

Avante Care and Support Limited

Puddingstone Grange

Inspection report

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10 May 2017

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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

We carried out an unannounced comprehensive inspection of this home on 09 and 10 May 2017. At our last inspection on 30 and 31 March 2016 we found the home required improvement as the provider had not always followed best practice in relation to checking on medicines storage and administering medicines covertly. Quality assurance systems were in place to monitor the quality of the service, however, medicines issues we found at inspection had not been identified during these audits.

At this inspection on 09 and 10 May 2017 we found that improvements had been made and that there was clear guidance for staff on how to manage covert medicines as prescribed by the GP. Staff followed this guidance when administering medicines. We saw that quality assurance system in place were effective in identifying shortfalls.

Puddingstone Grange provides residential and nursing care for up to 62 older people most of whom are living with dementia. At the time of our inspection there were 60 people using the service.

There was a registered manager who had been in post since March 2015. 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.

People told us that they felt safe. There were safeguarding adults' procedures in place that were robust and staff understood how to safeguard people. There was a whistle-blowing procedure available and staff said that they would use it if they needed to. Risk assessments were carried out and reflected current risks for people and ways to try and reduce the risk from occurring. Medicines were appropriately managed and stored. There were enough staff deployed to meet people's needs. The provider had carried out appropriate pre-employment checks to ensure staff were suitable and fit to support people using the service.

Staff received adequate supervision, appraisals and training suitable to their needs and the needs of people who they supported. New staff were inducted into the service appropriately. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty safeguards (DoLS). Staff asked people for their consent before they provided care. People received enough to eat and drink and had access to a range of healthcare professionals when needed.

Staff knew people well and they were treated with kindness. People's privacy and dignity was respected. People were supported to be independent as possible such as attending to some aspects of their own personal care. People's cultural needs and religious beliefs were recorded to ensure that staff met people's needs and wishes.

People and their relatives were involved in the care planning process and the care and support they received was person-centred. Care plans and risk assessments provided clear information for staff on how to

support people and were reviewed on a regularly basis.

People and their relatives said they knew about the service's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

Regular resident and staff meetings took place and people's views had been sought about the service. People and staff spoke positively about the service and the registered manager who they said were supportive. Systems were in place to monitor and evaluate the quality and safety of the service and obtain feedback from people and staff.

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.

Medicines were stored, administered and recorded appropriately, including medicines that needed to be administered covertly.

Safeguarding procedures were in place and staff had a clear understanding of these procedures.

Risks to people using the service were carried out and clear information and guidance was available for staff on how to meet people's needs.

There were enough staff deployed to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good ●

The service was effective.

Staff training was up to date. Staff had received appropriate support through formal supervisions and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Care plans contained mental capacity assessments that where appropriate and applications for DoLS were made in accordance with the MCA 2005.

People had enough to eat and drink. People had access to healthcare services when required.

Is the service caring?

Good ●

The service was caring.

Staff delivered care and support with kindness and consideration.

People's privacy, dignity was respected.

People's cultural and religious beliefs were recorded to enable staff to meet people's needs and wishes.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning the care.

People's needs were reviewed on a regular basis.

Care plans were person-centred and preferences were documented.

People were aware of the complaints procedure and given information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There were effective processes in place to monitor the quality and safety of the service.

Regular resident and staff meetings took place to seek feedback about the service.

People and staff spoke positively about the service and said the registered manager was supportive.

Puddingstone Grange

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 unannounced comprehensive inspection took place on 09 and 10 May 2017. The inspection team consisted of one adult social care inspector 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 the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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 improvements they plan to make. We also asked the local authority commissioning the service for their views of the service.

During our inspection we spent time observing the care and support being delivered. We spoke with six people using the service, five relatives, eight members of staff, the deputy manager and the new manager. We used the Short Observational Framework for Inspection (SOFI) to observe the care provided. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people using the service, six relatives, five members of staff, the registered manager, the assistant manager and the acting assistant manager. We reviewed records, including the care records of seven people using the service and recruitment files and training records for eight members of staff. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us that they were happy and felt safe living at the service. One person told us, "Yes I do feel safe, there are lots of nice people here." A relative told us, "The environment in which my [loved one] is taken care of is safe." Another relative said, "My [loved one] s very safe here, it's wonderful here."

At our last inspection on 30 and 31 March 2016 we found the service required improvements in the management of medicines as the provider had not always followed best practice in relation to checking on medicines storage and the covert administration of medicines.

