

Avante Care and Support Limited

# Puddingstone Grange

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 30 and 31 March 2016 and was unannounced. At the time of our inspection the manager was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Puddingstone Grange provides residential and nurse care for up to 62 older people most of whom are living with dementia. At the time of our inspection there were 59 people using the service, with two residents currently in hospital.

At the last inspection on 15 and 16 April 2015, we found breaches of legal requirements and asked the provider to take action to make improvements to medicines storage and administration, risk assessments, mental capacity assessments and staff supervision. These actions have been completed.

At the current inspection we found that the provider had not always followed best practice in relation to checking on medicines storage and administering medicines covertly and improvements were required. However, there were regular medicine audits in place. Staff had completed medicines training and the home had a clear medicines policy in place which was accessible to staff.

The service maintained sufficient staffing levels to support people both in the home and the community. Staff received regular supervision and an annual appraisal, and the service undertook appropriate pre-employment checks on staff before they started work. Records showed that staff were also subject to regular training refresher requirements.

People were protected from the risk of abuse. Staff had access to procedures and policies relating to safeguarding people from harm. Most staff had completed training in safeguarding adults and we saw training was booked for those staff who were still due to attend. Staff we spoke with demonstrated an understanding of types of abuse that could occur and knew how to raise safeguarding concerns if needed.

Risks to people using the service were assessed, reviewed, recorded and managed appropriately. Detailed current risk assessments were in place for all people using the service which explained how to identify and manage risk and the provider was in the process of implementing a new format in order to capture appropriate reviews of need.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred. People were treated with dignity and respect.

People's capacity and rights to make decisions about their care and treatment where appropriate were assessed in line with the Mental Capacity Act 2005 (MCA 2005). These safeguards are there to make sure that people are receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. The manager and staff understood the principles of Deprivation of Liberty Safeguards (DoLs) and acted according to this legislation.

People were supported to eat and drink. People were consulted about weekly menu choices and supported to prepare their own meals. People are supported to maintain good health and have access to healthcare services. Referrals are made quickly when concerns are noted as regards to people's health.

People's concerns and complaints were investigated and responded to in a timely and appropriate manner. We saw that the provider carried out compliance audits. However, issues in relation to medicines management were not always identified and actioned promptly. The registered manager and team leaders were accessible to people, and staff spoke positively about the support available to them.

## 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.

The provider had not always followed best practice in relation to checking on the storage and covert administration of medicines. People's medicines were otherwise managed and administered appropriately.

The service had safeguarding adult's procedures in place and staff had a clear understanding of these procedures.

Staff were also aware of the provider's whistle-blowing procedure and said they would use it if they need to.

Risks to people had been adequately assessed and action taken to mitigate any identified risks.

Appropriate recruitment processes were in place so that people were protected from the risk of receiving care from unsuitable staff.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff that had the necessary skills and experience to meet their needs and staff were provided with appropriate training.

The provider and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments of their dietary needs and preferences, and people had access to health and social care professionals when required.

**Good** ●

### Is the service caring?

The service was caring.

People were treated with dignity and respect, and kindness and

**Good** ●

compassion.

People's wishes with regards to their care and support were acted upon by staff.

### **Is the service responsive?**

The service was responsive.

People received personalised support which met their individual needs.

The home engaged in a range of activities and outings that people could choose to engage in.

The provider had a complaint's policy in place and people were confident that any concerns they raised would be addressed promptly.

**Good** ●

### **Is the service well-led?**

The service was not always well led.

Quality assurance systems were not always effective in monitoring and improving the quality of the service.

Staff spoke positively about the management of the service and told us that senior staff were available to them when needed.

People were asked for their views about the service and resident meetings were held on a regular basis providing a forum for feedback.

**Requires Improvement** ●

# Puddingstone Grange

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we reviewed information we had about the service. This included reviewing statutory notifications and enquiries. A notification is information about important events which the provider is required by law to send us. We also spoke with the local authority who commissions the service, and local safeguarding teams to obtain their views.

The inspection took place on 30 and 31 March 2016 and was unannounced. The first day of inspection was carried out by an inspector, a pharmacist inspector and a specialist advisor. One inspector returned on the second day of the inspection. During the inspection, we spoke with four people using the service, four relatives, eight care staff, the cook and the manager. We also spent time observing support and care in communal areas.

We reviewed the care records of seven people using the service, six staff files and records related to the management of the service.

Not everyone at the service was able to communicate their views to us so we used the Short Observations Framework for Inspections (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People felt safe living at the home. One relative told us "There's always plenty of staff around, and people look safe." Another relative told us, "They [my relative] couldn't get better treatment. Staff are very skillful when managing challenging behaviour." However, although we found most aspects of the service to be safe, aspects of the way medicines were managed at the service required improvement.

