

Colten Care (1693) Limited

Avon Cliff

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 comprehensive inspection took place on 31 October and 1 November 2018. The first day was unannounced.

Avon Cliff is a 'care home'. 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.

Avon Cliff accommodates up to 52 older people in purpose-built premises. Nursing care is provided. There were 43 people living or staying there when we inspected.

The registered manager, who had been in post since April 2018, had recently resigned. 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. The service had been through a period of change. The previous registered manager had worked at the home for several years and had moved to another home operated by the registered provider in February 2018. The registered provider had provided interim management for the service and everyone we spoke with during the inspection had confidence in these arrangements and staff told us they felt well supported.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

All of the feedback we received about Avon Cliff from people, visitors was positive. People were happy living at the home and reported that they felt well cared for. The atmosphere in the home was warm and friendly.

People were supported by staff who understood how to recognise the risks and how to support them to reduce these. Staff understood how to identify and report abuse and how to whistle blow. Staff also supported people to take medicines safely.

People were supported by skilled and caring staff who were well trained and supported.

People were enabled to have maximum choice and control of their lives and staff did this in the least restrictive way possible; the policies and systems in the service supported this practice.

People, relatives and professionals told us they could confidently raise any concerns, and these were addressed appropriately.

Quality assurance systems involved people and led to a safer and better-quality service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Avon Cliff

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 was a routine comprehensive inspection. The inspection took place on 31 October and 1 November 2018. The first day of the inspection was unannounced. The inspection team was made up of an adult social care inspector, an assistant inspector, a specialist advisor in general adult nursing and an expert by experience. An expert by experience is a person who has personal experience of this type of service either because they have used this type of service or have cared for someone who has used this type of service. Their experience related to older people and to people living with dementia.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed all the other information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also contacted the local authority commissioners of the service to establish their view of the service.

As part of the inspection we spoke with eight people who lived at the home to find out about their experiences of the care and support they received. We also spoke with nine staff members, a registered manager who was providing management support at the home and two operational staff from the registered provider who also supported the home. In addition, we spoke with nine visitors to people living in the home.

We looked at seven people's care plans; these included risk assessments and medicine records. We also looked at records relating to the management of the service including audits, maintenance records, and three staff recruitment, training and supervision files.

Is the service safe?

Our findings

People told us they felt safe and well cared for living at Avon Cliff. Visitors also told us that they were confident that their relatives or friends were protected and kept safe. One visitor told us, "it was not so good in a previous care home, she is better here, I sleep better".

People were supported by staff who understood the risks they faced and were motivated to support them to live full lives. We saw that people were relaxed in the company of staff throughout our visits. A visitor told us, "it is perfect, the care is lovely".

Staff worked with people and appropriate professionals to monitor, assess risks and develop plans and responses together. This meant that people were able to retain independence and determine the support they wanted.

Staff also understood their role and responsibilities to protect people from abuse. Staff and the senior management team advocated for people to promote their safety and human rights.

People had help from, safely recruited and appropriately trained, staff. People and relatives commented that staff were available when needed. A visitor told us, "The staff are all very caring. The best thing about the care home is the level of care and the consideration from the staff. If I could change anything, it would be the waiting time for staff to help residents get up. They do prioritise people who have appointments". We discussed this with the management team who accepted this comment and explained that, when there are busy periods because a number of people require support at the same time, staff are instructed to explain this to people and to ensure people are attended to by priority of needs.

People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure that this was done safely. Where issues were identified, for example omissions in the recording of cream applications, they were addressed, and improvements monitored.

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments. The home was well maintained and clean throughout. One person told us, "They Hoover every day, it is very clean". Staff were trained in infection prevention and control. There were numerous posters around reminding people, their visitors and staff of the importance of hand washing. Domestic staff were observed throughout the inspection and demonstrated they followed the required standard and practice to ensure the home remained clean.

The service recorded and analysed accidents and near misses to understand what had happened, identify trends, and help prevent them happening again. There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals, people and relatives and advice was sought and shared amongst the staff team.

Is the service effective?

Our findings

People and visitors told us that they were confident that staff had the skills and knowledge to care for them.

Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. Some training was considered mandatory, such as health and safety including fire and infection control, moving and repositioning, Mental Capacity Act [MCA] and Deprivation of Liberty [DoLS], Safeguarding vulnerable adults and an introduction to dementia. Regular refresher training was also provided to staff in accordance with legal requirements and industry good practice standards. Most training was in an electronic format but face to face training and workbooks were also evident. Training records showed that careful monitoring took place to ensure staff were up to date with their training and arrangements were made to book training for them where necessary. Care staff were also expected to complete the care certificate when they began their employment with the registered provider. The care certificate is a nationally recognised training programme that sets out the knowledge, skills and behaviours expected of staff working in health and social care. The registered nurses also confirmed that they were able to access good training and support to ensure their professional registration was maintained.

