Avante Care and Support Limited

Court Regis

Inspection report

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Date of inspection visit:
28 February 2020

Date of publication:
22 April 2020

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

About the service: Court Regis Home is a care home providing accommodation and personal care to people. The home accommodates up to 54 people in a purpose-built building. People living in the home had a range of needs including those living with dementia and /or long-term health conditions. At the time of the inspection, 35 people were using the service.

People's experience of using this service

Risks to people were managed effectively. Risk management plans were in place to support staff reduce risks to people. Staff had received safeguarding training and knew their responsibilities to safeguard people from abuse. There were sufficient staff available to care for people safely. Incidents and accidents were monitored, and actions taken to ensure learning from them. People received their medicines safely and there were systems to ensure the safe management of medicines. Staff followed infection control procedures. Health and safety of the home was maintained.

People's needs were assessed in line with recommended guidelines. Staff were adequately trained and supported in their roles. People were supported to eat balanced diet and drink enough to maintain good health. People had access to healthcare services they needed to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought for the care and support they received. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People received care from staff who were kind and compassionate. Staff treated people with respect and dignity. People were involved in their care and their independence promoted. People received care personalised to their individual needs. People were supported and encouraged to do the things they enjoy and to follow their interest. Equality and diversity were promoted in the home.

People and their relatives knew how to raise complaints about the service. The registered manager responded to complaints appropriately in line with the provider's procedure.
The quality of the service was regularly scrutinised to drive improvement. The provider worked in partnership with other organisations and services to develop and improve the service.

You can read the report from our last comprehensive inspection on our website at www.cqc.org.uk.

Rating at last inspection and update:
The last rating for this service was Good (published 7 September 2017). At this inspection the service remained Good overall.

Why we inspected: This was a planned inspection based on the previous rating of the service.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Court Regis

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector, and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience caring for elderly people.

Service and service type:
Court Regis Care Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced. The inspection took place on 28 February 2020.

What we did:
Before inspection: We reviewed the information we held about the service which included notifications of events and incidents at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During inspection:

We spoke with five people using the service, five relatives, three care staff members, two team leaders, the deputy manager and registered manager. We looked at five care files, four staff files, quality assurance reports and other records relating to the management of the service including health and safety information and records relating to incidents and accidents. We used the Short Observational Framework for Inspection (SOFI). SOFI is a 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

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating of good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and their relatives told us they felt safe at the service. One person said, "Oh yes, I feel very safe." One relative told us, "My [relative] is very safe here. I'm glad they are here."
- People were protected from the risk of abuse as there were systems and processes in place to safeguard people from abuse. Staff had completed training in safeguarding from abuse and knew the signs to recognise abuse and actions to take. One care worker told us, "I will report any concern to the registered manager. I will take it outside the organisation if nothing is done about it."
- The registered manager demonstrated they understood their responsibilities to safeguard people from abuse. They had acted on concerns in line with their procedure and notified relevant authorities including CQC.

Assessing risk, safety monitoring and management.

- People were protected from risks as management plans were in place to address risks associated to their physical health and mental health conditions, personal care, skin integrity, mobility, nutrition and moving and handling. One relative told us, "They [management] had put an alarm mat in place for relative to reduce the risk of falls."
- The risk of people developing pressure sores was effectively managed. Appropriate equipment such as pressure mattress and cushion were in place and used; and people were supported to reposition regularly. Staff involved specialist such as district nurses to help manage and maintain people's skin integrity. Moving and handling plans were in place to ensure people were supported with moving and transfers safely; and we saw staff followed safe procedures.
- Health and safety checks and risk assessments of the environment were carried out including fire safety, electrical installation, gas safety, portable appliance test (PAT), and water management and legionella. The risk assessment for the home was up to date.

Learning lessons when things go wrong.

