Avante Care and Support Limited

Weybourne

Inspection report

1 Finchdale Road
Abbey Wood
London
SE2 9AH

Tel: 02083108674
Website: www.avantepartnership.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 March 2018 and was unannounced. At our last inspection in August 2016 the service was rated Good. At this inspection we found the service remained Good and continued to meet the regulations and fundamental standards.

Weybourne provides accommodation and personal care for up to 40 older people and specialises in caring for people living with dementia. There were 32 people using the service at the time of the inspection. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. 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.

People told us they felt safe. There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse and staff were aware of the action to take if they had any concerns. Staff knew about the home's whistleblowing procedure and told us they would use it if required. Risks to people's health and well-being had been assessed, and identified risks were managed safely. Medicines managed appropriately. People were protected from the risk of infection. Accidents and incidents were recorded and acted on in a timely manner. There were enough staff deployed to meet people's needs. Appropriate recruitment checks were carried out before staff started work.

Staff received training, supervision and appraisals so that they were effectively able to carry out their roles. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and staff asked for people's consent before they provided care. People were supported to have enough to eat and drink and had access to a range of healthcare professionals in order to maintain good health. We saw that the home had recently been refurbished and redecorated.

People told us staff were kind and respected their privacy, dignity and independence. They were involved in decisions about their care needs. People were provided with information about the service when they joined in the form of a 'service user guide' which included the home's complaints policy.
Care plans were reflective of people's individual care needs and preferences and were reviewed on a regular basis. There were a variety of activities available for people to participate in. People were aware of the home's complaints procedures and knew how to make a complaint. People's cultural needs and religious beliefs were recorded and they were supported to meet their individual needs.

People told us the home was well run and that the registered manager was supportive. There were effective processes in place to monitor the quality of the service. People and their relatives were provided with

opportunities to provide feedback about the service.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Weybourne

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 checked whether the provider was 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.

This inspection was unannounced and took place on 13 March 2018. The inspection team consisted of one inspector and one 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.
Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the home.

We spoke with five people using the service, three relatives, one visitor, four members of staff, the deputy manager and the registered manger. We reviewed records, including the care records of four people using the service, recruitment files and training records for eight members of staff. We also looked at records related to the management of the service including quality audits, accident and incident records, and policies and procedures. We spent time observing the care and support delivered to people and the interactions between staff and people using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and well cared for. One person said, "Yes I feel safe". Another person said, "I feel safe here, I like it here".

There were appropriate safeguarding procedures in place. Staff understood the types of abuse that could occur and who they would contact should they have any concerns. One staff member said, "I would report it directly to my manager, I know they would take immediate action." Staff were aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if they needed to. One staff member said, "I would not hesitate to whistleblow if I needed to."
We saw that the registered manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority as well as CQC.

Risk assessments were carried out and risks to people were identified in relation to moving and handling, nutrition, medicines, falls and skin integrity. We saw risk management plans in place which gave guidance to staff on how to safely meet people's individual needs. For example, one person who was at risk of falls had measures in place to reduce the risk which included ensuring that they walked with their walking aid at all times. They also had a sensor mat in place in their bedroom which alerted staff if the person got out of bed at night so that they could offer support and prevent any potential falls.

The home had updated fire risk assessments in place and records showed fire alarm systems and equipment were regularly checked, and that the service conducted regular fire drills. People had personal evacuation plans in place which detailed the support they required to evacuate in the event of a fire. Staff told us they knew what to do in response to a fire and records confirmed that staff received regular fire training. One staff member said, "I know exactly what to do if there was a fire, I am also a fire marshal for the home".

The service recorded accidents and incidents that had occurred at the home. Records included details of the incident or accident, what had happened and details of the action that was subsequently taken. For example one person's condition had been monitored throughout out the night following a fall, to ensure they did not suffered from any delayed reactions to the incident. Records showed that learning from incidents and accidents was disseminated during staff meetings.

Medicines were managed appropriately and administered as prescribed. Medicines were safely administered by trained staff using a monitored dosage system supplied by a local pharmacist and recorded appropriately. Medicines were signed for after they had been administered. Medicine Administration Records (MAR) charts included people's photographs, GP details and any allergies they had. MAR charts were legible and did not contain any gaps. We saw medicines fridge temperatures and medicine room temperatures were recorded and monitored daily. This meant that medicines were stored at the correct temperatures in order that they remained effective for use. We saw the provider had conducted an internal medicines audit in February 2018 and no issues were identified at that time.

People were protected from the risk of infections. We observed staff wearing personal protective clothing (PPE) when supporting people with personal care. One staff member said, "I always wear aprons and gloves when assisting people." There were cleaning schedules in place to ensure the home was kept clean and appropriately maintained. We noted the home was clean and free from malodours. Infection control audits were carried out on a quarterly basis to ensure there were no shortfalls. The last audit conducted in November 2017 found no issues. Records confirmed staff had completed infection control training.

