Cobham Care Ltd

Avon House

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

The inspection took place on 28 and 29 September and was unannounced.

Avon House is a large, detached older style property situated close to the town centre of Worthing. It is registered to provide accommodation and care for up to 26 older people living with dementia and, at the time of our inspection, was fully occupied. Most rooms were of single occupancy, apart from one, which two people shared. Communal areas included a large sitting room, adjacent to a quieter sitting area and an orangery overlooking an accessible garden to the rear of the property. There was also a dining room and spacious hall area next to the front door.

A registered manager was 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.

Generally, people's medicines were managed safely, although we observed spoons and measuring cups containing dregs of an oral solution of paracetamol had been left in a sink near to toilets which people could freely access. This posed a risk of harm. Apart from this incident, medicines were ordered, stored, administered and managed safely by staff who had been trained appropriately. Staff had been trained in safeguarding and understood what action they should take if they suspected people were at risk of abuse. People's risks had been identified, assessed and managed safely. Staffing levels were sufficient to meet people's needs and staffing rotas confirmed consistent staffing levels. New staff were recruited safely and all appropriate checks were undertaken.

Staff had received a range of training and many had achieved a National Vocational Qualification in Health and Social Care. New staff followed the Care Certificate, a universally recognised qualification. Staff attended supervision meetings with the registered manager approximately every six weeks and staff meetings were held every two to three months. Staff had been trained to understand the requirements of the Mental Capacity Act 2005 and associated legislation under the Deprivation of Liberty Safeguards and put this into practice. People had sufficient to eat and drink and were offered a choice of what they wanted to eat and drink throughout the day. They had access to a range of healthcare professionals and services. The home had been decorated and arranged in a way that supported people living with dementia, although a menu display board did not include pictures or photos of food to aid people's understanding.

People were looked after by kind and caring staff who knew them well. Relatives spoke positively about the staff at Avon House. As much as they were able, people were involved in decisions about their care; relatives attended regular review meetings. People were treated with dignity and respect and some people had planned how they wanted to receive care as they reached the end of their lives.

Care plans provided staff with detailed and comprehensive information about people, their likes, dislikes,

preferences and how they wanted to be cared for. A range of activities was planned that met people's interests and hobbies. People had access to the community supported by staff and minibus outings were occasionally organised. Complaints were listened to and managed in line with the provider's policy, although no complaints had been recorded within the last year.

People and their relatives were involved in developing the service through meetings and staff were also asked for their feedback in annual surveys. Staff felt the provider and registered manager were supportive and there was an open door policy. Relatives spoke positively about the care their family members received. A range of audits was in place to measure and monitor the quality of care delivery and to identify any areas for improvement.

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.

Generally, people's medicines were managed safely.

People were protected from the risk of abuse and harm by trained staff and their risks were managed appropriately.

Staffing levels were sufficient to meet people's needs and new staff were recruited safely.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been trained in a range of areas to enable them to carry out their roles and responsibilities. Staff received regular supervision and attended team meetings.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had sufficient to eat and drink and were encouraged in a healthy diet. They had access to a range of healthcare professionals and services.

The environment was conducive in meeting the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff. Relatives spoke highly of the staff.

People were supported to express their views and to be involved in all aspects of their care. Relatives attended review meetings.

People were treated with dignity and respect and some had

made decisions about how they wished to be cared for as they reached the end of their lives.

Is the service responsive?

Good

The service was responsive.

Care plans contained detailed information about people and guidance for staff on how to meet their care needs.

A programme of activities was organised in line with people's preferences.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People and their relatives were involved in developing the service and their views obtained through meetings. Staff were also asked for their feedback through annual surveys.

The home was well managed and the provider visited the home every week to meet residents and staff.

A system of audits measured and monitored the quality of care and identified any improvements so that appropriate action could be taken.

Avon House

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.

The inspection took place on 28 and 29 September 2016 and was unannounced. One inspector undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, four staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

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.