- Lessons were learnt from incidents and when things go wrong. The registered manager reviewed incidents and took actions to reduce the risk of them happening again. Where people had regular falls, we saw they were referred to falls clinic for support. Staff were provided refresher training on falls prevention.
- The registered manager analysed incidents regularly identifying patterns and trends. They provided a report of incidents and accidents to the senior management team who monitors and uses the data to identify areas of service improvement.

Staffing and recruitment.

● There were enough staff available to support people with their needs. People and their relatives told us there were always staff around to attend to their needs. One person told us, "I'm not left waiting when I call for help." A relative said, "Staff are alert and will come immediately if [relative] calls with the call bell."
● Staff answered to call bells promptly and responded to people's calls for assistance. Staff were available in communal areas offering support to people where needed or engaging them in chats and activities.
● Staff told us staffing levels were enough on each shift to support people. One member of care staff said, "Staffing level is okay at the moment. We are managing well. When the home is full they increase the number of staff on duty." Another staff told us, "The number is fine if all the staff turn up. If there is an absent and we can't find cover, it can be stretched but we support each other which helps us cope on those occasions."
● Planned and unplanned absence are covered by staff who wish to do extra hours or by the provider's pool of bank staff. Staff told us the registered manager and deputy manager offered hands-on support when needed.
● Robust recruitment checks were conducted before applicants could work with people. These included criminal records checks, references, employment history and right to work in the UK. The provider also checked that nurses employed had the appropriate qualifications and their professional registration was up to date and continued to be valid.

Using medicines safely.
● People's medicines were administered and managed safely. Only trained and competent staff administered and managed people's medicines.
● Medicine administration record (MAR) charts were clearly signed and there were no gaps
● There were protocols where staff administered people's 'as when required' medicines. Record showed staff followed the protocol appropriately.
●There were systems in place for receiving and disposing medicines; and these records were maintained. Medicines were stored within safe temperature ranges, in line with the manufacturer's instructions. Regular checks were made of storage temperature areas to ensure they remained safe.

Preventing and controlling infection.
● People were protected from the risk of infection. Staff had been trained in infection control and knew procedures to follow to reduce the risk of infection. There were posters displayed around the home about the 'Corona Virus' and actions to prevent it.
● The home was clean and free from odour. There were handwashing facilities available around the home and we saw staff appropriately used personal protective equipment (PPE).
● Monthly infection control audit took place. Clinical waste was managed effectively.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating of good. People's outcomes were consistently good, and people's feedback confirmed this.

● Assessing people's needs and choices; delivering care in line with standards, guidance and the law. People's needs were thoroughly assessed by experienced members of staff following best practice guidance. Assessments took place before people were admitted to the home and on an on-going basis to ensure staff were aware of people's current needs.

● Assessments covered various areas of people's needs including physical health and mental health conditions, social, person care, oral hygiene, nutrition and hydration, mobility and night time and well-being assessment. Various nationally recognised assessment tools were used such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs; and Braden Scale for Predicting Pressure Ulcer Risk.

● People, their relatives and relevant health and social care professionals were involved in the assessment process. People and their relatives could do trial visits to the home to enable them decide if it suited their needs before they decided to move in.

Staff support: induction, training, skills and experience.

● People were cared for by staff who were trained, supported and skilled in the job. Staff told us, they were supported to be effective in their roles. One staff member said, "We get a lot of training here. I found the training courses interesting and useful. Things change all the time so they give us refresher training as things change to update our knowledge."

● Records confirmed staff had completed the provider's mandatory training courses and specialist training relevant to the needs of people. These included - moving and handling, safeguarding adults from abuse, health and safety, infection control, dementia care, Mental Capacity Act (MCA), equality and diversity, skin integrity, nutrition and hydration, oral hygiene, Parkinson, catheter care, diabetes and, end of life.

● New members of staff received induction when they started. Induction included shadowing experienced members of staff. A new member of staff we spoke with told us, "I had a 2 weeks induction which entailed completing training courses and shadowing experienced staff. It helped me a lot." Staff new to care roles were required to complete the Care Certificate Induction programme which covers the core areas of care.

