Colten Care (1693) Limited

Avon Cliff

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This was an unannounced inspection that took place on 22, 23 and 29 March 2016. The aim of the inspection was to carry out a comprehensive review of the service. At our last inspection in February 2014 there were no breaches of legal requirements.

Avon Cliff is a purpose built home and is registered to accommodate a maximum of 52 people who require either nursing or personal care. There were 44 people living there at the time of our inspection. The home is well equipped and has good communal facilities which include a café and hairdressing salon.

The home was led by a registered manager. 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.

All of the people living at the home and visitors told us that they felt safe and well cared for. We received only positive comments about Avon Cliff throughout our inspection. Staff in the home were also positive about the home and the service they provided. They told us they felt well supported by the management team that was in place.

People were not always protected against the risks of unsafe management of medicines and risks to their health and safety were not always properly assessed and managed.

People received care and support that was person-centred and respectful. There were appropriate numbers of staff on duty to meet people's needs. People's needs were assessed and plans were in place to ensure that their needs were met. People's choices and decisions were respected and staff enabled people to retain their independence.

Staff were not always recruited safely because full pre-employment checks had not always been carried out and satisfactory references had not always obtained. Staff received regular training and supervision and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience to help people with their care and support needs.

Observations and feedback from staff, relatives and professionals showed us that the home had an open and positive culture.

There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

You can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected against the risks associated with the unsafe management and use of medicines.

The risks to people's health and safety whilst receiving care were not always properly assessed, and in some instances, action had not been taken to mitigate any such risks.

People were protected from avoidable harm and abuse. Staff were trained to prevent, recognise and report abuse.

Staff were not always recruited safely because full pre-employment checks had not always been carried out and satisfactory references had not always obtained.

Is the service effective?

Good

The service was effective

Staff received induction and on-going training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor performance and provide support and additional training if required.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People were supported to have access to healthcare as necessary.

Is the service caring?

Good

The service was caring.

People had good relationships with staff and there was a happy, relaxed atmosphere.

Staff respected people's choices and supported them to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge of people's needs.

There was a full programme of activities to keep people meaningfully occupied and stimulated.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

Avon Cliff

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 checked 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 was unannounced and took place on 22, 23 and 29 March 2016. One inspector undertook the inspection and was supported by an expert-by-experience on 22 March 2016. 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 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 reviewed the PIR and other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views of the service as well as health professionals including GP's, district nurses, social workers and other health professionals such as occupational and physio therapists and community mental health support staff.

We spoke in detail with twelve of the people who were living in the home. Because some people were not able to communicate with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We also spoke with six relatives, the registered manager and 8 staff including carers, senior staff, housekeeping, maintenance and catering staff. We looked at four people's care and medicine records and a further six people's medicines records or wound care records. We saw records about how the service was managed. This included four staff recruitment, supervision and training records, staff rotas, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and well cared for. When we asked one person if they felt safe and respected they replied, "There are always people around, looking out for us. Its a safe place to live. I didn't feel safe on my own." Relatives told us that they believed that Avon Cliff was a safe place for their relative or friend to live. One person told us, "I'm confident that they do everything to keep [person's name] safe. They provide good care and keep a close eye on him".

The provider's medicine policy and procedure was comprehensive and up-to-date. Records showed that all staff who had responsibility for administering medicines undertook regular training and also had their competency to administer medicines checked at least annually. We spoke with two staff who demonstrated a good knowledge of the different types of medicines in use for people at Avon Cliff and their side effects.