The provider carried out appropriate recruitment checks before staff started work. We looked at staff files and saw they contained completed application forms which included details of employment history and qualifications. References had been sought, proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

We observed that there were enough staff deployed to meet people's needs during our inspection. Staff rotas were planned in advance so staff knew what shifts they were working. One person told us, "There are enough staff." One relative said, "Yes there's quite a few [staff members] every time I come here." Another relative said, "Oh yes, there's always enough [staff]. They come quickly". A staff member said, "We have sufficient staff and we work as a team".

Good

Is the service effective?

Our findings

People told us that they thought staff were well trained. One person said, "Staff know what they are doing, they are very helpful".

Staff completed an induction when they joined the home and received training to help them carry out their role. All new staff were required to complete the Care Certificate. The Care Certificate and is the benchmark that has been set for the induction standard for new care workers. Records showed that staff had completed mandatory training which included safeguarding, medicines, communication, moving and handling, fire, first aid, health and safety, infection control and dementia. One staff member said, "All my training is up to date, the training is very good." Another staff member said, "I have done all my training."

Records showed staff received regular supervisions and appraisals. Areas discussed within supervisions included personal performance, training, procedures and people using the service. One staff member we spoke to told us, "I get supervisions and they are useful as I get feedback". Another staff member said, "Yes I do have supervisions".

Assessments of people's needs were carried out before they moved to the home. The registered manager told us that it was important to assess people's needs prior to them being accepted to ensure the home could meet their needs. These assessments, together with referral information from the local authority, were used in producing individual care plans and risk assessments.

We checked to see whether people's rights had been protected by assessments under 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.

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).

The provider followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation. Capacity assessments were completed and best interest's decisions made where people lacked capacity to make specific decisions such as in relation to medicines and personal care. Staff understood the principles of the MCA and the need to gain consent when supporting people. One staff member said, "I ask for people's permission before carrying out personal care, I explain what I am going to do and constantly reassure them."

People were supported to access a range of healthcare professionals including district nurses, GPs, opticians, chiropodists and dieticians. Records of these appointments and the outcomes were maintained in people's care files. For example, where people had suffered a number of falls, they had been referred to the falls clinic. One relative told us, "Yes, my [relative] gets referred."

We observed a lunchtime meal being served in the home. There were different options for both the main meal and dessert which people could choose from. We saw staff physically showed people the choices of meals on offer. If people decided not to have the meals on offer they could choose an alternative. People were offered a choice of drinks and meals looked fresh and appetising. Staff supported people to eat and drink where needed in an unrushed manner and also gave people encouragement to eat. The atmosphere in the dining room was happy and people were laughing and smiling.

We saw that people's dietary needs had been assessed and there was guidance in care plans about the support people needed to eat and drink. For example, one person required the food to be cut up for them. The chef was aware of people's dietary requirements. For example, they were aware of which people required a low sugar, full fat or soft diet, as well as their likes and dislikes. They told us, "There is one person who does not like green vegetables, so I always make sure I give them a good variety of other vegetables that include carrots, cauliflower, and cabbage."

People's bedrooms were decorated with their own personal effects such as furniture, photos and pictures. We also noted that people's bedroom doors were all painted a different colour and had their names displayed. This enabled people to easily identify their own bedrooms. One person said, "I like spending time in bedroom".

We saw that the home had recently undergone a refurbishment. This included changing the layout of the dining room by splitting it into two. This made the dining experience a more pleasant one for people as it was less noisy. One person said, "The dining room is very nice now".

We saw that people walking along corridors had a view of the garden. The home was very light and decorated with warm colours. We saw that people's bedroom doors were painted different colours and had memory boxes outside to help people living with dementia to identify their rooms easily. We saw that there a number of small sitting areas situated throughout the home that was often used by both people and visitors.

Good

Is the service caring?

Our findings

People told us that the staff were caring and kind. One person said, "[Staff] listen, they care." Another person told us, "Staff are lovely, they are very helpful."

Throughout our inspection we observed staff treating people in a respectful and dignified manner. Staff supported people at their own pace and engaged positively with them in conversations that were relaxed and friendly. They addressed people by their preferred names. Staff showed people understanding and patience. For example, when one person refused to eat any lunch we observed a staff member go and sit next to them, reassure them and encourage them to eat, which they did.

Staff knew people's individual likes, dislikes and preferences, such as their favourite drinks and the time the liked to wake up and go to bed. One staff member told us, "One person loves knitting; in fact they have taught me how to knit." We observed staff protecting people's privacy and dignity for example by knocking on people's doors before entering their rooms and closing the doors behind them. One person told us, "Staff are very good they always shut the door." Another person said, "I can go and back to my room whenever I want." One staff member said, "I always respect people and their dignity, I close doors and curtains." One relative said, "The simple answer to this one is definitely [my relative's] privacy and dignity is maintained." Another relative told us, "I have no concerns regarding this."

Staff promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and dressing. One person we spoke to told us, "I can brush my own hair." One staff member said, "It's very important that people stay as independent as they can."

