

Advent Care Solutions Ltd

111 Rosebank Avenue

Inspection report

111 Rosebank Avenue
Wembley
HA0 2TN

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27 May 2022

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28 September 2022

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

111 Rosebank Avenue provides accommodation and personal care and support for a maximum of four adults with a learning disability and autistic people. There were four people using the service at the time of the inspection.

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

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

We received positive feedback from people's relatives, who told us people received person centred care. We also received feedback that assured us improvements had been made in some areas where concerns had been raised by some relatives. There was evidence of positive support, including choice, participation, and inclusion. People's care plans set out individualised goals that had been discussed and agreed with them. People lived safely because the service assessed, monitored and managed their safety well.

Right care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. They understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. People's preferred methods of communication were highlighted in their care plans. There were a range of communication formats, each personalised to the specific needs of the person.

Right culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive to their needs. We highlighted a shortfall relating to person centred care, which we saw the service was taking action to correct. The service enabled people and those important to them to work with staff to develop the service.

People lived safely because the service assessed, monitored and managed their safety well. Risks to people had been identified, assessed and reviewed. The assessments provided information about how to support

people to ensure risks were reduced but did not limit people's right to take reasonable risks.

The service had enough staff. Pre-employment checks had been carried out. These checks helped to ensure only suitable applicants were offered work with people.

People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures to keep people, staff and visitors were safe.

People's health needs were met. Staff from different disciplines worked together to make sure people had effective personalised care. The care files we looked at included details of health action plans and management of day to day healthcare needs.

There was a process in place to report, monitor and learn from accidents and incidents.

Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people. Audits had been carried out on a range of areas critical to the delivery of care.

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

Rating at last inspection

This service was registered with us on 1 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our timelines for inspecting newly registered services.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 111 Rosebank Avenue on our website at www.cqc.org.uk.

We have made a recommendation about improving existing arrangements for involving families to ensure care is always personalised.

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?

Requires Improvement ●

The service was not always 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.

111 Rosebank Avenue

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 Care Act 2014.

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

The inspection was carried out by one inspector.

Service and service type

111 Rosebank Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 111 Rosebank Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The

provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service. 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 four members of staff including the registered manager. We contacted relatives of people receiving care. We were not able to speak to people due to their needs, but we observed care to help us understand the experience of people who could not talk with us. We reviewed a range of records relating to care including support plans, Health Action Plans, communication passports, medicines records, training records, menu plans and risk assessments. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Training records showed all staff had completed safeguarding training.
- We received positive feedback from most parents, who were clear there they had no concerns with the service. This was also the view of professionals spoken with.
- There were policies covering adult safeguarding, which were accessible to staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to protect people. Staff were aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission (CQC) if management had taken no action. We had been notified of safeguarding concerns.

Assessing risk, safety monitoring and management

- There were assessments to monitor and manage risks to people's safety. Risks to people had been identified, assessed and reviewed.
- Each person's care and support file contained an individualised plan of care for preventing or minimising identified risks. For example, some people were at risk of falls and their support plans identified factors and conditions that contributed to their risk and individualised plans for preventing falls.
- The registered manager told us people were involved as far as they were meaningfully able to be in managing risks to themselves and in taking decisions about how to keep safe. Staff were aware of risks to people and supported people in the least restrictive way.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities. During the inspection we observed one person being supported for an outdoor activity.
- Staff had been recruited safely. Pre-employment checks had been carried out, including references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.

Using medicines safely

- People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely. Medicine administration records (MAR) were completed appropriately and regularly audited.
- The registered manager was aware of STOMP principles (stopping over-medication of people with a learning disability, autism or both.)
- Medicines to reduce levels of agitation during periods of distress, were not used more than was

therapeutically necessary. This was consistent with a positive behaviour support (PBS) approach. PBS is a person-centred approach to identifying and meeting a person's support needs.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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. Relatives visited people without restrictions.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Incidents were infrequent but any that had occurred were responded to appropriately and learning points were discussed and acted upon.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some relatives told us the service did not always communicate well with other agencies to benefit people. We contacted the agency involved who confirmed improvements in communication had been made and were working with the service to make sure communication was improved. The agency concerned told us, "It did take many weeks to resolve this but over the last couple of months this has improved."
- People's health needs were met. They were referred to health care professionals to support their wellbeing and help them to live healthy lives. People's care plans identified their health needs and showed people had received treatment and support from a range of professionals, including GP and consultant specialist in specific health conditions.
- People had health actions plans (HAP) which were used by health and social care professionals to support them in the way they needed. A HAP contains actions needed to maintain and improve the health of an individual with a learning disability and any help needed to accomplish this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service completed a comprehensive assessment of each person's physical and mental health. People's care plans included guidance about meeting these needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. People had up to date assessments, including medical, psychological, communication and their likes and dislikes. This helped staff provide people with personalised effective care.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training for supporting people with a learning disability and or autistic people, including autism, challenging behaviour and PBS.
- Staff had completed an induction programme based on the Care Certificate framework. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received support in the form of regular supervision and appraisal to enable them to carry out their duties. They told us they were supported by the registered manager to carry out their work.

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

- Most relatives told us people's cultural food preferences or religious needs were met and catered for. There was a varied menu which included Afro-Caribbean and English dishes.
- We observed people received support to eat and drink enough to maintain a balanced diet. The service

had taken steps to make sure their nutrition and hydration needs were met. Care assessments and planning considered individual requirements in relation to nutrition and these were known to staff.