At this inspection we found that the provider had made the improvements required, where medicines had been assessed as required to be administered covertly this was done appropriately and in line with health professionals' guidance and best practice. We saw that people were supported to take their medicines safely. Medicine Administration Records (MAR) charts were up to date and the amount of medicines administered was clearly recorded. The MAR charts and stocks we checked indicated that people were receiving their medicines as prescribed by healthcare professionals. Medicines prescribed for people using the service were kept securely and safely. We found that the provider regularly monitored and recorded medicine fridge temperatures to ensure they were within the safe range and in line with the service's medicines policy.

We saw staff received mandatory training in the administration of medicines and had regular competency checks. Regular medicine audits were carried out to ensure they were correctly administered and signed for. We saw that the latest medicines audit carried out in April 2017 identified shortfalls and actions were carried out immediately to rectify the issues found. For example, medicine refusals were not always recorded on the back of MAR charts as required. We saw that the registered manager had raised this issue with the relevant members of staff and reiterated the need for documenting refusals on the back of MAR charts. At this inspection we saw that if people using the service refused medicines this was clearly documented on the back of MAR charts. One person told us, "The doctor prescribes the tablets and [staff] give them to me every day." This meant that people were receiving their medicines as prescribed by health care professionals.

We saw risk assessments were carried out regarding the health and safety of people using the service and were regularly reviewed. They included moving and handling, nutrition, medicines, call bells, falls and skin integrity. The risk assessments had detailed descriptions of the identified risks and guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, one person was unable to use the call bell, we saw that the provider managed this risk by ensuring staff checked on the person hourly throughout the night and these checks had been documented.

Where people were at risk of falls and challenging behaviour, we saw they were promptly referred to relevant healthcare professionals. This included the falls clinic, the GP and the mental health team and obtained advice on ways to manage falls and challenging behaviour safely. We saw that people using the service had individual emergency evacuation plans (PEEP) in place to ensure they were safely evacuated in the event of an emergency.

There were safeguarding adults' procedures in place that were robust and staff understood how to safeguard people should they have any concerns. Training records confirmed that staff had received training on safeguarding adults from abuse. Staff were aware of the whistle-blowing procedure and said that they would use it if they needed to.

At the time of the inspection the CQC were aware of an on-going safeguarding concerns being investigated by the local authority and will monitor the outcome of this when it is completed.

We saw through observations and staff rotas that there were enough staff deployed to meet people's needs. One person said, "Yes there are enough staff here." A relative told us, "There always seems to be [staff] around". One staff member we spoke with told us, "There are enough staff, we are a good team." The registered manager told us staffing levels were calculated on the dependency of people who used the service and if extra staff were needed due to sickness or leave then the provider always authorised extra staff. Call bells were answered quickly so that people using the service that required assistance were not kept waiting for assistance.

Appropriate recruitment checks took place before staff started work so that people were supported by staff that were suitable for the role. Staff files contained evidence confirming that the provider had sought references, reviewed applicant's proof of identity and undertaken criminal record checks for each staff member as well as checking that they were entitled to work in the UK before they commenced work.

The provider had a system for recording accidents and incidents. Records included details of the incidents or accident, what happened, and the action that was taken. For example one person using the service suffered a fall; they were taken to hospital and referred to the falls clinic. The person's care plan had been updated so that staff had the most up to date guidance on how to support the person safely.

There were arrangements in place for the service to deal with risks from possible emergencies such as, power cuts, flooding or having to evacuate the premises. Staff demonstrated that they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. Training records we looked at confirmed this.

Is the service effective?

Our findings

People's relatives told us that staff were competent and well trained. One relative said "Yes staff are well trained they are very good with [my loved one]".

We saw staff had completed an induction and mandatory training in line with the provider's policy. This training included medicines, safeguarding adult, infection control, manual handling, safeguarding, health and safety and dementia. One staff member we spoke with told us, "I did attend an induction, it was very good. It gave me information about the service and procedures." Another staff member said "All of my training is done and I get more than enough training." We saw that staff were supported through regular formal supervisions and appraisals in line with the provider's policy. During supervision sessions, staff discussed a range of topics, including issues relating to the people they supported, training and progress in their role. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One staff member told us, "I have supervisions regularly, they are good. I can talk to my manager and they can talk to me about my work." The frequency of supervisions meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive an appropriate standard of care. Annual appraisals had been conducted for all staff that had completed a full year in service.