● Records showed staff received regular supervision and annual appraisals. These were used to improve staff performance and provide support to them.

Supporting people to eat and drink enough to maintain a balanced diet.

● People's nutritional and hydration needs were met; and people told us the food provided was nutritious. One person said, "Food is excellent, you cannot fault it at all." Another person commented, "The food is really good. Different menu every day, I have put on weight since I arrived 5 months ago." A relative mentioned, "Food is very good and there is always a choice. My relative is a vegetarian and always catered for."

● People's care plans documented their nutritional and hydration needs, and the support they required to eat and drink enough to maintain a balanced diet. We observed at lunchtime and found people were given choices of what to eat and drink. People received the assistance they needed to cut up their food into smaller bites and staff encouraged people to eat who required this support. The dining? atmosphere was relaxed.
● We saw staff offered snacks, fruits and drinks to people throughout the day. People who have been identified to be at risk of malnutrition and dehydration were encouraged to eat and drink at regular intervals and food and fluid charts were maintained for them.

Ensuring consent to care and treatment in line with law and guidance.
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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People and their relatives where appropriate gave their consent to the care they received; and people's liberty was promoted in line with legal guidance.
● Staff and the registered manager had completed training in MCA and DoLS and understood their responsibilities to obtain consent from people in line with MCA.
● People's capacity to make specific decisions was assessed and noted in their care plans. We saw signed consent forms in people's care records about individual and specific decisions about their care. Where people had been assessed as lacking capacity to make a decision, relatives and relevant health or social care professionals were involved to make best interests' decisions.
● The registered manager made DoLS applications to the relevant supervisory body where it was deemed necessary and we saw that DoLS authorisations were valid, and their conditions met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.
● People were supported to access healthcare services they needed to maintain good health. Records showed a range of professionals were involved in the care and treatment of people. This included physiotherapist, speech and language therapist, occupational therapists (OT), chiropodist and district nurses. The home's GP visited weekly to see people who needed a GP to see them. They told us staff worked closely with them and followed their recommendations.
● Staff worked jointly with other services and professionals to ensure people received effective and timely care. Each person had a 'This is me' profile sheet which contained important information such as people's, medical history, medication list, GP and next of kin details. People took this document along when they go to hospital for admission or moved between services. The registered manager told us people were also given other personal items such as such as hearing aids, glasses, and dentures to take along.

Adapting service, design, decoration to meet people's needs
● The environment had adequate adaptations and was suitable for people. People's rooms were well

decorated and personalised to their choice.

● There were several communal areas available for people to spend time in small groups or in larger gatherings. The home had suitably adapted toilets and bathrooms to promote people's safety and independence. There were signs around the home to help people find their way around easily and make it a more dementia friendly.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating of good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People were supported by staff who were caring and kind. One person told us, "The girls treat me with respect and always find time for me." A relative told us, "It's very much a family atmosphere here and this is promoted by all staff to residents and relatives."
- People felt comfortable with staff. They shared laughter and jokes together. Staff addressed people by their preferred names and we heard people call staff by names too which indicated they knew the staff caring for them. One relative commented, "There is always a personal touch in the way staff relate with people. They always address people using first name and giving reassuring cuddles." Another relative said, "Staff try hard and make my relative comfortable by calling them by their nickname."
- Staff interacted with people in a positive way; and where people were not engaging in activities or became agitated, they noticed this and spent time with them reassuring them.
- Staff showed they knew people and what upset them. One relative told us, "My relative gets agitated when noise levels increased during the day and staff are quick to calm them down by putting on their favourite radio channel to act as a calming influence." Another person's mental health condition influences their behaviour and makes them isolate themselves. Staff spends time chatting with them in their room and developed relationship with them. The person now agrees to go out shopping with staff occasionally and joins in the dining room for lunch sometimes.
- Care plans included information about cultural and religious needs. People were supported to follow their faith if they wished. Church services were held in the home for people to attend. Staff understood the importance of treating people equally and respecting their differences and had completed equality and diversity training.