- People received support to eat and drink enough to maintain a balanced diet. The shopping list was based on people's preferences. There a variety of healthy foods and home-cooked meals for people to choose from. Records showed that pictures of food and meals were available to support people with choosing meals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 when this is in their best interests and legally authorised under the MCA. 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.

- The service was working within the principles of the MCA. Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed care plans to give their consent to the care and support provided. This confirmed that decisions had been made in people's best interests and by whom.
- Staff were aware of people's capacity to make decisions through verbal or non-verbal means, and this was well documented.

Adapting service, design, decoration to meet people's needs

- The service had been developed and designed in line with the principles and values underpinning Registering the Right Support (RRS) and other best practice guidance. RRS was CQC's policy on registration and variations to registration for providers supporting people with a learning disability and/or autism.
- People personalised their rooms and were included in decisions relating to the interior decoration.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's relatives told us care workers were kind and caring. A relative said, "Staff are trained, have compassion and the managers are caring and very involved in the care."
- People's rooms were clean and personalised with their belongings and family photographs. Staff spoke with people in an appropriate way throughout the inspection. The support plans described how people should be supported so that their privacy and dignity were upheld
- People were supported to be as independent as possible. For example, staff encouraged and prompted people to attend to their personal care as opposed to staff doing everything for them. Care plans reminded staff to offer help where this was needed to help people maximise their independence.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

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

- People had access to support and care regardless of their individual circumstances. All factors about them had been considered, including cultural and religious aspects.
- Staff spoke knowledgeably about how they ensured people received support that met their diverse needs, including spiritual and cultural. People were supported with religious observances. For example, staff accompanied some people to church.
- Staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.

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

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care in as meaningful a way that they were able to. Staff were aware of the need to seek people's consent before proceeding with care.
- Staff supported people to express their views using their preferred method of communication. We observed how people's needs were responded to.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service did not always meet people's needs and preferences. We found the service had not engaged with people's relatives sufficiently to ensure they met people's diverse needs. In one example, staff had trimmed the hair of a person without sufficient knowledge of how this could have been carried out. In another example, personal care toiletries had not been used in a way that met the person's needs. We received information from some professionals, which confirmed the registered manager had been responsive and had improved the engagement between the home and people's relatives.

We recommend the provider considers examining and improving existing arrangements for involving families to ensure care is always personalised.

- We received positive feedback from other relatives. One relative told us, "Staff are amazing, they listen, are responsive and are careful when caring for my [relative]. I would trust them with my [relative]. A social care professional told us, "People's needs are met. One person had several failed placements before they were referred to Advent Care where they have settled and remained."
- People received person centred care. This was delivered through recognised models of care for people living with a learning disability or autism, including positive behaviour support where necessary.
- Assessments had been completed prior to people moving to the home to ensure the service could meet people's needs. People were involved in developing their support plans. Their choices, likes and dislikes were reflected in the care plans.
- People's care files contained meaningful information that identified their abilities and support needs. This ensured carers and service staff were knowledgeable about people's individual needs and preferences. Staff could describe to us how people liked to be supported.
- Support plans were regularly reviewed by staff with people. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.

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.

- The registered manager was aware of the importance of making information accessible to people. People's

communication needs were known about so that staff knew how to best communicate with them.

- People's preferred methods of communication were highlighted in their care plans. There were a range of communication formats, each personalised to the specific needs of the person. This included staff using objects of reference, pictures and gestures.

Improving care quality in response to complaints or concerns

- There was a clear procedure in place to receive and respond to complaints and concerns. There was a complaints policy and people's relatives confirmed they could complain if needed to. One relative told us, "Staff are capable and there has never been any situations that has given risen to concerns."

End of life care and support

- The service did not have anyone receiving end of life care at the time of the inspection. The registered manager told us would ensure that all staff received end of life training, so they were skilled if the need arose.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Whilst in most cases, families felt involved, others felt more could be done to promote person centred care. As addressed earlier, the service needed to examine existing arrangements for involving families to ensure people's care was always personalised.
- There were a range of formal systems to seek input from people or their relatives to improve and develop the service. They were regularly asked for their views on the quality of the service being provided. Relatives confirmed their views were acted upon and improvements made. A relative told us, "My relative has been there for [several] years. I cannot recommend them enough."
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff confirmed they were empowered to speak and raise concerns
- The registered manager was knowledgeable about people's characteristics that were protected by the Equality Act 2010. There were practical provisions to support people's religious or cultural needs.

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

- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with people's care and treatment. CQC had been notified of events that the service was required to inform CQC about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- Feedback from people's relatives and professionals showed the service had made improvements. We read feedback from one professional, which stated, "Although initially we have identified lots of areas of improvement, the provider has been working hard and made lots of changes to bring the service to desirable standard. As such, we don't have any major concerns at the moment."
- The service had a clear management structure consisting of the registered manager, and team leader. Staff were well informed of their roles and reporting arrangements. Staff described the management in complimentary terms such as, supportive and accessible. They felt comfortable to raise any concerns knowing these would be dealt with appropriately.
- People's relatives also spoke in complimentary terms of the service. A relative told us, "I have received amazing support. The service is like a second family to us."

- Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people.

Working in partnership with others

- There was evidence the service maintained a good working relationship with health and care services to enable multi-disciplinary teamwork. The registered manager and staff knew when to seek advice from the most appropriate specialist professionals and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care and support to people.