



Inspection Report on

Avenue Road Nursing Home

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

Date Inspection Completed

16/07/2024

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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 | 13/07/2023 |
| Does this service promote Welsh language and culture? | 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 have mixed experiences of the service they receive. Some people told us they have limited choice and control over their daily lives as they regularly have to wait for assistance. Care delivery is directed towards meeting people's physical needs and does not consider their emotional wellbeing. An experienced manager looks after the day to day operation of the service. Since our last inspection, there have been staff changes including the recent appointment of a clinical lead. A number of staff require refresher training appropriate to the work they perform.

Work to address the outstanding non-compliance continues. People are still not engaged in the care planning process, meaning the service is unaware if it is meeting their personal outcomes. The service provider has introduced new monitoring systems; an electronic care document system to enable greater oversight of peoples care delivery and a call bell system to improve responsiveness. We found ineffective monitoring of these systems to establish if people are receiving consistent care and support when they need it. There has been some investment to the property, but further improvement is needed to ensure the service can meet the needs of people accommodated. During this inspection, we identified further areas for improvement in relation to standards of care and support provided, staff training and the environment which the service provider needs to address.

Well-being

People do not shape or develop the service they live in because their voices are not being heard. The statement of purpose (SoP) recognises the value of people and their relatives in making sure the service meets their needs and that the resident is happy and comfortable. We found people and their relatives are not engaged in the care planning process or given the opportunity to meet and share their opinions of the service. The service conducted an annual satisfaction survey in December 2023 which was generally positive although family responses were low.

People's mental health and emotional wellbeing is not always considered. People's needs and wishes are documented in their personal plans, which inform staff how best to assist each person. Risk assessments support care workers to deliver care by identifying and mitigating health risks. People are offered regular activity provision but the number who take part in group sessions has decreased. Some people told us they would prefer different activities. Individuals told us they are limited to who they can talk to and routinely have to wait for care and support. They said staff are "*kind, compassionate and caring*" but they are "*busy and overworked*" attending to others which makes people feel "*lonely, frustrated and annoyed.*"

People cannot be assured they are fully safeguarded. Accidents and events are monitored and where necessary staff report them to the relevant agencies. There are arrangements for people who may be unable to consent to care and support. Systems are in place to manage complaints however; we were told improvements can be "*short lived and not maintained.*" We found people's food and fluid monitoring needs to be strengthened to ensure individuals prone to dehydration and weight loss are safe. Staff refresher training needs review to ensure staff have up to date skills.

People live in surroundings which are clean, comfortable, and well maintained. People's rooms reflect individuality with their possessions and keepsakes on display. The home benefits from a garden to sit out in warmer weather. Further investment in the property to ensure it meets the needs of people living at the service is required. A handy person works at the service who makes sure the property complies with health and safety checks.

The provider does not offer a service to people in Welsh and would have to plan how to facilitate a service if this is needed. People are supported to celebrate cultural activities. Information can be provided in Welsh language if requested.

Care and Support

Peoples plans direct staff to support them in line with their likes and preferences. There have been developments in the care planning process with the implementation of an electronic care document system. People's plans clearly set out how each person is to be supported to meet their health needs. Risk assessments, which support the plans give further direction to staff. People's plans are routinely reviewed although the person and their relatives are not engaged in the process. This means the service is unable to establish if people's wellbeing outcomes are being met which directly contradicts the SoP. We identified the lack of engagement for people and or their representatives during reviews at our last inspection as an area for improvement. This has not been met.

People do not always receive care and support as required. We considered the electronic care recordings for people and found generally they are being supported with their personal care and pressure relief, but food and hydration is not consistently provided in line with care plans. Furthermore, we did not see any evidence of any remedial actions being taken when people's daily intake is not met. The manager told us there have been issues recording people's daily food intake on the system. People have a choice of food each day. We were given mixed reviews of the food. Residents told us the food is "*ok, good, quite nice*" and one person gave it a thumbs up whilst, their relatives said they are not happy with the variety and standard of food offered. We have identified the standard of care and support as an area for improvement. The provider is expected to take action to address this.

During our inspection, residents, relatives, and staff told us staff are "*overwhelmed, busy and never have any time to spend with residents.*" We saw people were left alone during mealtimes as staff were called away to assist others which negatively impacted on their meal experience. We were told of an instance of people queuing outside a bathroom waiting for assistance. Care delivery is directed by call bells and alarms on the electronic care system indicating people require assistance with their personal care and repositioning. The last monthly call bell report to check the responsiveness of staff was unavailable. Staff work short due to unplanned absences. The service uses a dependency scoring tool to calculate the staff required to support people.

