



Inspection Report on

Avenue Road Nursing Home

**Avenue Road Nursing Home
28 Avenue Road
Abergavenny
NP7 7DB**

Date Inspection Completed

09/03/2023

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About Avenue Road Nursing Home

| | |
|--|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | BIRA CARE HOMES LTD |
| Registered places | 33 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 11 August 2021 |
| Does this service provide the Welsh Language active offer? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

People are complimentary about the care provided at Avenue Road, but report they have to wait for assistance as staff “*are rushed off their feet and have little time to spend with them.*” Our observations confirmed this during our visit. Staff have to regularly cover last minute absences which directly impacts on people living and working at the service and staff told us morale is low.

Inconsistencies in people’s personal plans and risk assessments have been identified by the responsible individual (RI) with measures to rectify them put in place. We found the measures have not been robustly adopted. We noted reviews of people’s plans do not include involvement from residents and or their family. Although the RI is responsible for overseeing the management of the service and ensuring there are sufficient resources and support, there is a lack of monitoring arrangements to ensure actions that drive improvement of the service are implemented. In light of these shortfalls, we have identified areas for improvement in relation to the review of people’s personal plans and supervision of management of the service.

At our previous inspection we identified a lack of activity provision at the service highlighting the need for accurate recording of activities as an area for improvement. During this inspection, the lack of regular and meaningful activities available to people continues. We have issued the service provider with a priority action notice (PAN) given the importance stimulation is for the wellbeing of individuals.

Well-being

People cannot be assured their needs will be met in a timely manner. People's personal plans do not always provide sufficient detail to direct care staff to meet their individual needs. Individual risk assessments which support the plans have not always been routinely reviewed which could lead to inconsistent care delivery. People are complimentary of the care provided although, they told us they often have to wait for assistance. One person told us, *"More staff, they are rushed. They do their best; they are very busy. I have capacity those who don't may suffer."* Another said, *"You learn what it means to wait here. 5 minutes is 20 minutes, 10 minutes means an hour"*.

People's voices are not always heard or fully acted upon. The last quality of care report showed high levels of satisfaction from residents and their relatives, however, some individuals we spoke with said they had not had an opportunity to speak with the RI and wanted to. We saw resident's meetings are being conducted although, there was no evidence to show issues raised had been actioned.

People are safeguarded from harm although the service's processes require improvement. Arrangements to monitor accidents, incidents and complaints are in place and the manager reports significant events to the relevant agencies. Risks to people are assessed although the monitoring of risks needs to be more robust, so people are supported to stay safe, and their freedoms respected. Staff recruitment practices require strengthening to ensure pre-employment checks which ensure the safety and wellbeing of vulnerable adults living at the service are completed. Routine monitoring of people's needs is required to ensure there are appropriate staffing levels to provide care and support.

People are not having the opportunity to participate in regular activities. We identified the lack of activity provision at our last inspection and found during this inspection, the lack of regular and meaningful activities continues. This contrasts with the importance stimulation for people is given in the service's Statement of Purpose (SoP).

The environment is clean, homely, and well maintained. A full-time maintenance person works at the service, and we can see there has been improvement to the environment. People told us areas of the home were cold which we reported back to the RI who has agreed to address this.

Care and Support

The service provider cannot ensure care and support is provided to each individual in accordance with their personal plan. The plans lack a person centred focus with little reference to people's individual likes, dislikes, and preferences. The service provider has identified inconsistencies in people's personal plans and risk assessments. There are plans to transfer people's personal plans to electronic storage later in the year. In the meantime, a resident of the day has been introduced to ensure each person's care documentation is audited on a specific day of the month. We looked at the newly introduced audit tool and found deficits had been identified however, there was no completed action plan to set out how they are to be met.

Reviews of people's plans do not consistently include any engagement with residents and / or their relatives in line with regulations. This has been identified within the service provider's internal quality assurance without any reference as to what remedial actions are to be taken. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported to access healthcare services to maintain their health and wellbeing. The service works collaboratively with healthcare professionals to support people living at the service. People told us they did like the food; however, they wanted more menu choices especially in the evenings which are limited.

We found there was not enough care staff on shift to ensure safe staffing levels which impacted on the reliable provision of care and support for people. The service provider has identified gaps in people's recordings and the lack of routine reviews; however, these gaps were not rectified which shows a lack of oversight of people's care delivery. Residents told us they routinely have to wait for assistance with their care and support and our observations found staff are performing task orientated care rather than person centred. Staff told us they have little time to spend with people and they regularly go without breaks to catch up with duties.

