this person's feedback.

- The activity co-ordinator told us not many people could engage in group activities and that some people preferred to spend time in their rooms, so the activity co-ordinator facilitated 1:1 sessions with people. The activity co-ordinator told us "I've been able to go and spend quality time with people and talk to them in-depth about stuff". At the time of our inspection the provider was in the process of recruiting a second activities coordinator.

Improving care quality in response to complaints or concerns

- The service welcomed feedback from people and their relatives. We saw changes had been made in response to complaints or concerns.
- The service had a complaints policy and procedure in place for people and their representatives. People told us they knew how to complain.

End of life care and support

- The service was not currently supporting anyone on active end of life care.
- People had end of life plans in place.
- Staff had up to date training in death, dying and bereavement.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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; 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

- Since the last inspection there had been significant changes in the senior leadership team within the provider and there had been improvements in the service. The newly appointed quality assurance manager had recently compiled a comprehensive service improvement plan detailing a large number of improvement actions. The provider had employed an external consultancy firm to support them with making the required improvements, the consultants had started working with the service two weeks prior to our inspection visit. We saw some of the high priority actions had already been completed to ensure people's safety and the provider was systematically working through the actions according to their priority.
- The provider had failed to notify the Commission the outcome of a person's Deprivation of Liberty Safeguards at the time this was authorized. The nominated individual identified this through a quality assurance audit and had submitted a retrospective notification prior to the inspection.
- The service did not have a registered manager in post, however was in the process of recruiting a new manager. An interim manager, from the consultancy firm, was managing the service with the nominated individual whilst a new manager was being recruited. The provider told us the interim manager would remain in post until the new manager felt confident.

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

- The provider and staff team demonstrated a positive culture. People's feedback was sought in meetings, questionnaires and 1:1 conversation. People told us things changed quickly in response to feedback given.
- Staff we spoke with were very positive about working at the service. Staff told us there was a good team of staff and that they appreciated the open and supportive approach of the new management team.
- The provider was receptive to feedback and responded quickly and robustly to any concerns identified.

Working in partnership with others; Continuous learning and improving care

- Internal communication systems were in place to make sure staff were updated with events and incidents, but these were not always effective. For example, daily meeting took place for present staff, and these were recorded, but at the time of inspection it was not clear to staff that it was a requirement for staff off duty to read these notes to ensure they were up to date with key information. This was rectified during the

inspection.

- We received mostly positive feedback from two health professionals who work closely with the service. One health professional told us the service was "open and transparent".
- There had been many lessons learnt and improvements made from the last inspection, although there were some recurring themes which required improvements, such as specific training for mental health conditions, clear information on people's required food textures, and identified risks to people.
- We saw care had been improved because of feedback from people, their relatives and staff.

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
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate safety was effectively managed.