At our last inspection we found that medicines were not always managed safely or stored correctly. We saw that action had been taken to remedy these issues at this inspection.

At the current inspection on 30 and 31 March 2016 we found improvements were required to ensure that medicines were administered safely. Whilst there was a medicines policy in place which provided staff with guidance on how to manage the covert administration of medicines, staff we spoke with were not following best practice. When medicines are given covertly, it means they are disguised in either foods or drink without the consent or knowledge of the person. We saw that one person had their paracetamol tablets crushed into their breakfast. This was not best practice as there are many alternative formulations of paracetamol available that could be given covertly. When we checked the care file for this person we noted that the pharmacist had recommended liquid paracetamol, which the doctor had refused to prescribe as the client did not have a swallowing difficulty. Therefore staff at the home decided for themselves how to give medicines covertly, which was not in line with the provider policy.

The provider was not monitoring the minimum and maximum fridge temperatures, in line with their medicines policy and this also required improvement. However, we saw that the daily recorded temperatures were within the safe range in line with the provider's policy.

We drew these issues to the attention of the manager at the time of inspection. Following the inspection the provider advised us of the corrective action they would take including updates to all files where covert administration is administered, and a new form for recording fridge temperatures. We will monitor this at our next inspection of the service.

Medicines were administered by designated staff who had received appropriate training. Staff we spoke with confirmed that they had received basic handling of medicines training and annual medicines competency checks. The home had topical application record charts in place which enabled staff to see where a patch had been applied, and rotate the site of the application appropriately. All the fridges where medicines were stored were kept locked.

At our last inspection we found that risks in relation to falls, accidents and incidents were not always appropriately reviewed and managed. We saw that action had been taken to remedy these issues at this inspection.

Risks to people were safely managed. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. For example, the service had systems in place

to help identify people at risk of falls and took action to reduce the risk. Following one incident, we saw that a sensor mat had been put in place in one person's room to monitor their movement at night. We looked at another person's file and saw that their risk assessment had been reviewed following a recent fall.

People had up to date risk assessments and new integrated support plans were being implemented across the home. These covered areas such as moving and handling, falls risk assessments, nutrition and hydration and communication plans. Where people did not have a new support plan on file, a sufficient support plan was in place and appropriate measures were in place to mitigate risk.

People were protected from the risk of abuse. Staff had received training in safeguarding adults. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff were also aware that they could report abuse concerns outside of the organisation to the relevant organisations. The manager submitted notifications to the CQC in line with requirements. The service had a safeguarding policy in place, which was available to all staff and clearly defined areas of accountability.

At the time of this inspection there was one safeguarding concern being investigated by the local authority and the agency. We cannot report on the outcome of this investigation. We will continue to monitor the outcome of the investigation and the actions taken by the provider to keep people safe.

People were supported by sufficient staff to meet their individual needs. Staff and relatives that we spoke with told us there were enough staff on duty each day. We were told by the registered manager that where necessary, they used the provider bank staff.

Staff were safely recruited. Staff files included application forms, records of interview and appropriate references explaining any gaps in employment. We saw that criminal record checks had also been conducted to make sure staff were suitable to work with vulnerable adults. Staff members were entitled to work in the UK.

We saw records confirming the fire alarm system, fire safety equipment and portable appliances had been tested by engineers in 2015. The fire alarms system was checked each week by staff and fire drills took place regularly.

## Is the service effective?

### Our findings

People and their relatives spoke positively about staff and told us they had the skills to meet their needs. One relative told us, "They [staff] seem a lot brighter here, we are happy". Another relative said, "They're [staff] superb; my brother is so happy here."

At our last inspection on 15 and 16 April 2015 we found that people's capacity and rights to make decisions about their treatment were not always assessed in line with the Mental Capacity Act 2005, and that staff supervision and appraisal were not always conducted in line with the provider's policy. We saw at the current inspection that action had been taken to remedy these issues.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that capacity assessments had been completed in people's care files to assess if people did not have the capacity to make specific decisions. This included the consent of relatives where they had the legal right to do so. There were appropriate processes in place to ensure that, where appropriate, DoLS were followed. Where people were unable to leave the home because they would not be safe without care and support, the home had applied to the relevant local authority for a DoLS authorisation and documents we looked at showed us this had been completed.

At our last inspection on 15 and 16 April 2015 we found that staff supervision and appraisals were not conducted in line with the provider's policy. We saw at the current inspection that action had been taken to remedy these issues.