An activity worker is employed at the service though there had been no activity provision for three weeks. Plans were being made for one off events such as the Cheltenham festival and Easter. We looked at individual's activity records and found the information was minimal and recorded assistance with personal hygiene as a type of activity. A sensory resource has been donated for use with residents, we saw no evidence of its use in individual activity records. Minutes from a residents' meeting in January 2023, discussed activities but there was no evidence of the requested activities or resources being offered to people since the meeting. This lack of stimulation and meaningful activities is placing

people's wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Medication management systems are in place. Staff receive medication training to ensure they are competent to administer medicines. Routine internal medication audits are conducted and a recent external audit has been completed by the health board and the report is awaited. We were assured by the RI, verbal recommendations from this audit have been addressed.

Environment

People live in a comfortable environment with audits in place to monitor the health and safety of the premises, facilities, and equipment. On our arrival, we noted the Control of Substances Hazardous to Health (COSHH) cupboard was open which could pose a threat to the safety of residents and the storage of equipment and activity items remains an issue. Two storage areas have been built to deal with this matter, however items cannot be stored within them as the ceiling has come down in one room and the second storage room leaks as a result aids and adaptations continue to be stored in the dining area and upstairs bathroom. Residents we spoke to reported issues with the temperatures in various rooms/ bathrooms. We requested a copy of the annual planned maintenance and renewal schedule which was not available during the inspection.

The service promotes hygienic practices and manages risk of infection. Personal Protective Equipment (PPE) and hand sanitising stations are located around the home. The service has a current food standards agency (FSA) rating of four which defines hygiene standards as good.

Leadership and Management

Systems are in place to support the running of the service. The manager is registered with Social Care Wales and is experienced having worked at the service for a number of years. They are supported by a clinical lead who is responsible for people's care and support. The manager conducts regular audits which monitor the operation of the service. People told us they are not always confident the manager has listened to and dealt with their concerns.

Arrangements for the oversight of the service through on-going quality assurance needs to be improved. The RI visits the service in keeping with the Regulations. We viewed the last quality of care review dated January 2023. There is a lack of systems to review and assess the actions from findings of internal quality assurance. We noted a general timescale for the actions identified. The RI is responsible for overseeing management of the service and for providing assurance the service is safe, well run and complies with Regulations, which was not evident during the inspection. We found shortfalls in relation to ensuring people's well being and personal outcomes with the lack of regular and meaningful activities, maintaining adequate numbers of staff on shift due to on-going staff absences, lack of robustness of staff vetting procedures and improvement needed to training and providing sufficient resources. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff recruitment and vetting arrangements needs strengthening. We examined staff recruitment practices and found the necessary checks have not always been conducted for new recruits. We examined staff personnel records and found Disclosure and Barring (DBS) checks in place. There were instances where the provider had not explored the reasons for individuals leaving their previous employment after having worked with vulnerable people and had not obtained references from their past employers. Without this information the service providers cannot be satisfied they can make an informed decision on the appointment or refusal of an applicant.

Staff training and development requires further attention. All newly appointed staff receive an induction. Care workers shadow more experienced colleagues; however, we were told this is not always possible due to on-going staffing issues. All care staff are registered with Social Care Wales. A copy of the staff training plan identified staff members require refresher training in a number of areas as mandatory training is out of date. It is positive staff are able to access on-line training to support their learning needs and have received sufficient supervision as set out in the regulations. This enables care staff to reflect on their practice and make sure professional competence is maintained. It is reported by the RI, the manager is prioritising staff training.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|---|--------------|
| 21 | People are not receiving regular and meaningful activities to support their well-being. | Not Achieved |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|

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|----------|--|----------|
| 16 | We viewed 3 people's personal plans and found they were routinely reviewed without any consultation with the resident and or their representative. | New |
| 66 | The RI is responsible for overseeing management of the service and providing assurance it is safe, well run and complies with Regulations. | New |
| | Quality and audit systems review progress and inform the development of the service. | Achieved |
| | The RI has failed to carry out visits to the service in person to monitor the service's performance in relation to the SOP and inform the Quality of care review. | Achieved |
| 15(3) | The service provider must ensure that personal plans are completed before the commencement of the provision of care and support to the individual | Achieved |
| | The service provider must ensure that personal plans are revised to reflect the outcome of a review of the plan | Achieved |
| 14(1) | The service provider must ensure that an assessment is completed prior to the commencement of a service so that it is clear the service is able to meet a person's care and support needs | Achieved |
| | The responsible individual must complete a report every six months which should include an assessment of the quality of care and support provided and recommendations for the improvement of the service | Achieved |
| 34(1) | The service provider must ensure there are sufficient numbers of suitably qualified, trained, skilled and competent staff employed at the service having regard to the statement of purpose and the care and support needs of individuals. | Achieved |
| 15(1)(a) | The service provider must prepare a plan for each individual setting out how a person's care and support needs will be met on a day to day basis | Achieved |
| 35(2)(d) | The service provider must ensure the necessary pre-employment checks are completed before a person starts work at the service | Achieved |
| | The responsible individual must supervise the service this includes having arrangements for the supervision | Achieved |

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| | and training of the manager | |
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Date Published 25/04/2023