There were systems in place for the management and administration of medicines but we found that these had not always been followed. A number of medication administration records (MAR) contained gaps with no explanation or code to confirm why a medicine had not been given. Most, but not all of the medicines that were prescribed to be taken "as required" (PRN) had care plans in place to inform staff when they should be given. Not having a care plan for a PRN medicine meant that staff did not have guidelines about when the medicine should be offered and what the maximum dosage within a 24 hour period should be. Some medicines had been prescribed as PRN but had been administered everyday meaning that they person was requiring the medicine more often than the prescribing GP had anticipated. This had not been noted and followed up with further consultation with the GP. MAR charts for administering eye drops lacked detail because the record did not specify which eye the medicine was for. Some medicines were prescribed in variable doses and records did not always show clearly how much had been administered. This meant that people may not have received some of their medicines as prescribed.

This was a breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

There were systems in place to assess and manage risk but these were not always effective. This was because where risk assessments had identified a risk there was not always a clear plan to reduce and manage the risk. A recognised risk assessment tool to assess a person's risk of malnutrition was completed each month. Where the risk level had increased from the previous assessment, there was no evidence that action had been taken to protect the person from the risk. Risk assessments had been undertaken with regard to the management of pressure areas. Where a risk had been identified, a record had been made to indicate that equipment such as a pressure relieving mattress or cushion was required. Care plans for pressure area care did not clearly state the type of equipment used, how this correlated to the risk assessment and what setting the equipment should be maintained at.

This was a breach of regulation 12(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people's health and safety whilst receiving care had not been properly

assessed, and action had not been taken to mitigate any such risks.

Environmental risks were managed safely. There were risks assessments for each part of the home and for various systems such as the heating, hot water, electricity and gas supplies. There were comprehensive maintenance and servicing records for all of the equipment and fire prevention systems.

Staff recruitment records contained proof of identity including a recent photograph and a satisfactory check from the Disclosure and Barring Service. (Previously known as a Criminal Records Bureau check). There was limited evidence of satisfactory conduct in previous employment or good character. This was because in three of the four staff files that were examined, references had been provided by colleagues rather than their employer or line manager and testimonials had been accepted. That is, a letter written to no specific person by a referee about the general qualities of the person and not specific to the job that the person applied for. There were unexplained gaps in one person's employment history and no evidence that these had been explored and risk assessed. Two people had provided incomplete employment histories and this had not been investigated. All of the staff whose recruitment records were incomplete were shown on the rota as already working with vulnerable people.

These shortfalls were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people. (as described in Schedule 3 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

There were satisfactory systems in place to safeguard people from abuse. The staff we spoke with demonstrated a good understanding of safeguarding people: they could identify the types of abuse as well as any possible signs of abuse and knew how to report any concerns they may have. Records showed that the provider had notified the local authority and CQC of any safeguarding concerns or incidents and the registered manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences. Posters with information about safeguarding adults were available in the nursing stations on each floor to assist and prompt staff should they have any concerns. All staff confirmed that they would have no hesitation in reporting concerns to either the registered manager or head of care.

There were enough staff employed to meet people's needs. The registered manager explained that there was a staffing tool used by the home that looked at the number of people living in the home together with their level of need. This information then produced a guideline for the number of nurse and care worker hours that was required to meet people's needs. The registered manager confirmed that this system did provide enough hours and that they could increase the hours if necessary. During the course of the inspection we noted that, whenever people needed assistance, staff were able to respond quickly and that there were always staff available when people were in the communal areas of the home.

Good

Is the service effective?

Our findings

People told us that they felt the staff were well trained and knew how to support people. They said that they enjoyed good food and always had enough to eat and drink. One person said, "The staff know what they are doing. They seem very confident and know what they are doing." Another person told us, "Cooks very good, she takes the time to find out what you really like. The food is really good."

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Training records showed that staff had received refresher training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. New staff confirmed that they had undertaken a comprehensive induction as well as working some shadow shifts to enable them to observe and understand their role and the range of people's needs. The registered manager confirmed that induction training had been in accordance with the Skills for Care, Care Certificate which had recently been introduced. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. Some staff had not completed refresher training within the timescales laid down by the provider. The registered manager demonstrated that they were aware which staff required refresher training and had training sessions scheduled with a trainer to address this.

