

Avante Care and Support Limited

Court Regis

Inspection report

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Date of inspection visit:
09 August 2017

Date of publication:
06 September 2017

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

Court Regis is a service providing accommodation and care to up to 54 older people. The service is set over one floor and encircles a courtyard garden. There were 42 people at the service at the time of the inspection.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service remained Good.

Staff understood their role in keeping people safe and their responsibilities in reporting any concerns. The registered manager had reported any concerns to the local authority when required. Risks to people and the environment were identified and plans had been put in place to give staff the guidance required to minimise risks. People's medicines were managed safely and in the way they preferred.

There were enough staff to meet people's needs and they were recruited safely. Staff had the training and support they needed to fulfil their role. They told us the registered manager and the provider's senior management were accessible and open to new ideas. There was a complaints procedure in place. People, staff and relatives told us they knew who to speak to if they had any concerns and they were confident they would be addressed.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff treated people with dignity and respect. People's privacy was protected and promoted by all staff. People could have visitors whenever they liked and were supported to maintain relationships with family and friends. There were dedicated activity staff and they offered a wide variety of activities, in and out of the service and often linking with the local community.

People were supported to have food they enjoyed, which supported them to stay healthy. If people did not like what was on the menu the cook would prepare any alternative they chose. When people were unwell they were supported to access healthcare professionals quickly. When people were living with ongoing health conditions they were supported to understand any decisions related to their care.

People were involved in planning their care. Their care plans gave staff information about their life story and what was important to them. Care plans detailed what people could do for themselves and the best way to encourage them. Staff knew people well and supported them in line with their care plans and preferences.

The registered manager told us they were well supported by their manager. They met regularly with the managers of the providers other services to share learning. The registered manager also attended other local forums to keep up to date with good practice. Audits relating to the quality of the service were completed by the registered manager and senior managers. Where shortfalls were identified these had been addressed. People, staff and relatives were asked their views on the service through surveys and meetings.

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 remained good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Court Regis

Detailed findings

Background to this inspection

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

This inspection took place on 9 August 2017 and was unannounced. It was carried out by three inspectors and one 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.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with 17 people and seven relatives. We spoke with the registered manager, deputy manager, one team leader and four care staff. We also spoke to a visiting health professional. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "It's great I never have to worry, if I call they always come straight away." One relative told us, "I know mum is safe here. We were very worried before, but the staff are wonderful they always check she is ok."

Staff understood their role and responsibilities in relation to safeguarding people. They could tell us about the different types of abuse they may encounter and who they would speak to about any concerns. One staff member said, "If someone was in immediate danger I would do what I could to make them safe and call the police. If I had suspicions or worries I would speak to the manager or her boss. I can also call the local safeguarding team. Their phone number is on the wall in the office." Staff had received training and had access to the provider's safeguarding policy alongside guidance from the local authority.

Risks to people were identified, assessed and plans were put in place to manage and minimise the harm to people. Risk assessments included the views of people where possible and gave staff step by step guidance about how to support people. One person's moving and handling risk assessment gave clear guidance to staff on how to communicate with the person to minimise their anxiety when moving them. People were supported to manage risks without being restricted. One person at the service enjoyed running so an enclosed area of the garden had been flattened. They could run without the risk of becoming lost and with a minimal risk of falls.

Risks to the environment were assessed and managed. Fire systems were tested regularly and water temperatures were monitored to ensure people were not at risk of scalding. Accidents and incidents were collated via a reporting system held by the provider. They were reviewed for learning and discussed as part of the registered managers supervisions.

Staff were recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. There were enough staff to meet people's needs. Throughout the day people's needs were responded to quickly and staff were present in communal areas at all times. Staff had time to sit with people to and never appeared rushed.

People's medicines were managed safely and in the way people preferred. Medicines were stored in a dedicated room which was organised and clean. Records relating to the management of medicines were completed fully and accurately. There were risk assessments related to people's individual medicines. These detailed possible side effects, contraindications with other medicines and how the medicine could affect people living with dementia. Some people had 'as and when required' (PRN) medicines; there was a protocol in place to guide staff when the medicine should be offered, the minimum time between doses and how often a person could have the medicine in 24 hours. Medicines were administered by staff who had received training and had their competency checked by the registered manager.

Is the service effective?

