

Cobham Care Ltd

Avon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Avon House is a residential care home located close to the centre of Worthing that was providing personal care and accommodation to 24 people at the time of the inspection. The service is registered to provide support for up to 26 older people who may have dementia care needs.

People's experience of using this service:

Staff felt supported but were not provided with supervision in line with the service policy.

The service was not in keeping with the Mental Capacity Act 2005 and applications for deprivation of Liberty Safeguards had not been made where needed. This was rectified immediately after our inspection.

People were supported to take medicines in a safe way. However, some aspects of medicines management were not in line with best practise guidance or the service's policy on medicines administration.

The registered manager conducted quality audits and checks but these did not identify the areas for improvement we found.

People and relatives said the care was safe and staff were competent and confident.

Staff knew people well and were caring and kind. Care plans were complete, and person centred.

There were enough staff to meet people's needs and they were always visible in communal areas to respond to people's needs. Staff recruitment processes were robust.

Relatives felt happy to complain and said the registered manager was visible and listened and acted upon any concerns they raised.

Staff knew how to appropriately act if there was a safeguarding concern.

The registered manager had implemented several improvements since starting in the service and was motivated to provide quality care to the people living in the service. They were interested in, and cared about, the lived experience of people at the service living with dementia. They were making concerted efforts to meet their sensory and communication needs.

Rating at last inspection: The service was rated Good at its last inspection on 28 and 29 September 2016. The report was published on 4 November 2016.

Why we inspected: This was a planned inspection based on previous rating and our inspection schedule. We had no concerns before inspecting this service.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will monitor the service on an ongoing basis and ask for a report of actions from them on how they are going to improve the service for people living there.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Avon House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

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. In this case it was older people with dementia related care needs.

Service and service type:

Avon House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we gathered information, we held on the service. We looked at notifications sent in to us about or by the service, a notification is legally required to be sent to us when an incident happens that affects a person living in the service or the running of it. For example, a safeguarding concern or accident. The service sent in a provider information return which is a document telling us about what improvements they wish to make and how the service is doing.

During the inspection we spoke with six people living in the service and observed interactions of ten further people living in the service. We looked at care records and daily notes for four people. Due to the

communication needs of some people we spent time observing in communal areas and conducted a short observational framework for inspection (SOFI) in the communal lounge. This is a way of observing interactions to try and gain an insight into the experiences of those people who might struggle to verbalise to us what it was like living in the service.

We spoke with five relatives and seven staff including the registered manager and care manager.

We observed medicines being administered and looked at the storage and management of medicines, as part of this we looked at Medicines Administration Records (MARs) for ten people.

We examined five staff recruitment records and training files. We went through the records for accidents and incidents, safeguarding, complaints and quality assurance.

After the inspection we received feedback about the service from two health and social care professionals.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely.

- We found creams and eye drops that were not labelled with a date of opening. It was not clear if they were safe to still use or needed discarding. Prescribed creams that had been open for extended periods of time may have had their efficacy reduced.
- There were no protocols in place for six people for "as and when required" medicines (PRN) such as pain relief or medicines that might affect people's behaviour. We asked the registered manager and care manager if the service had any PRN protocols and they confirmed this was not the case. This was contrary to what was described in the service medicines policy.
- We found a stock discrepancy for a medicine used to make a person feel calmer, one 2mg tablet was missing. We asked the care manager to investigate this. They explained that the stock was always one tablet down, but it was not evidenced anywhere.
- We asked if there was a medicines error log in line with the medicines policy and we were told there was no specific place to record medicines errors. This means the service was not effectively recording risks and reporting actions where medicines discrepancies took place.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely and administration we observed was calm and patient and in keeping with the service procedure.
- There were appropriate arrangements for the safe delivery, checking accuracy and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person said, "I think everyone makes sure residents are safe from abuse or harm by being vigilant. I have never heard anyone raise their voice or be angry or impatient with any resident."
- Staff had attended adult safeguarding training and understood what the signs of abuse were and how and where to report any concerns.
- Incidents and accidents, for example, falls, were recorded on the electronic care planning system and reviewed each morning by the registered manager.

Assessing risk, safety monitoring and management.