Medication management systems are in place. Trained staff administer people's medication. The nursing team completes regular internal medication audits. A recent external pharmacy audit endorsed medicine arrangements in place. Recommendations were made for the service provider to address. The service provider is planning to introduce an electronic medication system to strengthen arrangements.

Environment

A full time maintenance person is employed to carry out health and safety checks and attend to repairs. We viewed the maintenance file and saw that all serviceable equipment

has been checked to ensure its safety. The service's Fire risk assessment has been reviewed. Contractors oversee the servicing of fire equipment. People have a personal emergency evacuation plan (PEEP) to guide staff on how to support them to leave safely in the case of an emergency. One individual's PEEP needed to be revised to ensure it accurately reflect the person's needs following recent health deterioration.

The service is clean and comfortable, but some areas are cluttered and disorganised. There has been some investment in the property with the redecoration of some people's rooms. Overall, the decor in the property is plain and there is a lack of signage to orientate people with dementia living at the service. People's bedrooms are personalised to their own tastes, they display photos of loved ones, pictures, flowers, and ornaments. People's rooms reflect their individuality with their possessions and keepsakes on display. The home benefits from a pleasant garden area.

The bathing and toilet facilities are limited and have not been updated to meet the needs of people accommodated. The upstairs, third floor bathroom is used for storage. We found the dining room to be cluttered with aids, a weighing scales, hoist, and steady and general bits and pieces left on tables. This was not conducive to a relaxed atmosphere for people to eat their meals. A storage area for equipment has been set up although, there are issues accessing it. We raised our health and safety concerns with the manager who assured us remedial actions are in progress. The service has a current food standards agency (FSA) rating of four which defines hygiene standards as good. Personal Protective Equipment (PPE) and hand sanitising stations are located around the home.

Leadership and Management

There are sufficient arrangements to support the operation of the service. The manager is experienced and registered with the Social Care Wales. They are supported to carry out the day to day running of the service by a recently appointed clinical lead. The manager conducts regular audits which monitor the operation of the service. The regulator is notified of relevant matters in a timely manner.

Staff have been recruited to replace members of the staff team who have left the service. Bank staff are employed to cover sickness, holidays, and last-minute absences. The lack of continuity of staff reduces people's chance's to develop positive relationships.

The Responsible Individual (RI) has continued to conduct visits to the service in accordance with the regulations. At our last inspection, we identified systems and processes did not always identify when the quality and or safety at the service is compromised. At this inspection, we noted that despite improvements in the systems there is a lack of robust monitoring to ensure people are receiving the care and support they require. Further, our observations and discussions during the visit, highlight if there are sufficient numbers of staff who are trained to conduct their role. In addition, a lack of sufficient bathing resources to meet people's needs. This demonstrates failings on the RI regarding the management of the service continue and we have judged this area of improvement set at the last inspection, as unmet.

Vetting processes are sufficiently robust to demonstrate staff's fitness to work with vulnerable adults. The agency carries out pre employment checks in the form of Disclosure and Barring (DBS) and seeking former employer references. The necessary forms of identification are retained for staff. Staff are registered with Social Care Wales the workforce regulator within timescales.

All staff receive an induction to the service. Staff have opportunities for updating their knowledge via internal and external training. Staff are supported to gain a recognised care qualification to enable them to register with Social Care Wales. A number of staff's mandatory and essential training, set by the service provider has expired. The manager is the service's manual handling trainer. Staff training is an area for improvement and the service provider is expected to support staff to maintain their registration with the workforce regulator.

Care staff receive supervision with their line manager. This one-to-one support provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance.

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 |
|------------|------------------------------------------------------------------|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 21 | Peoples care and support is not being provided in keeping with their personal plan and does not meet individuals needs or supports them to achieve their personal outcomes in relation to their physical and emotional well-being. | New |
| 44 | Premises must have toilets, bathrooms and showers of sufficient number and of suitable type to meet the needs of the individuals accommodated. | New |
| 36 | Staff do not have up to date training to perform their duties. The service provider must support staff to maintain their registration with Social Care Wales, the workforce regulator. | New |
| 16 | We viewed 3 people's personal plans and found they were routinely reviewed without any consultation with the resident and or their representative. | Not Achieved |
| 66 | The RI is responsible for overseeing management of the service and providing assurance it is safe, well run and complies with Regulations. | Not Achieved |
| 59 | The service provider must ensure records relating to individuals health and wellbeing are accurate and up to date. | Achieved |

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