Our findings

People told us that the staff were very helpful and that they enjoyed the food. One person said, "I really like the food. We are having roast pork today but there is always a choice." Relatives told us, "The staff have so much experience and are skilled at what they do. They can't do enough for our mum" and "We help mum now and they ask us about decisions she use to make, it feels like mum does have a say, they are so good, which makes us feel much better."

Staff told us they had access to training and support to help them support people. One staff member said, "I can always ask about extra training and we get lots of support from the assistant manager and registered manager. I have supervisions but I can go to them at any time and they will help." Staff had an induction when starting to work at the service. This included training in core subjects such as first aid and safeguarding, followed by working alongside experienced staff. Alongside regular refresher courses for core subjects, staff attended training courses related to people's specific needs such as dementia or end of life care.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and how it affected their roles. Throughout the inspection we saw staff giving people choices in a way they could understand. They were patient and encouraging. One staff member told us, "Sometimes people become so unwell they don't have the capacity to make simple decisions such as what to eat. We try to use our knowledge of their past preferences. We also work with their families to gather information so we can try to give them what they would have chosen." The registered manager had applied for DoLS authorisations as required.

There was a cook at the service who met with people as soon as they moved in to talk about the foods they enjoyed and any health conditions. People were weighed on a weekly basis and this information was shared with the cook. She discussed this information with staff or health professionals, to decide if people's foods needed to be fortified with extra calories. When people were at risk of losing weight she met with them to find out their favourite treats. She told us, "There are a couple of people who had lost a lot of weight before they moved here. I found out their favourite hot drinks and now they have them twice a day with added cream. I am really pleased as one of them put on three pounds in weight in one week." People told us they enjoyed the food and relatives said that staff went the extra mile to encourage their relatives to eat. One relative said, "The food is fantastic, I have seen my mum eat more here than she has done for a long time, they really care and will keep trying until they find something mum will eat: so many choices and large portions, it always smells really nice, we are welcome to stay and eat or help with mum when she is eating; nice atmosphere."

Food was served in an appetising way. On the day of inspection people were given their gravy for their lunch and custard for their pudding in individual jugs; so they could decide how much they wanted and where. One person was reluctant to eat and refused the meals that were on offer. Staff offered them a wide

selection of other foods. When the person still refused they offered them the opportunity to go to a quieter area to eat, which the person agreed to do. People were offered a variety of snacks with their drinks including biscuits, crisp and boiled eggs. Staff ensured everyone was offered a snack and used their knowledge of people to offer them things they enjoyed.

A visiting health professional told us, "The staff are very friendly and I always know they will keep me up to date with what is going on. They always follow the right procedures to get people the help they need. We are working on ordering someone a new pressure mattress today. If I ask them to do something it always gets done."

People were supported to access health care quickly when it was required. Staff were concerned about a person's wound on the day of inspection and immediately contacted the local nursing team. Records relating to people's health conditions were completed fully and accurately. Relatives told us that the way staff cared for their loved one had made a difference to their health. One person said, "Since being here my loved one has had amazing care, the dedication and support of staff have given her the confidence with to start walking again, following a bad fall at home."

Is the service caring?

Our findings

People and their relatives told us the staff were extremely kind and caring. People told us, "It is so nice to be made to feel at home" and "The staff always treat me with dignity." Relatives spoke highly of the attitude and approach of staff. They said, "So caring, we have no complaints, we did not realise that staff could be this caring" and "Mum has come back to us again, they do really care here."

People's feedback to the service included, 'Our loved one has been treated with professionalism but also care and deep affection. What is also remarkable is the way this level of care has also been extended to the family, through what was and continues to be a very difficult time. The care with which management recruit their staff in order to maintain the ethos of the home is to be congratulated.'

All the staff we spoke to at the service talked about Court Regis being a 'family.' One staff member said, "It is so welcoming here, we all work together - the people who live here, their families and the staff. It is homely and person centred." Another staff member said, "We try to help people see coming into a care home is not the end of their life, it is just the beginning of another part."

During the inspection there were several times when it was difficult to see at a glance which people were being supported and which were staff members. We saw staff sitting and chatting with people whilst having tea and cake. Everyone was chatting and laughing together. Throughout the day staff gave people attention and interacted with people in passing. One staff member was supporting a person to move from the breakfast table. They said to the other person sitting at the table, "Don't you worry [person] take your time with your breakfast and I will help you when you are ready." The person thanked the staff member and smiled at them.

