

Colten Care (1993) Limited

Avon Reach

Inspection report

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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 was unannounced and took place on 16 June 2016.

Avon Reach is registered to provide accommodation, personal and nursing care for up to 60 people. At the time of the inspection there were 57 people using the service.

The last inspection of the home was carried out in June 2013. No concerns were identified with the care being provided to people at that inspection.

There was a registered manager in post. 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.

Quality assurance systems were in place to monitor care, and plans for on-going improvements. Audits and checks were in place to monitor safety and quality of care. However these audits failed to identify concerns being raised by people who were using the service regarding dignity and respect. The provider took immediate action when these issues were raised.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes. Risk assessments which outlined measures to minimise risks and keep people safe were held in people's care plans.

Each person had their care needs reviewed on a regular basis. The care coordinator discussed the 'resident of the day' scheme. They said this meant staff would concentrate on reviewing any changes with the person. They said "We need to evidence how we make sure people's care is person centred and this helps us to look at people's needs on an individual basis".

Most people who lived at the home were able to make decisions about what care or treatment they received. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests.

People living at Avon Reach told us they were happy with the care and support provided. They said the registered manager and staff were open and approachable and cared about their personal preferences. A visitor informed us they used to work in care homes so were therefore aware of what "good care" was, they said "it's perfect, staff are all really caring, the food is excellent".

Staff made sure that people received any specialist diets received a varied choice of meals they required including soft textured food and were clear about who required support to eat and when. However the deployment of staff on the day of the inspection, meant that not all people were able to receive their meal whilst still hot. We addressed our concerns with the registered manager, who felt this was an isolated incident, and would review the mealtime arrangements with immediate effect. We observed the midday meal being served in the main dining area. The atmosphere in the main dining room was relaxed and cheerful with people talking about their day. Some people had invited friends and family to join them for lunch, others choose to eat in smaller more intimate dining areas with family or friends.

People were able to take part in a variety of activities, The provider also ensured where people were less active, enjoyed quality time with staff employed to offer one to one time in their rooms. Rooms, this prevented people from becoming isolated. A minibus available to take people out on trips within the local community and beyond. Activity coordinators were seen to be engaging with people, family and friends were also seen to join in and enjoy the activity of the day.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely. One person told us "Never had any concerns about not receiving my medicines or pain relief if I need it". People were supported to access external health professionals, when required, to maintain their health and wellbeing.

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

There were systems to make sure people were protected from abuse and avoidable harm.

There were enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good ●

The service was effective

People received a diet in line with their needs and wishes.

Staff had the skills and knowledge to effectively support people.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good ●

The service was caring.

People were not always treated with respect and dignity

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of activities was in place which enabled people to maintain links with the local community.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

The service was well led

The provider's quality assurance system had not operated effectively in identifying areas for improvement. However immediate action was taken when shortfalls were identified by the provider.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service.

People and their relatives told us the management and staff were open and approachable and they were generally complimentary about the service.

Good ●

Avon Reach

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.

This inspection took place on 16 June 2016 and was unannounced. It was carried out by two adult social care inspectors.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people who used the service, five relatives who were visiting, and six members of care staff. The registered manager was available throughout the inspection. We also spoke with the regional operations manager, quality manager and head of care. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included six care plans, six staff files, medication records, and staff duty rotas.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "Yes I feel safe; there is always someone around who would help me".

People were supported by adequate numbers of staff to meet their needs and keep them safe. People had access to call bells, and to call pendants if they were away from their rooms, to enable them to summon assistance when they needed it. When asked if staff responded promptly to requests for support one person said "Sometimes they come quickly other times not so quick". However, other people had no concerns about waiting for support. A member of staff said "We do our best if we hear the call bells, but my priority will always be care over someone wanting a cup of coffee". Another member of staff told us "We are always discussing call bell responses with our manager." Records seen showed call bell response audits were being monitored by the registered manager.

Risks of abuse to people were minimised because the provider had a recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files showed new staff did not commence work until all checks had been carried out. Staff members confirmed the registered manager had obtained references and a DBS before they started work.

There were systems that helped to protect people from harm because staff had received training in recognising and reporting abuse. They also knew the procedures to follow if they had any concerns. A staff member said "We all work on the different floors at different times, it means we get to know people well. We would see if there was anything wrong". Staff had attended training in safeguarding people and they had access to the organisation's policies on safeguarding people and whistle blowing. There was clear guidance around the home on how to raise a concern if anyone witnessed or suspected abuse.