On the day of our inspection, we met with two people living at the service and spoke with three relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the provider, registered manager, two care staff, two housekeeping staff and the chef.

The service was last inspected on 30 August 2013 and there were no concerns.

Good

Is the service safe?

Our findings

Generally, people's medicines were managed safely. Medicines were stored in a locked medicines trolley which was located in a secure medicines cupboard. People had sufficient stocks of their medicines and any unwanted or out of date medicines were collected for disposal by the pharmacy. We observed a member of staff administering medicines to people during the lunchtime period. We saw that the trolley was locked when unattended. However, where people were given paracetamol as an oral solution, plastic spoons and measuring pots containing traces of paracetamol were left in the sink next to toilets which were accessible to people living at Avon House. This meant that anyone could pick up a discarded spoon or measuring pot and lick off the remnants of paracetamol, which could have caused them harm. In addition, we saw that two bottles of eyedrops for one person had been opened, but the date of opening was not recorded on the outer packaging. However, other eyedrops and topical creams that we checked did record the date of opening. It is good practice to record the date of opening on items such as eyedrops or topical creams since they have a limited shelf life once opened and the efficacy of the medicine starts to diminish. We discussed our concerns with the registered manager who said they would discuss these with the member of staff involved and ensure their competency to administer medicines safely was reviewed. The registered manager told us that all staff trained to administer medicines had annual competency assessments to ensure they continued to follow safe practice. The training matrix showed that relevant staff had completed medication training.

People were protected from avoidable harm by staff who had been trained to recognise the signs of potential abuse. We asked a relative if they felt their family member was safe living at Avon House and they said, "Oh yes, definitely safe". We asked staff about their understanding of safeguarding and what action they would take if they suspected abuse was taking place. One staff member told us they would report any concerns they had to the registered manager and would also question other staff to see whether they had any additional information. They told us they would complete an incident report form and a body map, if required. The provider's policy relating to safeguarding procedures was kept in the office and the staff member said they would also check with this policy to ensure that appropriate action was taken.

People's risks were identified, assessed and managed safely. Risk assessments relating to people's mental health, physical health, personal health, moving and handling, behaviour, skin integrity, nutrition and falls had been completed and were contained within people's care plans. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. We looked at risk assessments for three people and these contained advice and guidance for staff on how to manage and mitigate potential risks to people. The registered manager told us that, "Managing falls is a balance between prevention and trying to maintain people's independence". Accidents and incidents were also logged and risk assessments reviewed and updated if needed. Senior staff routinely reviewed people's risk assessments on a monthly basis and records confirmed this.

There were sufficient staff to meet people's needs and keep them safe. We checked the staffing rotas which had been planned until 20 November 2016 and the current and previous staffing rotas. These showed that

one senior care staff and four care assistants were on duty in the morning and one senior care staff with three care assistants worked in the afternoon and early evening. The two waking night staff came on duty at 8pm. The registered manager was in the process of recruiting additional staff to create a 'twilight' duty which would run either between 6pm – 11pm or 5pm – 10pm. This additional post was being created to ensure that staff were readily available when people needed their night-time medicines and wanted to get ready for bed. We asked staff whether they thought staffing levels were sufficient and all confirmed they were. Agency staff rarely needed to be used. New staff were recruited safely and records confirmed this. Two references were obtained, identity checks carried out and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. The provider told us, "Unless we can recruit the right people, we wouldn't want to do this. We do have an excellent manager. Staff are like an extended family".