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 saw the provider had followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation. We saw capacity assessments were completed to assess if people did not have the capacity to make specific decisions such as the use of call bells, taking medicines and use of bedrails.

People were supported to maintain a healthy balanced diet to protect them from the risk of poor nutrition and dehydration. We saw that people were shown the meals on offer each day so they could make a choice. Where people needed support with their meal, we saw this was recorded in their care plans and we observed staff assisting them accordingly at lunchtime. Kitchen staff were aware of people's dietary needs and they had a special diets folder as well as a board displayed in the kitchen that listed people's dietary needs, such as a full fat, diabetic and fortified diets. We saw that people's food and fluid charts were completed to demonstrate that their required food and fluid intake was being met. For example, people's

fluid intake charts documented the amount of fluid that had been consumed within in a 24 hour period to guide staff as to whether people were dehydrated. One relative told us, "My [love one is supported to eat; they are on a [special] diet." Another relative said, "[My loved one] is quite happy with English food and there is plenty of variety".

People's healthcare needs had been addressed by the service. People had regular appointments with the GP, optician and chiropodists and these were recorded in their care files. On relative said, "The doctor, dentist and opticians come at certain times and my [loved one] sees them if they need to."

Is the service caring?

Our findings

People and their relatives told us staff were caring and compassionate and that they were treated with dignity and respect. One person told us, "Oh yes staff are caring, if you've got a problem you can speak to them about it." A relative said, "Yes staff are caring, really friendly and polite." Another relative said, "The staff are so caring they get 10 out of 10." A third relative said "The staff provide friendly care to my mum with love and compassion; it's not just lip service."

People were well presented and looked comfortable in the company of staff. We observed staff talking to people in a calm and respectful manner. They interacted with people at every opportunity and we noted that people had a good rapport with staff. We saw people dancing with staff during the music activity. The service had a relaxed and happy atmosphere during the inspection. Staff engaged with people positively and staff took their time and gave people encouragement whilst supporting them. For example, one person required support with their meal. We saw the staff member supported the person in an unrushed manner and checked if they had had enough to eat and drink. Staff checked on people's welfare when they preferred to remain in their bedroom or chose not to take part in activities. We saw staff provided reassurance for people when they were anxious. For example, a member of staff sat next to one person gently holding their hand and talking to them softly to provide comfort and reassurance. This showed that staff were knowledgeable about how to care for the person.

Staff knew how to support people; they were able to describe the individual needs of people who used the service. For example, the time people liked to go to bed and wake up, and the types of food they liked and disliked. One staff member said, "One person likes to get up very early, that is their choice and I respect that." Staff knew how to ensure people received care and support in a dignified way and which maintained their privacy. For example, they told us they knocked on people's bedroom doors before entering and kept curtains and bedroom doors closed when they were supporting people. One person told us, "Oh yes staff always knock on the door." A relative said, "Staff certainly do maintain my [loved one's] privacy I wouldn't imagine they wouldn't do that." One staff member told us, "I always make sure that I shut curtains and doors and I also knock before going in to people's rooms." Another staff member said, "I always ask people if they want me to help them and tell them what I am going to do.", People's personal records were stored securely to maintain confidentiality.

Staff told us that they promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and shopping. One staff member told us, "I let people do as much for themselves as possible, such as brushing their teeth and dressing." Another staff member said, "Some people are still capable of doing things for themselves, it's important to encourage them to do this."

Staff showed an understanding of equality and diversity. People's choices and preferences including their religion and interests and were recorded in their care files which enabled staff to provide a service suited to their individual needs. For example, people with religious needs were supported to attend religious services in-house so they could practise their faith.

People were provided with information about the home in the form of a service user guide. This guide outlined the standard of care people could expect, and the services and facilities provided at the home and included the complaints procedure.

People's relatives were encouraged to visit them at the home to ensure social isolation was reduced. One relative told us "I can come and visit whenever I want, the staff are so lovely." Another relative said, "Staff are very welcoming to visitors."

Is the service responsive?

Our findings

People and their relatives told us they had plans of care and that they were involved in the care planning process. One relative said, "Yes I am involved in the reviews every month." People's support needs were assessed before they moved into the home and care plans had been developed that detailed how these needs could be met. People's care plans were reviewed on a regular basis.