Staff shared information about people on a daily basis during the handover between shifts. A further daily meeting was held with all heads of departments this. Information was shared so everybody was aware of any new risks, or events planned or unplanned during the day. On the day of the inspection items on the agenda included. 'Resident of the day' safeguarding, and risk management of people who had recently moved to the home.

Care plans and risk assessments supported staff to provide safe care. They were reviewed on a regular basis or when needs changed. Risks to people's safety had been assessed and actions taken where necessary to mitigate these risks. This included risks in relation to falls, not eating and drinking and developing pressure ulcers. There was clear information within people's care records providing staff with guidance on how to reduce these risks.

The staff we spoke with were able to demonstrate to us that they understood these risks and what they

needed to do to keep people safe. For example, some staff told us the importance of making sure the environment was safe and clear of any obstacles when people were walking around the home. This was to protect them from the risk of falls.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. We observed staff administering people's medicines and saw that they were given a drink and time to take their medicine. The nurse or senior carer stayed with them to ensure medicine had been taken before recording this.

Medicines were stored safely and records were in place to demonstrate that people received their medicines. Where covert medicines were being given the correct procedures had been followed. For example, a relative told us their relative sometimes had difficulties swallowing their medicines. The person's GP had been involved and given permission for the medicines to be given in food. As the person had not been able to consent to this records showed the correct procedures had been followed and recorded in the person care plan. People told us their medicines were administered at the correct times. One person told us "I always get my medicines on time", another person said "Never had any concerns about not receiving my medicines or pain relief if I need it".

Each person that lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff. There were risk assessments in place relating to health and safety and fire safety.

Is the service effective?

Our findings

People received effective care by suitably skilled and experienced staff. One person said "It is lovely here, I don't think I have ever been so well looked after in my life". A visitor told us "There are always plenty of staff around, I have been in a number of homes and the patient, carer ratio is very good here". A relative of a person recently admitted to the home told us, "The staff have been brilliant they have spent lots of time with us asking us questions about likes and dislikes. It is like bringing [name] in to a bed and breakfast. On our arrival there were flowers in the room and a personalised card welcoming us".

Staff made sure that people received any specialist diets they required, including soft textured food, and were clear about who required support to eat. However on the day of the inspection some people who were unable to access dining areas did not always receive good mealtime experiences. We observed six meals being taken to people who needed supporting to eat their food. A hot food trolley was available to staff to keep people's meals hot. Meals were left in people's room for between 15 to 27 minutes, instead of being kept warm in the heated trolley. This meant that people who needed support to eat were eating food had not been kept hot. One member of staff felt this was an isolated incident, they said "There were changes to the times the meals came up to the floor today. Our normal chef is not here today, this put our routine out. This is not normal practice". We discussed our concerns with the registered manager, who immediately implemented changes to the deployment of staff and timing of meals being given to people. The quality assurance manager informed us since the inspection systems had been put in place whereby the member of staff taking the meal to the person gave immediate support.

People's nutritional needs were assessed and monitored. A team of waiters and waitresses delivered meals, drinks and snacks to people throughout the day. People were invited to meet in the lounges for "A glass of sherry" or drink of their liking prior to the lunch being served. The dining room was very well presented with tables laid with crockery, matching napkins and flowers. Most people went to the main dining room for meals. The atmosphere in the main dining room was relaxed and cheerful with people talking about their day. Some people had invited friends and family to join them for lunch, others chose to eat in smaller more intimate dining areas with family or friends. Comments regarding the food were positive, they included "All the food here is freshly cooked I would give the chef 10 out of 10". "Food is not too bad, they [staff] will get you something else if you don't like what is being offered". A menu with choices was displayed at the entrance to the dining room.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One member of staff told us "My induction has been good. I have been able to work on all the floors so have got to know most of the staff and people who live here. The manager is very good and always about, she will always stop and listen to how we are doing".

After staff had completed their induction training they were able to undertake further training in health and social care and subjects relevant to the people who lived at the home. Staff told us training included;

understanding dementia, fire safety, infection control and nationally recognised qualifications in care. Staff received regular training updates to make sure they were working in line with current good practice guidelines and legislation. The training matrix identified which training had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training undertaken. Staff were positive about the training and felt they were supported to develop and progress within the service. One member of staff told us "We have regular supervisions, if I wanted to raise any issues or discuss my development I would be happy to do so in my supervision." The PIR stated that "New staff are supervised by senior competent staff. Appraisals and regular supervisions encourage staff to feedback areas they may need support with".