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. A relative commented, I think it's a lovely place and very friendly. The staff are very good. They seem to have a lot of patience with everybody". Staff told us about the training they had completed which was either delivered face to face or through a distance learning workbook, which the registered manager marked and the workbook was then sent for external assessment. Staff received training in a range of areas including: first aid, moving and handling, fire safety, diabetes awareness, health and safety, infection control, food hygiene, equality and diversity, dementia and challenging behaviour, mental capacity, nutrition, care planning, pressure care and end of life. The majority of staff had completed a National Vocational Qualification in Health and Social Care at either Level 2 or 3. We looked at the staff training matrix and training certificates contained in staff files which confirmed that staff had received all essential training to support people effectively. All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff received supervisions with the registered manager approximately every six weeks and notes of supervision meetings confirmed this. Staff told us they found supervision meetings helpful and one staff member said they discussed work, training, residents, any problems, staffing and any suggestions for improvements. Records showed the discussions that had taken place, together with a review of actions agreed from previous supervision meetings. Staff also received annual performance reviews. Staff meetings were held every two to three months, with separate staff meetings for day and night staff and kitchen staff. One staff member told us, "Everyone's really friendly and helpful. The residents are nice".

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. Staff had a good understanding of mental capacity and one staff member explained it as, "People can make their own choices". Another staff member said, "It's really whether someone has the ability to make a safe decision about their welfare". Several people had appointed their relatives, or other significant person, to take decisions on their behalf with regard to their finances and/or health and welfare. Documents confirming Lasting Powers of Attorney were available for us to see.

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. Capacity assessments had been completed for people living at Avon House and applications made as needed to the local authority. A keypad located next to the front door ensured that only people who had access to the keycode were able to exit the building.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. We talked with the chef who explained how they catered for people's dietary needs. For example, in the use of double cream and butter to boost people's calorie intake if they were underweight. People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The provider had completed these assessments using the Malnutrition Universal Screening Tool, a tool designed specifically for this purpose. Eight people at Avon House had been assessed by a speech and language therapist or dietician and required a pureed diet. The chef showed us the silicon moulds that she used to shape pureed food to make it look more appealing. Yellow plates with lips were also used as yellow is a colour that some older people find it easier to differentiate, so making it easier for them to see their food and eat their meals independently.

We asked relatives about the food on offer. One relative said, "It's fresh food which is nice". Another relative referred to their family member and said, "If she won't sit and eat, they'll make up a plate and let her walk around with it". A third relative told us, "Mum's always happy. There's loads of choices every day and she's put on a lot of weight, which is good". We looked at the menus and these showed a range of choices at breakfast, lunch and supper. Roast lunch was cooked on a Sunday and fish was usually served on a Friday. On the day of our inspection, we observed people enjoying toad in the hole or a filled jacket potato or ham omelette. This was followed by cinnamon apple pie. The cook explained that, for people who were living with type 2 diabetes, a healthier alternative of apple snow was on offer. We observed people enjoying their lunch and that tables were nicely laid with tablecloths, serviettes, mats and flowers. Where needed, staff supported people to eat their food. Crisps and fruit were always available if people wanted a snack. One member of staff told us, "Some people stay awake at night. We can get them whatever they'd like within reason, tea, biscuits, cake". People's food and fluid intake was routinely monitored, whether or not they were at risk of malnourishment or were overweight. We saw the charts which recorded people's intake and a member of staff told us, "Everything people eat or drink is recorded".

We observed that drinks were freely available at mealtimes and in people's rooms. One member of staff explained to us that she was a 'Hydration Champion' which involved encouraging people to have regular drinks and increase their fluid intake. Over the time of the project, people's risk of developing urinary tract infections or sustaining falls had been measured to see if this linked to a lack of fluid intake. No correlation was evident. As part of the project, it was decided that people would be offered a 'Drink of the Day' and this was continuing. For example, on Mondays, people could have a milkshake, on Wednesday fizzy drinks and on Thursday, a fruit smoothie and so on. In practice, people could choose what they wanted to drink on any day of the week, but the 'Drink of the Day' afforded a wide range of choices to people.

People were supported to maintain good health and had access to a range of healthcare services and professionals. Care records documented the involvement of healthcare professionals such as the GP, chiropodist, psychiatrist or optician. If needed, staff would support people to attend their hospital appointments. The registered manager told us she also attended meetings organised by the local medical practice which enabled GPs to update care home managers on relevant issues.