One of the couples living at the service used one room as their own lounge and one as a bedroom. Staff had worked closely with their family to make their rooms feel like home, for example, bringing in cupboard doors from one couple's home to be hung on cupboards in their rooms. One person had their dog living with them at the service, staff supported them to look after the dog and ensure she was well. The person's relative gave feedback to the service saying, 'Mum has been allowed to keep her dog which has made her stay 100% better. After the recent refurbishment the management suggested she move to a new room with a door to the garden. This ideal for her and her dog.' People's rooms were personalised. People could choose to have their bedroom doors painted in a colour of their choice and some people had chosen to decorate them with gems or pictures. The service had recently been refurbished and people were encouraged to give their views about choice of colours or curtains.

Staff would go over and above to care for people. One person at the service was diagnosed with a life limiting condition. Staff often stayed beyond their allocated shift to spend time with the person and offer pampering sessions. The same member of staff attended all hospital appointments with the person, to help reduce the person's anxiety about appointments. Time was planned for them to have a coffee, and to chat about the appointments and any decisions before returning to the service. Having a consistent member of staff had also been effective in giving health professionals a named member of staff to contact. The staff

member had a good understanding of the professionals involved in the person's care and their roles. They were also aware of previous decisions and treatments so had an understanding of information which they could then explain to the person. The staff had supported the person to put together a list of things they would like to do before they pass away. As a result the person recently was supported to visit a local animal park with staff. Other trips were planned including a trip to see a show in London. Many staff members also knew the person enjoyed a milkshake from a local fast food restaurant and would bring them one when arriving on duty.

People could have visitors at any time, visitors told us they always felt welcome and were seen chatting to staff in a relaxed and comfortable way. During the day of the inspection many people had friends and family to visit. There were areas around the service where people could chat in private if they wanted to. Visitors were offered food and drink and given the opportunity to take part in activities if they wished to. People's confidentiality was maintained, staff understood the need for this and records were stored securely. Other staff treated people with dignity and respect. They knocked before entering rooms and called people by their preferred names. Things that were important to people such as how they liked to be dressed were recorded in their care plans and followed by staff.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "They always come when I call, they do listen to me and there is always someone around." Relatives told us, "Mum loves flowers and the staff will take her around the garden and talk about the different flowers."

People's care plans were detailed and personalised to the individual. Each care plan had a section called, 'tips for talking to me.' This included how to give people information or choices in a way they understood and how best to reassure people. Each person had a daily routine which gave details of what they could do for themselves and what staff needed to give support with. Care plans recorded the person's preferences and choices. They included a night care agreement which showed how often people would like to be checked in the night and the time for their bedroom door to be closed.

People's care plans had details of their likes and dislikes, alongside their life history and interests. Staff knew people well and talked to people throughout the day about things they were interested in or their families. Care plans included people's beliefs and how they affected the way staff should support people. There was guidance for staff about signs people may show if they were unwell or upset and how to support them.

There was an activity co-ordinator who helped plan activities at the service. The activities planned for the week were displayed in a pictorial form on notice boards around the service. Activities included 'knit and natter,' which took place on the day of the inspection, armchair yoga, entertainers and attending a local dementia café which was based at a local high school. When people moved into the service the activity co-ordinator met with them to see if there were any activities not on offer they would like to try. Some people did not enjoy group activities so had one to one sessions with staff. These included trips out, clothes shopping, hand massages or just having a chat.

One person had asked to visit a local area where they had grown up and a trip was planned with the activity co-ordinator. The person enjoyed telling staff about how the area had changed and what they remembered. Another person who was living with dementia could become distressed and agitated. They were being supported by the local mental health team and had been prescribed medicines to help them calm. The staff spoke to their family and discovered they had enjoyed practical tasks such as gardening and DIY. The person was then asked if they would like to help with some odd jobs around the home. This included assisting the maintenance technician to paint a bedroom and being given a raised flowerbed where they could plant their own potatoes. They were also given an imitation tool kit so they could feel they were at work. This has led to all their medicines which helped them calm being withdrawn. They interacted more with others, felt Court Regis was their home and as a result had been discharged by the Mental Health Team. Some people at the service could become distressed and anxious. They had been given medicines to help them calm. Staff worked with people to find out what their interests were and their life histories. They used this information to develop ways to distract people. Staff asked people to tell them about people in their lives who were important to them and the stories of how they met. They also used the internet to help people look at places they had previously lived or visited. This reduced the need for medicines and some people had had these medicines stopped by their GP or the mental health team as a result.