Staff were provided with support and supervision. Staff confirmed that regular supervisions were taking place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Records showed that supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance. The registered manager discussed a recent staffing situation that had resulted in some supervisions and annual appraisals being delayed. They confirmed that a plan was in place to ensure that all staff received overdue supervision sessions and an annual appraisal as soon as possible. Staff confirmed they were aware of this and there were notices on staff noticeboards confirming the arrangements that had been made.

Staff had a good understanding of how people preferred to be cared for. During the inspection there were many examples of staff reassuring people if they became upset, chatting to them about their family or previous events in their life or making use of the café when people needed a change of scene. Discussions with staff showed that they understood when people had the capacity to make decisions for themselves and that these decisions should be respected.

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). The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body and had a record of when these expired and a programme to review the need for them and reapply if necessary. They confirmed that no special conditions had been applied.

People's rights were protected because the staff acted in accordance with MCA. People and their relatives told us staff provided the care and support they expected and that their wishes regarding their care were respected. Care plans and records had been updated to reflect MCA principles. Care plans contained consent forms for people to consent to have their photographs taken, administration of influenza vaccinations and the use of equipment such as wheelchairs. These had been signed by the people receiving care or the person they had nominated to do this for them. There was no signed consent for people to receive care and where people other than the person using the service had signed the forms there was no evidence that they had the right to do this. One person had signed that they consented to the use of a wheelchair and the administration of the influenza vaccine when all other documents in their file suggested that they did not have the mental capacity to make this decision. The registered manager advised that this had been identified through their internal audits and showed us new documents had been created to ensure that consent was properly gained and the principles of the MCA were followed. This was an area for improvement.

People's likes and dislikes were recorded in their care plans and the chef and kitchen staff were also aware of any special diets, such as gluten free, which people required. The chef had created menus following consultation with the people living in the home and the staff as well as using their own knowledge regarding nutrition. People told us they enjoyed the food. Menu choices were made by people prior to each meal. When people arrived in the dining room, waiting staff brought people's selections to them. We observed an occasion where, having had their meal placed in front of them, one person told the member of staff that they did not feel well. Staff quickly offered alternatives and these were provided, as well as sympathising that the person felt ill and offering to fetch one of the nurses.

Two meal times were observed during the course of the inspection. Meal times were sociable with enough staff available to support people, offer encouragement and generally engage people in conversations.

People had access to healthcare professionals such as GP's, district nurses, occupational and physiotherapists and community mental health nurses. Staff told us they supported people with appointments if this was appropriate and were also able to liaise with health professionals if necessary. During the inspection we asked health professionals, who had involvement with Avon Cliff, for their views of the service. All of their responses were positive and highlighted that the staff asked for support appropriately and carried out instructions properly.

Good

Is the service caring?

Our findings

All of the people that we spoke with during the inspection were positive about the care they received and their relationships with the staff. Relatives and other visitors were also positive about the care and accommodation at Avon Cliff. One person told us "I've no complaint about the care. Very kind and helpful people look after us". Another person told us "This is a lovely place here. It feels safe because everyone is friendly and willing to listen to what you want".

People received care and support from staff who had got to know them well. The relationships that were observed between staff and people receiving support demonstrated dignity and respect at all times. Staff were aware of the people who chose to stay in their rooms. Many people left their door open and whenever staff passed by we saw that they took time to pause by the doorway, acknowledge the person and check if they needed anything. They did all with a cheerful manner and people were left smiling and looking happy.

During this inspection we spoke with staff from the catering, housekeeping and grounds departments of the home. They told us that the registered manager had encouraged them to feel part of the team that cares for people living in the home and that they enjoyed this aspect of their role. We saw that housekeeping staff chatted with people whilst cleaning rooms and the maintenance man knew people by name and took time to ask people how they were or carry on a joke with them. Staff were attentive to people's needs; they were quick to offer assistance or provide discreet support when it was needed. People's records included information about their personal circumstances, how they wished to be supported and how to encourage people to maintain and improve independence where possible.