Areas of the home had been decorated to aid people living with dementia to orient them in their surroundings. For example, upstairs, one part of the home had been decorated with pictures of ships, including the Titanic, and the other part had pictures relating to London. Objects were placed around the home for people to pick up and engage with. In the entrance hall, there was a large number of tins depicting old adverts and goods that would have meant something to people of a certain age. We observed people walking around with various items that were of interest to them, such as two dolls which some people enjoyed cuddling and an old-fashioned 'dial' telephone. However, a menu display in the dining room had not been utilised to its full potential. There were pictures of food that people could choose to eat for

breakfast, but the lunch and suppertime meal slots were blank, with no pictures to aid people's understanding of what was on offer. In addition, the 'Drinks of the Day' was on display with the various drinks on offer for each day of the week. However, there were no pictures of the drinks on offer, so that people who were no longer able to understand the written word would have struggled to understand the notice. We discussed this with the registered manager who agreed it was an area that needed addressing.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Relatives spoke highly of the staff and how they always showed concern for people's welfare and wellbeing. One relative said, "She's so well cared for. They have the time to sit and care for people". Another relative told us, "I was very ill last year and the care staff were very caring of me. They were very helpful and supportive". Referring to people living with dementia, they said, "They help families to adjust too". A third relative said, "Staff are welcoming to visitors. You can visit without restriction". In the Provider Information Return (PIR), the registered manager stated, 'We plan to make our staff more aware of the impact of dementia on a family and promote better understanding over and above the immediate care needs of the resident. This will partly be achieved by having more intensive training and an invitation to our dementia information evenings'. Personal histories had been completed for people and provided staff with information about people's past lives, their food likes and dislikes, travel, music and activities they liked to do. Any special dates were also recorded, so staff could support people to remember happy times or sad times. At Christmas, the provider made funds available to enable staff to choose and buy a present for each person living at Avon House.

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. The majority of people were unable to be fully involved as they lacked understanding, however, they were involved in day-to-day decisions about their care and treatment. Relatives were asked by the registered manager whether they wished to be involved in decisions about their family member's care and how often they would like review meetings to take place. One relative told us that they reviewed the care for their family member every four weeks and every six months there was a larger review with other members of the family involved. Within the care records, a document asked families whether they wished to be involved. We read, 'To meet the Care Quality Commission requirements, I am asking family/advocates if you would like to take part in care reviews held at Avon House'. Relatives had a choice of monthly, quarterly or yearly meetings. All relatives we spoke with said they were involved in reviewing care plans. In the PIR the registered manager had stated an area they planned to improve was, 'To find better ways of engaging views of people with more complex needs. This is made more difficult when people have no circle of support other than paid staff'.

We observed that people were treated with dignity and respect and that people had the privacy they needed. For example, some people preferred to have their lunch in their rooms and did not choose to be involved in the activities on offer. When staff were delivering personal care, doors were shut and curtains drawn.

Some people, together with their families, had made decisions about their end of life care and documents confirming this were in people's care records. One person had indicated they wanted to receive the Last Rights and not be admitted to hospital. This information ensured that staff were aware of, and able to comply with, people's wishes as they reached the end of their lives.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided advice and guidance to staff about people's care and how they wished to be supported. We looked at care plans and these included information on people's personal care, health care, mobility, social care, communication, religious and cultural preferences, dietary needs and medication. Staff completed daily records for people which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in. Care plans were reviewed monthly and, where relatives had been involved, they had signed to confirm their involvement.