We reviewed seven people's care records and saw they were well organised and easy to follow. Care plans contained clear guidance for staff on how to support people in areas of their daily lives including support with personal care, eating and drinking and methods of communication. Daily progress notes were maintained to record the care and support delivered to people.

People's care records also identified their choices and preferences, such what they liked to do and what they liked to eat and drink. For example, one person liked a pot of tea for breakfast rather than a cup. One person told us, "Last night I went to bed at gone nine, you don't have to go to bed unless you want to." People's rooms were reflective of people's personality, preference and taste. For example, rooms contained articles of furniture from people's previous homes and they had a choice of their own furnishings and bedding. This meant that people were surrounded by items they could relate to. People's bedroom doors were painted different colours with door numbers and there were memory boxes outside their doors to help them identify their room.

We saw that there was activities on offer were displayed on boards throughout the home which included arts and crafts, board games, exercises, reminiscence, card games and one to one time with people who stayed in their rooms. The registered manager showed us that they had just got approval for a second full-time activities co-ordinator and that they wanted to increase the choice of dementia friendly activities on offer in order to further stimulate people. We saw that people had the opportunity to participate in day trips such as going bowling, gardening and picnics in the park. Special events such as summer barbeques also took place. During our inspection we saw people enjoying singing and dancing. Where people chose not to participate but to just observe, we saw staff checking on their welfare and encouraging them to join in. One person we spoke with told us, "I like the activities, I like dancing."

We saw the service had a complaints policy in place for people and their families should they need to raise concerns. The service's complaints handling process was effective. The service had investigated and resolved complaints received within timeframes set in the provider's complaints policy. People and their relatives told us they knew how to make a complaint and would do so if the needs arose. They all said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person told us, "I have no complaints". Another person said, "I can't think of any complaints." One relative said "I have made a complaint in the past but it was resolved to my satisfaction."

Is the service well-led?

Our findings

People and their relatives spoke positively about the service and said they were happy with the care and support they received. They were very complimentary about the registered manager and the staff. One person said, "[The registered manager] seems pretty good to me, someone I can confide in." One relative said, "Yes this is wonderful, its home from home, I know my relative is okay". Another relative said, "The staff do look after the residents." A third relative said, "[The registered manager] is super I can go to them if I'm really upset or concerned, their door is always open and have a surgery every Thursday."

At our last inspection 30 and 31 March 2016 we saw that although quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. Improvements were needed as the medicines issues we found during the inspection were not identified in the internal audits carried out by the provider.

At this inspection we found there were effective processes in place to monitor the quality of the service, and the provider recognised the importance of regular quality monitoring. Regular audits of nutritional needs, infection control, night spot checks and electrical testing of appliances was undertaken. We saw that during a night spot check that took place in April 2017, a sluice room door was found open; which posed a possible risk to someone disorientated at night. We saw that the registered manager took action by speaking to staff and reminding them about the importance to ensure sluice room doors was locked at all times. This meant that effective processes were in place to monitor and improve the quality of the service.

The service had a registered manager who had been in post since March 2015 and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff we spoke to described a culture where they felt they were able to speak out if they were worried about quality or safety. They spoke positively about the leadership team, who, they said were receptive to their feedback and said they liked working at the home. We saw the registered manager interacted with staff in a positive and supportive manner. One staff member told us, "The registered manager is great, always there to help and listen." Another staff member said, "The registered manager is very good, they do their job very well."

We saw regular staff meeting took place and were minuted. Items discussed included, staffing, medicines, people who used the service and activities. This meant that learning and best practice was shared with staff and they understood what was expected of them at all levels. One staff member said, "I attend staff meetings and find them really good, I get to learn a lot."

People were able to express their views and give feedback in a number of ways. We saw regular resident/relative meetings were held and minuted. Items discussed included activities, meals and the garden. During the April 2017 meeting one relative requested a choice in the vegetarian option offered on Sundays. We saw that the registered manager had spoken with the chef who confirmed that there was always a vegetarian option; however, if anyone using the service was not happy with the option on offer then they would happily provide an alternative.

The home carried out annual surveys and we saw that feedback from the 2016 survey was positive with no negative comments. We saw that to ensure the standard of meals remained high the registered manager ensured the chef did a daily walk round and obtain feedback on the meals served daily. We observed the chef doing this during our inspection and feedback from people using the service was positive about the meals they were having. One person said "The food is always lovely."