Supporting people to express their views and be involved in making decisions about their care.

- People and or their relatives were involved in the day-to-day decisions about their care. People and their relatives told us staff always asked them what they want before providing care. One person said, "It's about what I want. They [staff]? always check with me that's okay before they do anything." A relative told us, "Staff involve us as much as possible. They inform us about any changes."
- We observed staff gave people choice about what they wanted to do, where to seat, what to eat and how they wanted to spend their free time. Staff respected people's choices.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with respect and dignity. Staff had received training in dignity in care and understood the importance of promoting people's dignity. We saw staff alerted people by knocking on their doors or

waving at them before entering their rooms. People were neatly and smartly dressed in their personal clothing.

● Staff supported people with their personal care needs behind closed doors. Confidential information was shared in the office to avoid others overhearing.

● People were supported to maintain their independence. We saw one person folding napkins for the dining table as they enjoy doing so. Another person distributed jugs of water around the home with staff. They told us they looked forward to doing it as it keeps them active.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained good. People's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

● People were engaged with a range of activities they enjoy occupying them. People's social well-being needs was assessed, and care plan developed to support people maintain and engage in social activities. The home followed a model of activity programme which enabled people to continue to develop and do the things they enjoy, that keeps them occupied and active. Staff were involved and had received training in supporting people with activities in line with the provider's programme.

● We reviewed cases where people had been supported to continue to maintain their everyday occupation which had helped maintain their stability and well-being. The person's previous occupation was installing and repairing radiators. When they moved to the care home due to having dementia and behaviour which challenges. They were often found touching and fiddling with radiators in home. Having read through the person's personal profile, the home explored ways to support them to continue to do something they found meaningful but in a safe way. They conducted a risk assessment and had covers over the radiators to reduce the risk of scalding. They bought the person a plastic tool box that was safe for the person to carry around. Staff supervised the person and allowed them to fiddle with radiators.

● The person felt they were doing their usual day-to-day work and felt engaged positively. They became content and relaxed; and no longer expressed behaviour that challenges. Since having this activity in place their behaviour had improved which resulted in their anti-psychotic medications been discontinued as advised by their GP after a medication review. Another person who loved gardening was supported by staff to do gardening; planting potatoes, digging and watering plants. This helped engaged the person in ways they found meaningful.

● We observed various individual and group activities taking place on the day of our inspection. Activities were interactive and fun, and we could see from the atmosphere and laughter in the room that people enjoyed them. Activities included games, exercise classes, puzzles and music sessions. We saw staff reading to people and story-telling. Some people attended day centres outside the home which aimed at improving social inclusion. People also enjoyed various entertainments and activities from external entertainers, local school pupils, and a pet therapy charity brings pets to the home. Important festivals and events are celebrated in the home for people to take part in.

● People were supported to maintain relationship which mattered to them. The home had rooms suitable for couples to share and continue to live together if they wished. One person told us, "The manager has been a diamond in understanding our situation, my [partner] and I have good rooms opposite each other so we can communicate easily and spend time with each other."

● We saw relatives as they visited their loved ones in the home. They told us and we noted staff were welcoming. Staff gave them the privacy they needed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
● People received care to meet their individual needs and requirements. Care records detailed information about people's backgrounds, history, social, physical and mental health needs, routines, likes and dislikes.
● Care plans were detailed and provided guidance to staff to support people with their individual needs. Staff demonstrated they knew people well and how to support them. We saw staff accompany one person who was getting restless for a walk outside the home. They came back and the person was more relaxed. Staff explained that at around that time of the day, the person gets restless and it had to do with an activity they did in the past. So, staff knew to take them out for a walk daily around that time of the day.
● Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

Meeting people's communication needs.
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's communication needs were identified through care planning. This included people's needs with regards to their hearing, sight and speech. One relative told us, their relative could not communicate verbally but staff had learnt how to communicate with them using gestures, body language and pictures. People who needed hearing aids had them on. People were supported to attend appointments with their optician and audiologist.
● The registered manager told us if people required information in different language and in formats such as Braille and large prints, they could make them available in these formats.