The registered manager had a clear understanding of 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. Care plans seen included MCA assessments and clearly stated if the person had capacity to agree and give consent. Most people in the home had capacity to consent.

The staff we spoke with understood the importance of seeking people's consent and offering them choice about the care they received. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests. They gave us clear examples of how they supported people to make decisions. We observed staff asking for people's consent throughout the inspection. For example, asking people if they could place a tabard over their clothes to protect them from being soiled during lunchtime or if they wanted to participate in any activities that were taking place.

People were supported by staff members who had been trained as 'Dignity Champions'. One member of staff discussed this meant they ensured staff and people using the service were treated with dignity and respect at all times. They gave an example of supporting people to make choices, and supporting new staff to recognise although some people may not be able to express their wishes it was still important to give choice. They used the example a person not being clear on what they should wear. They would offer two choices of jumpers, rather than "Just deciding for them".

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw legislation had been followed, records showed best interest meetings had been held with family and healthcare professionals and a best interest decisions made and recorded where needed. We saw a DoL's applications had been made for people following best interest decisions. This showed the provider was using the correct processes regarding DoLS relating to use of restrictive measures intended to keep people safe. For example the use of bed rails and pressure mats.

People were supported to maintain good health and access healthcare services when they needed them. People's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. Visitors we spoke with confirmed that their relative's health care needs were met. One visitor told us their relative suffered from a particular health issue and needed a quick response to stop an infection from occurring. The person's care plan showed detailed guidance for staff to follow. When questioned staff were aware of the procedures they needed to take to prevent any infection or further

discomfort for the person.

Is the service caring?

Our findings

When people required support with personal care this was provided discreetly in their own rooms. Most people felt they were treated with dignity and respect by all members of staff. However some people had not received a positive experience when receiving this personal support. One person told us they did not feel they were treated with dignity or respect on all occasions when being supported with personal care. Records showed the person had raised their concerns through an in-house survey, although staff had read the surveys and commented on the surveys, they had not addressed the concern raised. We discussed our concerns with the registered manager. following the inspection we were assured an internal investigation had taken place, and staff were receiving further training around dignity and choice.

We observed positive and caring relationships between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One relative told us "It is all so lovely, it feels like the home is meeting our family's needs, not us having to fit in with the home and their routines". A person told us "Oh it all lovely here, I can go wherever I want". A staff member said "We work as a team" another said, "We care about the people we are looking after".

The registered manager stated in their PIR " Residents and loved ones are encouraged to inform staff about the resident's likes and dislikes and preferences in relation to day to day activities and personal care. Person centred care plans are built up as staff get to know them. We encourage residents to inform staff of any way we can improve our services to show that we care for each individual. We give each resident as much choice as possible in everything they do as much as is practicable with in the home. We tell them that it is their home and they have priority". Regular resident meetings and surveys are completed and actions taken to improve care to show that they are respected.

Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged everyone. Staff had a good rapport with people and friendly, cheerful relationships were observed throughout the day. In the morning we observed a quiz. The interaction between the activities organiser and the people taking part was relaxed friendly and stimulating.

Throughout the day we observed waiters and waitresses offering people fluids and snacks. They all had a very kind cheerful and caring approach. We saw they always knocked on doors and checked people were not receiving personal care before they went in.

People told us their relatives and friends could call at any time. A relative of a person recently admitted to the home told us, "The staff have been brilliant they have spent lots of time with us asking us questions about likes and dislikes. It is like bringing [name] in to a bed and breakfast. On our arrival there were flowers in the room and a personalised card. A visitor told us, "I visit every day and I am always made to feel welcome by the staff". This showed us that people were supported to maintain relationships that were important to them. A visitor informed us they used to work in care homes so were therefore aware of what "good care" was. They said "It's perfect, staff are all really caring, the food is excellent".

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People's care plans were detailed and informative. Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. Staff told us the care plans gave them clear guidance on what support each person needed and enabled them to carry out the support effectively.

The staff told us they had access to people's care records which were held in the nurse's station on each floor. Each person had a daily file in their room. We asked people if they were consulted about their care, one person said "Yes all the time, they [staff] write in the book on the table every day, they often tell me what they are writing". Another person told us "We often talk about my care, if I want the staff to discuss anything with my family they will email on my behalf as my family live abroad". Records showed people were involved or consulted about their care plans and people and/or their advocates had signed to say they agreed with them. Staff understood each person's needs and they were able to explain to us the assistance each person needed.

