

Avante Care and Support Limited

Puddingstone Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Puddingstone Grange is a residential and nursing care home providing regulated activities of personal and nursing care for up to 62 people. The service provides support to people living with dementia, nursing and mental health needs. At the time of our inspection there were 62 people using the service. The home is purpose built with four units spread across two floors.

People's experience of using this service and what we found

We have made a recommendation about the management of records.

People told us they felt safe living at the home, and they had no concerns regarding abuse or neglect. People were protected from the risk of avoidable harm because risks to people had been identified, assessed and had appropriate risk management plans in place.

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

People were supported by enough staff on each unit to ensure their needs were safely met. The service completed appropriate recruitment checks before new staff began working at the home. Medicines were managed safely, and people were receiving their medicines as prescribed by healthcare professionals. The home was clean, staff followed appropriate infection control practices to minimise the spread of infections. The service followed current COVID guidance. Lessons were learnt from accidents and incidents to prevent repeat occurrences.

The service was well-led by a management team who had good oversight of the service. Managers were visible in the home and people told us they came around daily to greet them and ask about their welfare. There were system in place to assess and monitor the quality and safety of the service and to drive improvements. People, their relatives', professionals and staff's views were sought to improve on the quality of the service provided.

The service worked in partnership with key organisations including health and social care professionals to deliver care and support that met individual needs. Staff knew of their roles and responsibilities, they told us they felt the culture of the service was moving in the right direction.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection – The last rating for this service was good (published 15 January 2020)

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. This was because the provider had taken action to mitigate the risk of falls and their actions had been effective.

Please see the safe and well led key questions sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Puddingstone Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Puddingstone Grange

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Puddingstone Grange is a 'care home'. People in care homes receive accommodation, nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Puddingstone Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we held about the service since our last inspection. This included information received from the provider as required by law to report certain types of incidents and events. We sought feedback from the local authority who commissioned services from the provider. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 18 people using the service and two visiting relative to gather their views of the care provided. We spoke with 10 members of staff including the director of care, a registered manager, a deputy manager, a registered nurse, six care workers and an activities coordinator. We reviewed a range of records. This included six people's care, risk management and medicine records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. This meant people were safe and protected from avoidable harm. At this inspection the rating for this key question has remained good.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People said they felt safe living at the home. One person told us, "It's definitely safe here." Another person said, "It is safe here because, no one's had a go at me."
- The provider had safeguarding adult and whistleblowing policies in place. Staff had completed safeguarding training and knew of their responsibility to report any concerns of abuse. Staff also knew of the provider's whistleblowing policy and how to use it to escalate concerns to senior managers, local authority and CQC.
- The registered manager knew of their responsibility to protect people from the risk of harm and abuse and had reported concerns of abuse to the local authority safeguarding team and CQC.
- Where there were concerns of abuse or neglect, the service had acted and had used lessons learnt to improve on the quality of the service.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and had risk management plans in place. Risk assessments and management plans covered areas including falls, personal care, medicines, nutrition, moving and handling, skin care and behaviours.
- For example, falls risk assessments had been reviewed, updated and staff had received additional training to help minimise the risk of falls. Also, call bell usage, bed rail safety and sensor mats risk assessment had been reviewed and updated.
- The home had engaged with various healthcare professionals and teams including the falls prevention team to help support people and staff to minimise the risk of falls.
- Where people required the support of staff to transfer, we observed staff supported people using the correct moving and handling procedures. Staff knew of actions to take in the event of a fall.
- Health and safety checks including fire risk assessments, fire tests and drills, gas safety, legionella, portable appliance tests and emergency lightening tests were carried out to ensure the environment and equipment was safe for use.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There was enough staff available to support people's needs. One person told us, "Sometimes they're a bit thin on the ground and they need a few more but most of the time it's alright." Another person said, "There's always a carer handy if you need them."
- The registered manager informed us that a care needs assessment tool was used to develop staffing ratio to ensure people's needs were safely met. A staff rota we reviewed was consistent and matched the number of staff on duty. We observed staff attend to people promptly when called.
- Staff told us there was enough staff most times. One staff said, "We have had to use agency lately. Historically we barely used agency as we had our own bank and staff picked up shifts." However, staff confirmed the staffing arrangements in place was adequate.
- The provider had appropriate recruitment policy and procedures in place to ensure pre-employment checks were satisfactorily completed for all staff before they began working at the home. These checks included two references, right to work in the United Kingdom and a criminal record check through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Nurses were also supported to maintain their registration with the Nursing and Midwifery Council.