Staff respected people's choices and supported people to maintain their privacy and dignity. We heard staff offering people choices throughout the inspection. This included choices of which area of the home they would like to sit in, when to get up, meals or activities. Staff told us that they knocked on people's bedroom doors before entering, ensured doors, and curtains if necessary, were closed when people were receiving personal care and used screens in public areas if necessary.

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs. They responded to people's verbal and non-verbal gestures and communications. One person told us, "Staff check to see if I have any worries. If I mention something, they sort it out". People told us that the staff were kind and helped them when they requested assistance. Visitors said that they felt the staff listened to them and kept them up to date with any changes in their relative's health or care needs. A relative told us they were always invited to care review meetings and that the staff always responded to them when they had any concerns about their relative's care.

Each person had a care plan and these included information about people's personal history and individual preferences such as whether they preferred male or female only carers. A system was in place to ensure all care plans were reviewed at least once a month and more often if people's needs changed considerably. Some care plans lacked detail which meant staff may not have important information about how to meet particular needs. All of the staff we spoke with had a good knowledge of people's needs and confirmed that less experienced or temporary staff were always allocated with staff who knew people and their needs. People living with conditions such as diabetes, angina, or behaviour that may be challenging to others, did not have care plans outlining what the condition meant for the person, how it affected them, how it may progress, any risks or complications that may occur and how to meet any specific needs related to the condition. For example, people with diabetes had this noted in their medical history but there were no care plans to indicate the type of diabetes, any medicines that were prescribed, the signs and symptoms of hypo or hyperglycaemia and the actions they should take if this occurred. In the case of person who may exhibit behaviour that was challenging to others, their main source of comfort when distressed was not mentioned and behaviour charts were not properly completed and therefore did not give the opportunity for staff to review the incidents to establish possible triggers. This meant that, while regular staff may know people and understand their needs, there was no detailed information or instructions for other staff to refer to should they need to care for someone they did not know or pass information onto other professionals in the event that a person became unwell.

The registered manager advised that these issues had been identified through their internal audits and showed us new documents had been created to ensure that care needs were fully assessed and documented and explained that staff would receive training to ensure they assessed all areas of need and recorded how to help people as well as what the need was. This was an area for improvement.

The home employed an activities coordinator and a number of part time companions who also assisted with social activities. During the inspection there were a number of activities that were planned and organised which ranged from individual sessions with people who preferred to stay in their rooms to small activities in the lounge and a trip out to the Bournemouth Oceanarium in the home's minibus. There was a weekly calendar of activities which was given to people and posted on notice boards around the home. During the inspection there were daily get togethers to read and discuss articles in newspapers, play quizzes and games and visitors came with a number of animals for people to watch or hold including an owl and a snake. A walking group had also been set up and a number of people told us how much they enjoyed taking part in this.

Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure in place to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint.

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent topics for discussion had included menu plans, activities and outings.

Good

Is the service well-led?

Our findings

All of the people, relatives and staff we spoke with during the inspection spoke positively about the registered manager and the way the home was managed. People and relatives told us that the registered manager and the deputy managers were always available to them if they had queries or concerns and that other staff in the home were also very helpful. They added that they knew that they would be listened to and that action would be taken when they raised any issues.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the management team and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as Care Quality Commission. They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training.

Quality assurance systems, developed by the provider, had been fully implemented within the service. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken by staff and management within the service and also by clinical and governance staff from head office. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

People's experience of care was monitored through annual surveys which were sent to both people living in the home and to relatives and friends that visited as well as other visitors to the home such as health professionals and social workers. Surveys were analysed and a report created from the results which included any areas that had been highlighted from the survey as requiring action and a plan with timescales to implement the required actions.

The registered manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via e mail by The Care Quality Commission and other independent supporting bodies.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe management and use of medicines. The risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people.