

Mr & Mrs D Evely

Averlea Residential Home

Inspection report

Fore Street
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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Averlea Residential Home is a care home providing personal care to up to 14 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection, there were 7 people using the service.

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

This was a targeted inspection that considered staffing levels and staff support, compliance with the Mental Capacity Act and the management and oversight of the service. Based on our inspection of these areas we concluded the following:

Staffing levels were sufficient to meet people's care needs. The provider was sometimes working at the service to fill any gaps in the rota. At the time of the inspection there were only 7 people living at Averlea. The registered manager and provider told us they would use a dependency tool to ensure they were able to meet people's needs before admitting any new residents.

Staff had completed training in areas including safeguarding, manual handling and medicine administration. More training was arranged to further staff skills and knowledge. The registered manager had yet to complete competency checks to assure themselves staff were applying their learning.

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.

Improvements had been made to the recording of the administration of medicines. Protocols had been developed to support staff in the administration of medicines to be used as required, such as pain relief. There were some errors in recording and administering medicines which require stricter controls and we have made a recommendation about this in the report.

At the time of our previous inspection, the registered manager was working in the kitchen to prepare meals for a meal delivery service in the community. They had since rearranged their work responsibilities to concentrate on their managerial duties. There were no senior roles to support the service if the registered manager was not at work.

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 this service was inadequate (supplementary report published 26 October 2023).

At this inspection we found some improvements had been made. However, the provider remains in breach

of Regulation 17 (good governance).

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulations 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement and Recommendations

We have identified a breach in relation to the oversight and governance of the service.

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 overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Averlea Residential 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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulations 11 (Consent), 12 (Safe care and treatment), 17 (Good governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Averlea Residential 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. Averlea is a care home without nursing care. The Care Quality Commission (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 CQC 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring team. 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 3 people who used the service about their experience of the care provided. We spoke with 4 members of staff including the registered manager. We also spoke with the provider.

We observed support and interactions between people and staff in communal areas. We reviewed a range of records. This included Medicine Administration Records, 3 people's care plans, training records, meeting notes, and accident and incident records.

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, this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notices we previously served. We will assess the whole key question at the next inspection of the service.

At the last inspection the provider had failed to ensure sufficient, qualified staff were available to provide consistent care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of Regulation 18.

Staffing

- There were not always enough staff to respond to people's requests for support.
- Rotas showed all planned care shifts were covered with the support of the provider. Most days there were 2 care staff on duty during the day and night to support 7 residents, one of whom was cared for in bed and needed the support of 2 staff for personal care. This meant if any other person required support at that time no staff would be available.
- On some days 3 care staff were on the rota. From the information available it was unclear why these variations in staffing levels occurred.
- The service employed a cleaner and a cook and was recruiting for an additional cleaner and an additional cook to ensure these roles were covered 7 days per week. The registered manager told us that, on their days off, these roles were usually covered by the provider. We were concerned this arrangement would not be sustainable due to the providers other commitments.

The failure to ensure sufficient, qualified staff were available to provide consistent care at all times was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff supporting people at lunchtime. They were unhurried and patient in their approach.
- The registered manager told us they would use a dependency tool to assess if they could meet people's needs before admitting any new residents.

At the last inspection, the provider had not taken all practicable steps to protect people from risk. In addition, they had failed to ensure the proper and safe use of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and, whilst further improvement was necessary, the provider was no longer in breach of Regulation 12.

Using medicines safely

- We found inconsistencies in the recording of one person's pain relief patch that required additional security. Records showed one dose of this pain relief medicine had not been administered as prescribed. We also found this person had received their pain relief patch on day 6 and not the prescribed 7th day.
- Since our previous inspection staff had completed training in the safe administration of medicines. However, no competency checks had been completed to check staff were applying their learning effectively.

We recommend the provider to seek advice and guidance, from a reputable source, about the administration and recording of medicines which require stricter controls and the oversight of staff responsible for the administration of medicines.

- The registered manager told us they would be planning competency checks of staff working practice in the near future.
- Person-centred protocols were in place to guide staff on when to administer medicines to be used 'as required'. Staff recorded the times these medicines were given to mitigate the risk of ensuring dosages were spaced in line with the manufacturer's instructions.

Assessing risk, safety monitoring and management;

- People's health was monitored so any decline would be quickly identified. Body maps were in place to record any damage to the skin or bruising.
- Following any accident or incident, risk assessments were updated to reflect people's needs.
- Staff had information and guidance covering specific health conditions. For example, there was information provided on supporting people with diabetes and catheter care.
- Personal Emergency Evacuation Plans (PEEPs) outlined the support people would need to leave the building in an emergency. One person's PEEP was missing. We highlighted this to the registered manager who assured us they would address this immediately.

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 our last inspection, this key question was rated inadequate. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notices we previously served. We will assess the whole key question at the next inspection of the service.

At the last inspection, the provider had not ensured all staff received appropriate support, training, professional development, supervision and appraisal to enable them to carry out their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made in this area.

Staff support: induction, training, skills and experience

- All staff had completed training in areas identified as necessary for the service since the last inspection. For example, safeguarding, health and safety and manual handling.
- More training was planned to support staff to develop their skills and knowledge. Staff told us they had done 'a lot' of training recently.
- Since our previous inspection staff had received a supervision. The registered manager told us they had plans to complete supervisions regularly with the next round being in December. A supervision matrix had not yet been developed to ensure supervisions were routinely planned and completed for all staff.

At the last inspection, we identified a failure to act in accordance with the Mental Capacity Act (MCA). This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

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 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 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.

- At the time of the inspection, everyone living at Averlea had capacity to make decisions. Care plans contained consent forms to show people had agreed to various aspects of their plan of care.
- People were asked for their consent before personal care was provided.

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, this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the Warning Notices we previously served.

At our last inspection we found the provider's governance systems were ineffective in monitoring and improving the service people received. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some progress had been made, however, there were still areas of improvement required in relation to the management and oversight of the service, and the provider remained in breach of Regulation 17.

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

- Since our previous inspection the service had worked with the local authorities quality team to make improvements in the service. However, we could not be assured new systems were embedded and would be effective and sustained once the quality team had withdrawn.
- The registered manager had delegated some responsibilities to individual members of staff to enable them to focus on their managerial responsibilities. However, there were no deputy or senior roles in place. This meant there could be a lack of oversight if the registered manager was away from work.
- Some systems to monitor the service had been put in place. For example, a training matrix had been developed and the registered manager told us audits were being completed. However, these had not highlighted the errors in the recording of some medicines discussed in the safe section of this report.
- Statutory notifications had been submitted to CQC. Some of these had not been submitted in a timely manner. We have discussed this with the registered manager and signposted them to the relevant guidance.

This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements to the environment were ongoing. Following our previous inspection, the fire service had visited and issued an enforcement action. Not all the necessary actions had been completed at the time of this inspection. The provider told us they planned to complete these actions in line with the requirements.
- Accidents and incidents were being recorded and the registered manager told us the information would be reviewed so any patterns could be quickly identified.

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

characteristics

- The registered manager had asked people for their views of the service using a simple questionnaire format.
- Records showed the cook had asked people for their likes and dislikes to help with planning menus. People confirmed they were asked what they liked to eat.
- The registered manager spoke with staff daily. They had developed the handover to include information about any training updates or organisational news.

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 17 HSCA RA Regulations 2014 Good governance Governance systems were ineffective in monitoring and improving the service people received.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing You had failed to ensure sufficient, qualified staff were available to provide consistent care at all times