We saw people were involved in decisions about their daily care. One person said, "Staff tell me things I need to know." People had been consulted about the recently completed refurbishment of the home and the changes that had been made, for example where alterations had been made to the hairdressing room which had been redecorated. We observed a staff member offering to show a person the new room.

People were provided with information about the home when they joined in the form of a 'service user guide' which included the complaints procedure. This guide outlined the standard of care to expect and the services and facilities provided at the home.

People were encouraged to stay in contact with family and friends and relatives were encouraged to visit the home.

Good

Is the service responsive?

Our findings

People were involved in planning their care. One person said, "I know what's happening." A relative told us, "Yes, I am kept involved."

People's care plans were person centred and addressed a range of needs such as the support people required with medicines, communication, mobility, skin integrity, moving and handling, nutrition and personal care. Staff recorded daily progress notes that detailed the care and support delivered to people. They were regularly reviewed to ensure they reflected people's current needs and we noted that they were well organised and easy to follow. Care plans also contained details of people's choices and preferences in the way they received support as well as information about the things that were important to them. This included the types of music they liked to listen to, as well as guidance for staff on things that may upset them and how staff could best support them. For example, when people became anxious or agitated, staff spoke to people calmly and reassured them.

The home's activities co-ordinator had recently left. At the time of our inspection the home was in the process of recruiting one. The registered manager said that until the new co-ordinator took up their post, staff carried out daily activities. These included chair exercises, quizzes, puzzles and bingo. On the day of our inspection we saw people enjoying a general knowledge quiz, hand manicures and massages. Whilst activities were being carried out we saw people were offered grapes and bananas and drinks to help keep them hydrated. One person said, "I like the activities". Another person said, "I don't do a lot of activities, but like to watch".

Care plans recorded people's diversity needs including details of any spiritual and cultural needs. For example, one person's care plan showed that they did not eat pork due to their religion and we noted that this information had been shared with the chef to ensure that no pork products were served to this person. One staff member said, "We have one person who does not eat pork for religious reasons and we respect this." In another example, staff supported people to visit a local church in support of their spiritual needs and we also noted that a priest visited the home regularly to offer communion to those people who wished to attend.

Care plans included information on people's end of life care preferences, for example who they would like to have contacted if they were approaching the end of their lives, or whether they had any specific spiritual preferences. This was to ensure people's preferences and choices for their end of life care were acted upon.

The home had a complaints policy and there was a system in place to log and investigate complaints. Complaints were dealt with appropriately and in a timely manner. People and their relatives were aware of how to make a complaint if they needed to. One person said, "If I have any concerns I go and see management, they listen." Another person told us, "'I don't need to make complaints." A third person said, "I have no complaints to make."

Good

Is the service well-led?

Our findings

People told us they were happy with the service they received. They were complimentary about the registered manager and the staff. One person said, "They are like a big family, there is always someone around." Another person told us, "The manager is lovely, and the staff are polite."

There was registered manager in post who was supported by the deputy manager. The registered manager was knowledgeable about the requirements of the role and their responsibilities with regard to the Health and Social Care Act 2018. For example, records showed that they had submitted notifications to CQC in a timely manner where required.

The philosophy of the home was to provide a positive care experience, enabling people to maintain aspects of life that were important to them and overcoming loneliness, helplessness and boredom. The registered manager and the deputy manager both told us how important it was for the home and for staff to fulfil this philosophy. One staff member said, "It is important for people to feel this is their home and to live a happy life."

The home had effective systems in place to monitor the quality and safety of the home. The registered manager recognised the importance of quality monitoring. Records showed that regular monthly audits were carried out in areas including care plans, medicines, infection control, water temperatures, kitchen audits and complaints. No issues had been identified in the sample of audits we checked. The registered manager told us that if any issues were identified they would be investigated and an action plan would be put in place to help drive improvements.

Regular resident meetings were held to obtain feedback from people about the service. Items discussed in the last meeting in January 2018 included the recent refurbishment of the home, meals, activities and complaints. Feedback from residents was they liked the new changes in relation to the refurbishment.

Annual surveys were also conducted to seek people's feedback about the service. The resident survey for 2017/2018 had been completed and the provider was in the process of analysing the feedback. The registered manager told us that once the results had been analysed by their head office an action plan would be developed and would be used to make any improvements needed at the home.

Staff attended regular meetings so that information on the running of the service could be shared and discussed. Minutes of the last meeting in January 2018 showed areas discussed included, cleaning, staff uniforms, medicines and people using the service. One staff member said, "Staff meetings are really good and very useful." Another staff member said, "I attend staff meetings, it brings us together as a team."

Staff were complimentary about the home and told us that the manager was very supportive. One staff member said, "Both the registered and the deputy manager are brilliant. They are very hands on and available at any time." Another staff member said, "The registered manager is one of the best. I love working here. We are a very good team."

The provider worked in partnership with other agencies to ensure people received suitable care and support. The registered manager worked closely with social care professionals who confirmed their satisfaction with the support provided to them by home.