People's needs were responded to on a daily basis, heads of departments met each day. The manager informed us the meetings were held daily and overseen by the head of care. They explained it was an opportunity for heads of departments to get together to update, share and discuss what was happening in the home. Records showed items on the agenda for discussion included, admissions, and resident of the day, new staff, complaints and concern. The chef discussed at the meeting a person forthcoming birthday would be supported by a family buffet, housekeeping staff were aware where this would take place so would be able to ensure the room was ready and private.

Each person had their care needs reviewed on a regular basis. The care coordinator discussed the 'resident of the day' scheme. They said this meant staff would concentrate on reviewing any changes with the person. They told us by reviewing people care package on a regular basis ensured peoples care remained person centred. They said "We make sure people's care is person centred and this helps us to look at people's needs on an individual basis". They told us the person was monitored for 24 hours in respect of every aspect of their experience living in the service including a deep clean of their rooms. For example each team, housekeeping, nursing, care, and maintenance staff spoke with the person to ensure they were happy and satisfied. We observed a heads of department meeting where people's needs and any changes to people needs were discussed and a plan of action was implemented following the monitoring for the person.

People were able to take part in a variety of activities. There was a minibus available to take people out on trips within the local community and beyond. Activity coordinators were seen to be engaging with people, family and friends were also seen to join in and enjoy the activity of the day. The activity programme was visible throughout the home and displayed in the entrance to the home. People had leaflets in their rooms telling them what events were taking place. On the day of the inspection the activities that had been arranged had been cancelled, however alternative arrangements were made. People were engaged in a memory quiz in the morning. In the afternoon a 'Mama Mia' film was shown and people were seen enjoying this with each other and family and friends. All people spoken with at the inspection felt the activity

programme was varied and interactive.

Some people had been identified as being at risk of social isolation. To reduce this risk, the service employed companions who supported people who were unable to join in the activities downstairs or chose to remain in their rooms. One companion told us they could read a newspaper or offer nail polishing "Really whatever interests the person". Records showed that people who remained in their rooms were visited on a regular basis by the companions and a variety of activities had taken place.

Each person received a copy of the complaints policy when they moved into the home. People and their visitors that we spoke with, did not have any complaints about the service and told us that they would speak to the registered manager if they had any concerns. However not all concerns had been addressed by the registered manager in regards people always being treated with dignity and respect. We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

The registered manager had recently taken over the management of the home however, they had a wide knowledge of the home and people who used the service. Although the inspection identified areas where the service needed to improve, the feedback from people and their relatives was generally complimentary about the service. Systems to assess, monitor and improve the quality and safety of the service were not always operating effectively. For example audits and checks had failed to identify concerns being raised by people who were using the service regarding dignity and respect. The registered manager assured us any shortfalls found at the inspection had been actioned immediately and discussed with staff and people using the service.

The registered manager had the immediate support of a regional operations manager who carries out their one to one supervisions and supports them with their development and every day running of the home. They were further supported by a quality manager who visits the home regularly to carry out their own quality assurance of the home. Any action required from these visits are set out in an action plan for the registered manager. They also have input from a learning and development manager with arranging training specific to people's needs. However this support had also failed to identify concerns being raised by people who were using the service.

People and staff all told us the registered manager was always open and approachable. They confirmed they were asked for their views on the service. People told us they felt they could talk to the registered manager at any time. A visitor said "It is nice to see [name] back in charge she is very good". A staff member said, "I see the manager every day and find her very easy to talk to." Another person said, "I have seen the manager around a lot she seems very nice."

The registered manager told us the organisation values are friendly, kind, individual, reassuring, and honest. Staff were also aware of these values and carried cards attached to key rings to remind them of the organisations values. Records showed regular meetings were held where the organisation values and plans for the future development of the home were discussed.

Records of incidents and accidents were reviewed by the registered manager, to identify any trends or patterns and take action where needed. We saw when patterns were identified action had been taken to reduce risks. For example we saw that specialist beds and sensor mats had been purchased for people where needed to reduce the risk of falling. This demonstrated that the audits and information were used to make continued improvements for people that used the service.

People, their representatives, and stakeholders, were encouraged to share their views of the way the service was run. A satisfaction survey had been carried out and people were complimentary about the care they received. Compliments seen included comments "Thank you so much for all the care and kindness you have all shown". "Thank you for giving [person's name] lots of love and care". "Thank you for all the love care and kindness".

We saw people's confidential records were kept securely which ensured only authorised persons had access. Staff records were kept securely and confidentially by the registered manager. The registered manager and provider understood the responsibilities of their registration with us.

As far as we are aware the registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.