All of the staff we spoke with during the inspection spoke positively about the provision of supervision and support available to them. Records showed that some people had not received supervision and support as frequently as the registered provider's policy required. The registered provider confirmed that this was due to the recent changes in management at the home and was able to demonstrate that a plan was in place to address this. All of the staff we spoke with confirmed that they were always able to access support if they required it.

People's needs were assessed prior to their admission and care plans were created from these assessments. Regular reviews were also carried out once the person was living at Avon Cliff and records were updated to reflect people's current care and support needs. People and visitors all confirmed they had been actively involved in their assessments and reviews.

People were supported by staff who understood their care and support needs and could describe these with confidence. Some care plans did not reflect the level of detail that staff told us about. The management team were able to demonstrate that they had already identified this issue and were taking steps to ensure improvements were made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made, and authorised safeguards monitored, appropriately.

Staff all understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish how / if a person wanted the support and care they were offering. Best interest's decisions had been made involving professionals and

people who knew the person well. The views of the person, and knowledge of their preferences, were respected throughout this process. Where people could not consent to their care regular reviews of their care plans were undertaken with people who knew them well to check that their best interests continued to underpin the care they received.

People were supported to maintain their health. People told us they had access to health care any time they wished, and if they felt unwell they would speak to staff.

People's nutritional and hydration needs were being met and the standard of catering and meal time experience at the home was good. Where concerns were highlighted food and fluid charts were put into action to try to prevent people becoming unwell.

People were observed to have good mealtime experiences. Tables were set with tablecloths, cutlery, crockery and condiments. Choices of cold drinks were available with meals. The food looked and smelt appetising. People told us they enjoyed the food at Avon Cliff. We observed the lunchtime meals and saw it was a sociable and relaxed occasion. One person told us, "The food is excellent". A visitor told us, "the food is lovely here. Her needs have changed, she is having difficulty gripping the cutlery because her grip has degenerated. She is now on a soft diet, which is cut up for her. I will assist her at lunch time". Another visitor said, "my mother loves the food, she eats it all, she is a fussy eater".

The environment was well maintained to a standard that reflected respect for the people living and working in the home. There was a very homely feel to Avon Cliff and the thought given to the décor was clear: there were comfortable seats by the lift areas on all floors for people waiting for the lift. This was both sensible and practical but made to look attractive and part of the home at the same time.

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them. When asked about the support people needed, staff focussed immediately on the things they knew about what made people reassured and happy. They described the importance of spending time with people and explained how much they enjoyed this. This response was universal across all of the staff we spoke with.

Staff spoke with respect and kindness about people and their discussions were full of references to shared experiences. People and relatives told us they liked the staff; making comments such as: "the staff are very friendly. It is quite nice here they [staff] are very kind to you", "my mother has been here for 5 years. I am happy with the care" and "people and staff are genuinely caring".

People were observed to look relaxed and comfortable around staff. There was a calm, relaxed, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good-humoured banter shared between people who used the service and staff which resulted in people laughing.

Equality and diversity training was provided to all staff. Staff spoke confidently about treating people equally and fairly.

People wishes were respected with the daily choices they made or were supported to make. They confirmed that staff respected their privacy at all times. People's different cultures and beliefs were recognised and respected.

Is the service responsive?

Our findings

People and relatives told us that staff always responded to their needs and preferences. They described care that was personalised to their own individual needs and when staff described people's care they spoke with knowledge, understanding and compassion. We received comments from people and relatives such as: "I am a great complainer ordinarily, but I can't find anything to complain about. [resident's name] is putting weight back on again now. The call bells are answered promptly. He goes to bed when he wants. He gets his tablets at appropriate times. I give it 10 out of 10" and, "Mum wouldn't use the call bell. If I ring they respond quickly. If they are assisting someone else, they come and say how long they will be before they come back. My mother is unwilling to disturb the carers. She is also unable to use the call bell without being prompted, so the care staff check her regularly".

People confirmed they were involved with organising their care plan and said that the staff were flexible and responsive to their needs. Discussions with staff and analysis of records showed that people were provided with the support and equipment they needed to remain independent as possible or to ensure their needs were met. One visitor told us, "my mother has patches for pain relief. My sister reviewed the Care Plan 2-3 weeks ago. She [my mother] also had a memory test [that the staff organised]".