Using medicines safely

- Medicines were safely managed. There was a system in place to acquire, store, administer, monitor and dispose of medicines; including controlled drugs.
- Medicines were stored safely. Daily room and fridge temperatures were completed, and medicines trollies were locked when not in use and not left unattended.
- Staff responsible for supporting people with their medicines had completed medicines training and their competencies assessed to ensure they had the knowledge and skills to safely support people.
- Regular medicines checks were carried out to ensure people were receiving their medicines as prescribed by healthcare professionals.
- Where people were prescribed 'as required' medicines (PRN) such as pain-relief or laxative, there was a PRN protocol in place for staff on when they could administer these medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- The provider was following current government guidance and relatives could visit people without restrictions.

Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents to improve the quality of the service. The provider had accident and incident policies and procedures in place which provided staff guidance on how to report and record accidents, incidents or near misses.
- Staff understood the importance of reporting and recording any accidents or incidents. The registered manager informed us lessons were learnt from accident and incidents. For example they completed risk assessment, carried out reflective learning, have notice boards in the home to remind staff on actions to take, ensuring equipment was safe for use and made referrals to appropriate professional to ensure people and staff had the additional support to minimise any repeat occurrences.
- Monthly accident and incidents analyses were carried out and any lessons learnt were shared during staff meetings, handovers and supervision sessions to ensure staff were reminded of actions to take to prevent a reoccurrence.

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 our last inspection we rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. The rating for this key question has remained good.

Continuous learning and improving care

- People's records including care plans and risk assessment were in place, however, we noted that some records were not always reviewed promptly or within the time scales specified. For example, oral risk assessments were not consistently updated, airflow mattress checks were in place, but was not consistently recorded. Repositioning charts were being completed but the frequency at which staff should reposition people was not always documented.

We recommend the provider consider current guidance on 'records management' and take action to update their practice accordingly.

- The registered manager informed us they had plans to move from paper to electronic records. They said an internal audit had identified some of the issues found and they were in the process of updating those records to bring them up to date.
- The service improved care through continuous learning. Where there had been accidents, incidents, complaints and safeguarding concerns, lessons learnt were shared with staff to improve on the standard of care provided.
- The registered manager informed us following an accident or incident, they completed a root cause analysis. They informed us that following an incident that occurred previously at the home, there had been reflective learning to improve on staff practices. This included for example providing staff practical guidance to follow and updating staff training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led. People and their relatives were complimentary of the service. One person said, "The manager seems very nice. She's always around. She comes in every day to check on the staff and the patients." Another person said, "[Manager] does come around once a day and says 'Hello' to everybody."
- People and their relatives were involved in the planning of their care and support. People were empowered to carry out tasks they could perform. For example, one person helped out at the reception.
- The management team demonstrated a commitment to provide high quality and person-centred care and support. A member of staff told us, "There is no stupid question with [Manager's name], she really listens and takes time to explain."
- There had been a recent management restructure at the service which had caused some issues among staff. At the time of this inspection, there were still some unresolved issues. However, staff from the service's

head office were providing additional support to improve teamwork and morale. Staff agreed the culture at the service was improving and moving in the right direction.

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

- There was a registered manager in post who understood their responsibility to meet the requirements of the role and knew they had to notify CQC of any significant events that occur at the service. The registered manager was supported by a deputy manager and various managers and teams from the provider's head office.
- Systems and processes were in place to monitor and assess the quality and safety of the service and to drive improvement where this was required. Managers and staff working at the home and in the provider's head office carried out regular checks in areas including, medicines, care plans, infection control, health and safety and staff files.
- Healthwatch England also carried out an enter and view audit in August 2022. Their report was positive and with recommendations. At the time of this inspection the provider had implemented their recommendations including a review of menus which were displayed in formats that met people's understanding.
- The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.

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

- People, their relatives, health and social care professionals and staff views were sought regularly to improve on the quality of the service. Various channels such as weekly residents' meetings, quarterly relatives' meetings, coffee mornings, annual surveys and reviews from an independent online platform were being used to gather feedback from people and their relatives.
- Results from an annual survey in October 2021 was positive and showed an overall score of 96 percent for service satisfaction, 100 percent for keeping people informed and 88 percent of people and their relatives said they would recommend the provider.
- A review on an independent website showed the service achieved a score of 9.2 out of 10 from 25 people or their friends or relatives about the quality of service provided. Where issues were raised, for example where people wanted to go out more into the community, action was taken to improve on this.
- Staff views were sought through surveys and staff meetings. Staff meetings were used to cascade information, and refresh staff training for example, on fire safety. Staff told us they attended staff meetings and the minutes of the meetings were made available to them.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to plan and deliver care that met people's needs. The service maintained close links with the local hospitals, the clinical commissioning group, GPs, district nurses, dieticians, pharmacists, physiotherapists and occupational therapist. The service had also maintained good relationship with the commissioners who carry out their own monitoring checks and regular meetings including attendance at relatives' meeting.