- Risk assessments were up to date and captured individual risks people faced.
- We discussed with the registered manager including more detail in diabetes risk assessments on what a safe blood sugar level was and in what circumstances staff should check blood sugar levels.

- The service had undertaken several structural changes because of recommendations from the local fire service. It was now compliant with fire regulations and regular environmental checks were being undertaken.

Staffing and recruitment

- There were enough staff to meet the complex needs of people, staff were always visible in the communal lounge.
- Relatives told us they felt staffing levels were adequate.
- Staff were recruited using a robust process that included application, interview and references stages. The service requested police checks for staff before they started working in the service to check if they were suitable to work with vulnerable people.

Preventing and controlling infection

- The environment was clean and tidy and there was no malodour in the service.
- Staff used personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The service was able to demonstrate where it had learned from incidents. For example, where staff had not identified early enough that a person needed medical attention after a fall a meeting was arranged. Staff were then briefed on falls in older people and fractures and how they present.

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.

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was not operating within the principles of the MCA in all its practises. There were six DoLS applications that had expired, and the service had not re-applied for the standard authorisation. The registered manager said they had meant to apply for them but had not had time. These six people were having their liberty restricted in a care setting without the correct legal authority.
- There was a need for training for the registered manager and staff to better understand how to support people who may lack mental capacity. There was a lack of knowledge regarding how the electronic care system worked regarding mental capacity assessments. We signposted the registered manager during inspection to our website and relevant guidance on what the responsibilities of the service was in this area.

This demonstrates a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw staff asking for consent from people as they were offering and delivering care, staff understood that the least restrictive option should be used when supporting people.
- Conditions were being met for those people with an authorised DoLS in place.
- Best interests documents were in place for the use of bed rails for people who lacked the capacity to make particular decisions about their care. These had been discussed with key people in people's lives.

Staff support: induction, training, skills and experience.

- The registered manager and staff told us staff supervisions were not taking place. We looked at records and

found that none had taken place since January 2018, the registered manager confirmed this when we asked. There was not a plan in place to mitigate the risk of staff not being supervised and staff were not being provided with appropriate supervision and support. Appraisals were not completed for all staff.

This constitutes a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported and they could approach the registered manager at any time.
- Staff had been provided with training from an external provider and said they had received enough training. New staff confirmed their induction was robust and including shadowing.
- People and relatives told us staff were knowledgeable and competent. One relative said, "they are well-trained and skilful."

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

- Warm and cold drinks were offered to people regularly throughout the day. People had drinks within reach and fluid intake was monitored where needed.
- People had a choice of foods. There were three options for lunch on the day of our inspection and one person had a fourth option because they wanted to eat something else. Vegetarians and special diets were catered for.
- Where people required additional support to eat this was provided in a kind manner and in the person's own time. Prescribed thickeners were used in drinks according to instruction where this was required to keep people safe from choking.
- People said they liked the food. One relative said, "When my husband came in he had given up on food but now he is eating normally." We saw this person was now maintaining a healthy weight.

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

- People's needs were assessed before coming into the home, information was gathered, from people, paperwork, families and supporting healthcare professionals.
- We saw some good care practice in use, with a pictorial pain board for people to use when they struggled to verbalise their pain.
- Advice from health professionals was followed regarding pressure care support, swallowing and mobility needs.

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

- The service had recently undergone some renovation works to bring it in line with fire safety regulations. The home was light and bright in communal areas.
- There was a large communal lounge and a smaller quiet area for people to spend time in, in addition to their rooms.
- The service used signs that were helpful for people with dementia to orient themselves. They also used colour contrasting toilet seats which were easier to see and had frames for people using the toilet, so they could stand up more easily.

Supporting people to live healthier lives, access healthcare services and support.

- The service had links with local healthcare services, so people had access to chiropodists, GP's, dentists and opticians. One relative said, "They send for a doctor if she is unwell."
- Referrals for health care needs assessments were made in a timely way.
- People were weighed monthly and the electronic care planning system flagged this up as a reminder. We discussed with the registered manager whether this was necessary as some people might not need weighing. The registered manager said they would discuss this with people and their care co-ordinators.