People were encouraged to make complaints or raise any concerns. There had been no complaints in the last year. All the people we spoke with said they knew who to speak to if they had a complaint and would be happy to do so. A relative told us, "I had a small issue when mum moved in. I went to the manager. They really did listen and they understood."

People and relatives had given a high number of compliments about the service and their support, in surveys, cards and on websites. We reviewed the compliments and found themes around people being at the centre of their care, the staff and management going above and beyond what was expected and families having peace of mind as a result of the support given to their relatives.

Is the service well-led?

Our findings

People and their relatives told us the registered manager and assistant manager were approachable and accessible. Relatives said, "The manager is very good, nothing is too much trouble" and "She will phone and let us know about anything new or if we need to know something; yes she is always around, very good."

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a philosophy of care, which focussed on people being encouraged to interact and join in activities. This addressed three areas of difficulty for older people: 'loneliness, helplessness and boredom'. Staff understood this vision and worked towards it consistently. Staff spoke to us about their focus on helping people to feel at home and part of the 'family'. They spoke with people to find things they were interested in and encouraged people with similar interests to spend time together. There were regular team meetings and staff told us they felt valued and listened to. One staff member told us, "We are always welcome to suggest things we think will improve the lives of the people we support. We recently asked for more puzzles and games for people. This was sorted quickly."

Staff had recently been asked to make suggestions for a vision statement for the service and the provider as a whole. One staff member said, "I think it is really positive they ask us rather than make it up themselves."

The registered manager told us they felt well supported by their line manager. The provider had recently hired a new managing director. They had visited the service for a day soon after they started to meet people and staff. They ate lunch with people and listened to their thoughts about the service. The registered manager regularly met with managers from the providers other services to share learning. They also attended local forums to keep up to date with good practice. The registered manager used the knowledge they gained to suggest improvements to the service. They also shared information with staff via team meetings.

The registered manager recorded information such as accidents and incidents, staff training records, safeguarding and staff supervisions on a computer system maintained by the provider. This was discussed in the registered manager's supervisions and used to monitor the service for any concerns. Monthly audits were completed by a quality assessor for the provider. These were themed with topics including, care plans and food and hygiene. Any issues identified formed the basis of an action plan for the registered manager to complete. This action plan was reviewed four weeks after the audit to ensure any short falls had been addressed. The registered manager and assistant manager undertook other audits in the service relating to medicines management and health and safety. We saw that action had been taken quickly to address any areas of concern.

People, their relatives and staff were asked their views on the service and the quality of care given in a

variety of ways. There were regular meetings for people and their loved ones. One relative had struggled to get transport to the previous meeting, so the registered manager planned transportation for them so they could attend in future. Surveys were completed both directly to the provider and through an external company. The results of any feedback was shared in meetings, on notice boards and in a monthly newsletter the service produced. One relative told us, "We get asked what we think all the time. (Pointing to a notice board.) Look here are some surveys and the results, see it is in the newsletter. I have no problem letting staff know what our views are and they do listen." Relative's feedback included, "My loved one has been very well cared for, staff treat him with respect and dignity and he is very happy and content. Overall care and support are very good. Management is excellent doing all they can to keep him safe. After a recent spell in hospital, Court Regis has done an amazing job of getting my loved one back to eating and drinking well" and "Nothing is too much trouble, all residents are looked after, meals are really good with plenty of choices. Activities are planned to be totally inclusive. The resident's wishes are paramount; this is evident at all times. I would recommend Court Regis wholeheartedly."

The service had links with local community groups. A local charity had raised funds for a log cabin in the grounds which people could use to spend time outside, no matter what the weather. The local community were invited to events such as garden parties held in the grounds. Children from the local primary school visited the service to sing to people or take part in activities. The service offered placements to police officers to enable them to better understand the needs of older people and those living with dementia. Dementia training run by the service was offered to loved ones of those living with dementia to increase their understanding of the condition and how best to support their family member.