People's interests had been identified and a range of activities was planned to engage people in line with their preferences. For example, many people enjoyed listening to music and we observed a 'sing-along' activity taking place on the first day of our inspection. An activities co-ordinator was employed, although they were on holiday during our inspection. A relative referred to the activities on offer and said, "They're very mindful of their needs". Another relative said, "There always seems to be something going on. People come in and do talks. The music man comes in". People enjoyed singing along to the music and were engaged with the activity. On the second day of our inspection, a magician entertained people with magic tricks and jokes. People were invited to 'help' with the magic and seemed to engage well with the activity, supported by staff. A programme of activities was planned for October and early November 2016. In the mornings, people had access to newspapers, could watch the television or listen to music. In addition, some games were on offer, arts and crafts or a walk to the local shops. In the afternoon, people could engage in indoor games, board games and puzzles, cooking, music or an external entertainer came to the home. Internal activities could be subject to change, for example, if people did not appear to be enthusiastic about the planned activity, then this could be changed to an activity that did engage people. The registered manager said, "I do as much as I can to make sure people are looked after". She added that she was trying to organise for people to have their own music to listen to. She was asking relatives and families what kind of music people most enjoyed and would then download or record it, so people could listen to it through headphones. Minibus outings were also organised so that people could visit places of interest, for example, a garden centre. An activities diary was completed which showed how involved people had been with the various activities on offer. Also, where people chose to remain in their rooms or were cared for in bed, the activities co-ordinator would organise 1:1 activities with them.

Complaints were listened to, investigated and managed in line with the provider's policy. No complaints had been received within the last 12 months. In the Provider Information Return (PIR), the registered manager stated an area for improvement was, 'To continue to make sure people know how to make a complaint and who to complain to, by making sure each person we support has a copy of the complaints policy in a format they understand and encouraging feedback through person-centred working'.

Good

Is the service well-led?

Our findings

As much as they were able, people were involved in developing the service. Family meetings were held every three months and residents and relatives were invited to attend. At the last meeting held in September 2016, items under discussion were, 'What's happening' with information about the premises, staff, complaints, activities, Christmas and outings. A relative told us, "We have family meetings every couple of months. We get an update on what's happening about staff and any changes". They described one meeting they had attended which included information about dementia which they had found extremely useful. These meetings also provided an opportunity for people and their relatives to give their feedback about the home. Relatives told us that there was an open, transparent culture and that staff and the registered manager were always available. One relative said, "I usually speak to [named registered manager] when I come down. They'll always ring up if something happens". Any visitors or healthcare professionals were asked for their views about the home and records confirmed that feedback overall was positive.

Staff told us they felt supported by the provider and by the registered manager. A member of staff explained, "If there's anything we need, or a client needs, she'll [referring to registered manager] makes sure we've got it". They added, "[Named registered manager] has an open door policy, you can see her at any time". Another staff member said, "I love it here, it's an amazing place. We're like a big team". Staff were asked for their feedback through annual staff surveys and the results were positive. The most recent annual survey showed all the respondents felt working at the home and the service provided was either 'Good' or 'Very Good'. The registered manager said that when she introduced any new policies, staff were provided with a copy of them; policies and procedures were also reviewed at team meetings.

The providers visited Avon House once a week and walked around the home. We observed them during the 'walk around' and it was clear they knew the residents well and what was happening at the home. The registered manager said, "The providers do care about the residents and staff".

The service delivered high quality care and this was evident from our conversations with relatives. One relative said, "Mum's been here four years. We come in different times in the week. I'm very pleased with the care here. You get a feel for a place and it's always a lovely atmosphere when you walk in. Everyone looks happy and well cared for". Another relative commented that the home was always clean and tidy, that their family member's room was personalised and that the food was good. A member of staff said, "There's a good team of staff here. The clients seem to appreciate what we do. It's a nice place to work and we all work hard".

A range of audits measured the quality of care delivered and identified any areas for improvement. We looked at audits relating to monthly water temperatures, fire alarms, equipment, analysis of accidents and incidents, care plans and risk assessment audits. Audits were allocated to specific members of staff. The registered manager told us, "What is good about here is when you see how people are. One minute they could be on end of life care and the next, they're not. You give them plenty to eat and drink. No-one gave up on one person and she came through". They added, "I am passionate about it. It's all about the clients".