Staff confirmed they received regular supervision. Records showed that staff supervisions had been conducted in line with the provider's policy. The manager had a supervision and annual appraisal tracker in place which showed that annual appraisals for all staff were due to take place in April 2016. Therefore we were unable to check on this at our inspection.

Staff had the knowledge and skills which enabled them to support people effectively. New staff completed a three day induction programme which included dementia awareness, familiarising themselves with policies and procedures within the service and shadowing other staff.

Training records showed that staff had completed training in areas considered mandatory by the provider which helped them to meet people's needs. Training areas included moving and handling, safeguarding, first aid, infection control, health and safety and medicines (where appropriate). We reviewed six staff training files and saw all were up to date with their training requirements. One staff member explained that, "The head office alerts us when refresher training is needed, and I can request additional training." They told us, "I've learnt a lot from this company, there is continuous training and I keep updated."

Staff told us how they would seek consent from people before providing personal care. One member of staff told us, "I ask if my duties can be carried out, show my badge and if that person can't give consent I refer to their care plan for their best interests." Another staff member said, "I close the curtains and the door. I ask for consent [from the person] to support with personal care."

People were positive about the food choices on offer. One person told us, "The breakfast is nice." One staff member said, "We take food orders from people the day before. If they don't want anything [on the menu] they are asked what they'd like."

The kitchen was clean and was awarded a five star food and hygiene rating. We observed the lunchtime meal and saw that staff encouraged people's independence while eating. People were supported to have a meal of their choice and we observed staff offering a choice of drinks to people when serving them in a way which met their individual needs. Where one person refused the meal on offer to them, we observed staff arranging for an alternative of their preference.

The daily menu was displayed on a notice board in the lounge area, and kitchen staff were aware of any special dietary requirements people had. We spoke to the cook who said that menus were decided depending on the dietary needs of individuals. We observed the cook asking people if they liked the food after lunch. Both the cook and the registered manager stated the cook completed this after every meal to then use feedback to improve the menus. We also noted that pictorial menu options were used by staff when planning menus with people.

People had access to health and social care professionals when required. One person told us, "My leg is very painful and I am due to see the doctor today." On checking with staff they advised that the doctor would attend if requested and that they were due in that day to see that person. People's care files contained records of professional visits. One person whose care plan we reviewed required regular dietetic reviews, and we saw that these had been conducted in consultation with a dietician. We also noted that people had access to an occupational therapist and physiotherapist who worked on site, and that a tissue viability nurse had provided pressure sore prevention guidance to staff for people who were not mobile.

## Is the service caring?

### Our findings

People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and people using the service. One person said, "I love the people here and they love me." Another said, "I can do what I want." One member of staff told us, "I think this is a lovely place to work, the residents are lovely to take care of." A visiting relative said, "The transformation [of their loved one] from the hospital to here has been magical."

Staff knew the people they supported, including their interests and life histories. One staff member told us how they identified a person's needs from their body language. It was clear from discussions with staff that they knew how to support people in a way that met their individual needs.

Staff treated people with dignity and respect throughout the time of our inspection. They allowed people time to express their needs wherever possible. We observed staff taking time when supporting people and not rushing anyone. Interactions between staff and people were positive and engaging and we saw staff supporting people with kindness and consideration when they appeared disorientated.

Staff understood what dignity and privacy meant when assisting people and the importance of promoting choices. We observed this during the inspection where staff would ask people what they wanted to do, and ask them for their views.

Assessments were undertaken to identify people's needs before they moved into the home. Each person had a care plan in place which was specific to their needs and covered areas such as personal care, mobility and dexterity, dietary requirements, communication, medicines and mental health. The care plans included people's likes and dislikes about how they would like to be supported. Care plans included the things that made a good day for the person. For example, one person's care plan noted 'Wake up and breakfast is as a 5\* hotel'.

Care plans included guidance for staff on how to meet people's individual needs, and staff we spoke with demonstrated a good knowledge of people's care planning. Care plans were also well documented and easy to follow. Each plan was reviewed on a monthly basis or when people's needs changed. They included relevant information regarding people's current care needs. Daily care notes we reviewed demonstrated that care delivery had been provided in line with requirements of people's care plans.

We saw that care plans noted if people had a faith and they were supported to attend religious services on a weekly basis. For example, one person followed a particular religion and their care plan stated their son would join them in their worship.

## Is the service responsive?

### Our findings

People were supported to engage in a range of activities which reflected their goals and interests. One relative told us, "They showed me a video of [their relative] dancing and singing, when he was locked in his own world and usually in his bed before [admission to the home]."

At our last inspection, we found that care plans did not always accurately reflect people's individual care needs, and that assessments were not always conducted in line with the provider's policy ensuring staff had an accurate guide of how to best to support people appropriately. At this inspection we saw that assessments were in place, and the care files we looked at included a front sheet with an overview of that person's needs.