Improving care quality in response to complaints or concerns.
● People and relatives knew how to raise concerns if they were unhappy about the service. One person said, "When I raise an issue, staff are very quick to respond and resolve it."
● Record of concerns and complaints made about the service was maintained. Record showed issues were resolved in line with the provider's complaint procedure. Complaints were monitored and analysed at senior management level.

End of life care and support.
● People received the end of life care and support they needed. Staff were trained in end of life care and they were supported by the local palliative care team, GP and other healthcare services to meet people's needs.
● People had advanced care plans in place which stated their end of life wishes including their decision to have Cardio Pulmonary Resuscitation (CPR) or not. One relative whose relative had recently passed on commented, "The home is really good and the staff are very caring. I'm happy [relative] spent their last days here. We are at peace knowing they were cared for by staff who were caring and loving."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating of good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- People and their relatives told us the home was well managed and met their needs. One person said, "I feel at home here. The atmosphere is relaxed and friendly. We are like a family. One relative told us, "It is such a wonderful place. The atmosphere is always relaxed and residents and staff are like one big family. I'm truly happy my relative is here."
- Staff told us, the registered manager was approachable, and they felt able to speak to them about anything. One member of staff said, "Registered manager makes us all feel like a team. If we are short on the floor, she pulls her sleeves and comes to help us. She listens to us, it's nice."
- The registered manager showed they understood the duty of candour. They had been open and honest about events and incidents that had happened at the home such as safeguarding and complaints.

Continuous learning and improving care

- The quality of the home was regularly scrutinised. Various aspects of the service such as health and safety, infection control, DoLS, care records, medicine management, staff training, supervision was audited to identify areas for improvements.
- There was regular analysis of falls in the home, incidents and accidents, complaints, and safeguarding by the registered manager and by a senior manager. Actions were put in place to drive improvement where a pattern was identified. The provider had oversight of the service and have a continuous improvement plan in place to ensure the service maintains the require standards. An officer from the provider conducts health and safety inspection of the home to ensure health and safety regulations were met.
- Quality meetings were held quarterly with senior staff members of the home where they update on different areas of the service and discuss improvements needed. Actions were agreed where pitfalls were identified. For example, daily shift allocation had been reviewed so there is a member of staff dedicated to care for people cared for in bed to ensure their needs are met always.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their roles in running an effective service. They have several years of experience managing care home and they had worked with the provider for many years so understood the provider's systems and procedures.
- The registered manager had notified CQC of notifiable incidents in line with their registration conditions.

The last inspection rating of the service was displayed on their website and in the service as required.

● Staff demonstrated they understood their roles and responsibilities. They told us they were supported by the registered manager to be effective in their roles. One member of staff said, "There is a really good team work here, we all work together to promote high standards. The registered manager, deputy manager and the senior care workers are supportive. They respect us and make us feel valued."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and their relatives told us their views were sought about the running of the home and the registered manager was open to receiving feedback. One relative said, "The manager always has her door open and genuinely looked after the interests of residents." We observed people, relatives and staff visit the registered manager and she listened to them and gave them the support they needed.

● Regular residents and relatives meetings took place which were used to gather the views of people and their relatives; and consult with them about the service.

● People, relatives, staff and professionals were asked for their feedback through satisfaction survey conducted annually. The last survey reported high level of satisfaction from people and their relatives. We saw action plan put in place to address areas where improvements were needed.

Working in partnership with others.

● The service worked in partnership with local authorities, the NHS Clinical Commissioning Group, charity organisations, local schools, libraries and local churches to meet the needs of people.