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.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and gentle in their interactions, they interacted with people with warmth and people responded with smiles.
- One staff member sat with a person quietly and held their hand for fifteen minutes because they noticed they were unsettled. The person sat peacefully smiling and was calm after the staff left them.
- A relative said staff were particularly good at, "making sure nobody feels like a nuisance, they never make you feel like they can't or won't do something."
- One person moved from chair to chair next to different people, staff supported them to do this. A staff member said, "She likes to nurture people-she likes to think she is helping them, and it gives her a purpose."
- People's religious and spiritual needs were respected. Some people saw a vicar and one person was visited by an elder from Kingdom Hall in keeping with their religious preferences. Relatives told us they were happy with how staff supported their loved ones around their faith.

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

- Relatives said they felt welcomed into the service and were involved in care planning.
- Family members said they were asked about care planning where appropriate.
- Information was accessible for some documents and the service was working on making information for people living in the home available in further formats.

Respecting and promoting people's privacy, dignity and independence.

- Staff knocked on people's bedroom doors and waited for a response before entering. Staff told us how they supported people to maintain their dignity in personal care by covering them up during washing and drawing curtains.
- Visitors noted people were encouraged to retain their independence. One family member said, "They are kind and considerate and help residents to keep a little independence by doing things they are capable of doing."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were in detail, person centred, and captured people's preferences.
- Care delivered was in line with what care plans described. People received care according to their preferences. For example, people woke up when they wanted to and were provided with drinks prepared as they liked them.
- There was a home dog who people enjoyed stroking and spending time with.
- There was a dedicated member of staff to carry out activities, and they engaged people in different ways to take part in different activities.
- People said, "We enjoy singing and when we go into the garden when its warmer."
- Some people were supported to engage with the local community when they were able to. One person loved reading, so they were supported to visit the local library frequently.

Improving care quality in response to complaints or concerns.

- There was a complaints policy and information on how to complain was on display in communal areas.
- Relatives said they felt comfortable complaining. One relative said "I have confidence they would put things right. They seem to respect everyone's point of view."

End of life care and support.

- Some staff had attended end of life care training. The registered manager was in the process of organising more training for staff to ensure all staff could meet people's needs at this time.
- People's end of life wishes were recorded where people or their power of attorney had had this conversation with the service.
- The service was seeking advice from the local dementia nursing team on how to improve in this area.

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.

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care. Some regulations may or may not have been met.

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

- Audits were taking place but were not effective in ensuring the service was keeping within its own policies and procedure regarding medicines, consent and staff supervision.
- The systems and processes were not robust enough to identify where the service was not meeting people's needs or in keeping with legislation, for example, the lack of adequate systems meant the service was not acting within the legal requirements of the MCA 2005 to ensure the least restrictive options were used when supporting people.
- There was a lack of management understanding about the importance of some aspects of care, such as timely applications for DoLS, and supervisions had not taken place in over a year. Risks around staff conduct and competency were not adequately assessed through regular recorded supervision meetings with staff.
- The registered manager reflected that due to previous staffing issues and focus on care experiences for people they had spent time supporting on the floor and paperwork had not been prioritised.

This constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service was acting within its duty of candour, that is, to share information when things went wrong, or a person became unwell.
- The service had a focus on people and the registered manager was passionate about thoughtful, person centred dementia care.

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

- Staff told us they felt supported and involved in the service but would benefit from regular supervisions.
- People and their families were asked how care could best be delivered for individual people and this was listened to.
- People's communication and sensory needs were considered, and the service was starting to adapt around these.

Continuous learning and improving care; Working in partnership with others.

- The registered manager and staff were open and honest throughout the inspection process and cared

about the people living in the service and wanted to improve the care provided.

- Staff were being developed and challenged through training.
- The registered manager was encouraged to network with other registered managers beyond services the provider owned.
- The service had good working relationships with health care professionals.
- A care manager had recently been introduced into the service and the registered manager was starting to delegate more.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Consent. The service was not acting in compliance with the Mental Capacity Act 2005. Regulation 11 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. The service did not ensure the proper and safe management of medicines. Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. Systems and processes were not established or operated effectively to assess, monitor and mitigate the risks and quality relating to the

health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Regulation 17 (1) (2) (a) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The service did not ensure that staff were provided with suitable support and supervision to be able to perform their duties.

Regulation 18 (2) (a)