The provider had recognised that people's preferences were not always recorded on the care records and had started to implement a new system. We saw on the nursing unit that the new support plans had been updated to include details about people's individual preferences. They contained details of people's backgrounds, skills, critical care and support needs, and guidance on suitable communication methods. The new care, treatment and support plans on the nursing unit had improved on the issues we had identified on the other units. People's needs were reviewed regularly and as required. The provider told us they were introducing the new system throughout the home and therefore people's preferences would be reflected although we were unable to monitor this for everyone at the time of the inspection.

People were supported to undertake a range of activities and a pictorial activity plan was on display for people to review within the service. Activities included exercise, arts and crafts, sharing reading the newspapers, reminiscence and board games. We saw that people had been involved in a range of other activities which were linked to public events and took place seven days a week. For example, a cream tea had been arranged on Valentine's Day; a local priest had attended the home for a remembrance service and people had taken part in an easter bonnet parade. In the summer, barbecues took place depending on the weather and summer trips to the seaside were on the list of events for the year.

During our inspection we saw staff engaging with people in a chair based exercise activity. Staff offered encouragement to people who reacted positively. The staff member leading the activity always smiled and engaged the attention of the person she was going to throw the balloon to before letting it go.

There was a complaints policy and people and relatives were provided with the complaints procedure on admission to the home. Staff identified the steps they would take if they received any complaints which included alerting the management and further escalation if required. Relatives we spoke with were clear on how to make a complaint, and were satisfied that any complaint they had would be dealt with appropriately. Complaints we looked at had been dealt with in line with the provider's procedure. The registered manager had a log in place to track the outcomes of complaints, and also kept a record of compliments received.

## Is the service well-led?

### Our findings

The service had a manager in place, they were not yet registered with the CQC as their application was in progress.

At our last inspection we found that care plans and records were not always accurately maintained, and that quality assurance records relating to the management of the home were not readily available. At this inspection, we looked at the quality assurance records in place, and found that care plans and records were kept up to date.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. Staff undertook monthly audits of medicines and people's care files. For example, the manager had identified issues with the personalisation of support plans, as in responsive above. Through another audit stains on the walls had been identified, and action had been taken to improve this. However, an aspect of this required improvement as the medicines issues we found at inspection had not been identified during these audits. This meant that effective processes were not in place to monitor and improve the quality of the service.

We drew these issues to the attention of the manager following the inspection. The provider told us they would be organising urgent checks to be undertaken by a senior member of staff. The provider said the senior manager would assess the competency levels of the staff completing the audits. The provider told us that a meeting with staff at the home would take place to discuss their understanding of the audit tool and that refresher sessions would be arranged. We will check that this has been completed at our next inspection.

The service had an open culture which encouraged good practice. People and staff spoke positively about the management team. One relative told us, "Management are extremely good and caring." One member of staff explained, "Challenging behaviour from residents can be difficult but management have it in hand." Another staff member said, "Managers are approachable." A third staff member also told us, "I love it because we work as a team."

We saw that monthly spot checks had been completed and remedial action taken where appropriate. For example, where issues had been found with night staff sleeping on duty, appropriate disciplinary action was taken immediately. Annual audits were also conducted by the provider, with the last audit taking place in February 2016. An action plan had been put in place, and most actions had been completed. Accident & incident records included actions taken to mitigate future risks. We saw that one person had a sensor mat installed following an incident, and that the risk assessment had been updated.

Staff meetings were held on a quarterly basis and enabled staff to discuss any issues they had. The manager also held daily management meetings where any incidents were discussed, recorded on handover sheets and fed back to staff to ensure they remained up to date with people's current needs. The provider also held quarterly relatives meetings although the manager had identified that attendance was poor so was looking

to change the time. She had also arranged for outside speakers to attend. One relative that attended regularly told us, "I find them helpful."

The manager had made links with the local community which supported people at the home to be involved in the community. This included visits to places of worship locally, school children attending the home to sing and a local grammar school providing afternoon tea as part of a charity event.

People and those important to them had opportunities to feedback their views about the home and the quality of the service they received. Feedback surveys were sent to relatives and people living at the home on a yearly basis, including satisfaction, home & comforts, choice and quality of life. We looked at the results and noted where issues had been raised an action plan had been implemented. We saw that there were regular monthly residents meetings. Topics discussed included promoting activities, food menus and planning outings.

The manager demonstrated that they understood the requirements of the role, and had plans in place to improve the quality of the service. For example, the manager told us of plans to expand on their interactive activities including the use of Google maps and music players, as well as introducing gardening in the summer.