End of life discussions had taken place and people had end of life care plans in place. The management team and staff were committed to providing people who used the service with the best end of life care they could possibly give and provide support to families and friends at this time.

There was a varied and interesting activity programme organised and run by a team of activities coordinators known as companions. These were based on people's hobbies, interests and wishes and tailored to their individual needs. There were regular trips out for those who wished and were well enough. The month's activity programme was prominently displayed on notice boards around the home and weekly reminders were given to people to keep in their rooms. People said there was plenty for them to do if they wanted. Whilst people were encouraged to join group activities downstairs, their choice not to was respected. Staff were aware of people who may be at risk of social isolation and care was taken to ensure that time was spent with people on an individual basis either in their rooms or another part of the home of their choice. When we asked people about the activities at Avon Cliff, they told us things such as, "I join in with activities when I want to. I like knitting and singing". Visitors told us, "[Companion name] is always encouraging people to join in. [person's name] really enjoyed the bingo last night" and ""my mother regularly attends activities because she likes everyone. She is great friends with [Companion named] and the residents".

The service had established links with the local community and continued to develop these. During the second day of the inspection there was a 'knit and natter' group in the café which was attended by people from the wider community.

Senior activities staff told us how they had recently reviewed and amended their working patterns because people had requested more activities in the evening. The first day of the inspection took place on

Halloween. People living at Avon Cliff had been consulted about whether to celebrate this and decorate the home accordingly. People's response had been that this was not a tradition that they were used to, and they did not wish to be involved so this had been respected.

The service met the Accessible Information Standard. This is a legal requirement for providers to ensure people with a disability or sensory loss are given information in a way they can understand and have the communication support they need. Assessments, care plans and hospital transfer information flagged people's communication needs. Staff provided the support people required, such as with cleaning and wearing glasses.

People's concerns and complaints were listened and responded to and used to improve the quality of care. Information about how to raise a concern or make a complaint was readily available and was prominently displayed around the service. People and relatives told us they would feel confident to complain to the registered manager if necessary. There had been three formal complaints in 2018. These had been addressed promptly in line with the provider's policy. Any learning from these complaints had been shared as necessary.

Is the service well-led?

Our findings

The service had a positive, person-centred, open and inclusive culture. Its atmosphere throughout the inspection was homely, happy and friendly. Everyone we spoke with told us they felt the home was well run and provided good care and support to people. We received comments such as, "the home is well run, it is the best."

The registered manager had recently resigned. 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. The service had been through a period of change. The previous registered manager had worked at the home for several years and had moved to another home operated by the registered provider in February 2018. The new registered manager had been in post since April 2018. The registered provider had provided interim management for the service and everyone we spoke with during the inspection had confidence in these arrangements and staff told us they felt well supported.

At this inspection people, visitors and staff confirmed that, even with the changes to management, they felt the service was well managed. They said there was a clear management structure which meant they knew who to approach and that the management team were approachable and supportive.

The registered provider placed great emphasis on the quality of people's experiences and the care they received. To monitor and review this, there were comprehensive quality monitoring systems in place. These systems were robust, and their effectiveness was demonstrated at this inspection because the issues that we identified with regards to some aspects of care planning and record keeping had already been identified and steps were being taken to address this. There was a regular programme of checks and audits in areas including accidents and incidents, infections and wounds, medicines and records. Previous audit records showed that issues were identified, and actions taken to rectify the issue.

The quality of recording was variable in some areas. For example, some care plans were detailed and very personalised and others provided only basic information that was more generic than person centred. The analysis of information gathered was also not always useful and efficient. For example, staff had recorded that two people had lost a great deal of weight over a four week period. Staff had not questioned whether this was correct or acted to address such a major weight loss. It later transpired that the recorded weights were incorrect, and people had not experienced major weight loss. The registered provider was able to demonstrate that, prior to the inspection and following the resignation of the registered manager, they had identified issues and concerns, begun to complete additional checks and audits and had already noted these areas for action and improvement.

Peoples experiences were also monitored through the use of regular meetings and surveys and the registered provider also employed a "mystery shopper" service to provide additional independent feedback. Meetings were minuted and included any actions or responses that were required. Surveys were analysed,

and a report was compiled. The results of the most recent survey were very positive. These were shared with people living in the home, staff and other interested parties through a clear document which included responses to people's suggestions which was titled, "you said, we did". This showed that the registered provider had listened to people's views and responded to these.

Staff were knowledgeable about the providers whistleblowing policy and confident that they would be listened to if they had to raise concerns. The providers policy was in line with current legislation.

The service's rating was displayed in the reception area and on the website as required.

The management team had a good understanding of what notifications they needed to send to CQC and these had been submitted as required.