

Colten Care (1693) Limited

Avon Cliff

Inspection report

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Date of inspection visit:
20 April 2023

Date of publication:
25 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avon Cliff is a residential care home providing nursing and personal care to up to 52 people. The service provides support to older adults. At the time of our inspection there were 46 people using the service.

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

People told us they felt safe and had confidence in the staff. People were supported by staff that had been trained to recognise signs of abuse and understood their role in reporting concerns. People's risks were assessed, monitored and reviewed and staff knew people well and the actions needed to minimise risk. People had their medicines managed safely. Infection control and prevention measures met best practice guidance. People were supported by enough staff who had been recruited safely.

People and the staff team described the home as well led, friendly and open. They spoke positively about the service and the care provided. Staff felt appreciated and described teamwork and communication as good. Quality assurance processes were robust and effective at driving continual improvements. People, families and the staff team had opportunities to provide feedback, with their views respected and acted upon where appropriate. Links with local universities and colleges provided opportunities for students to learn and experience working in a social care setting. Access to professional nursing and social care organisations meant the service kept up to date with new developments and best practice guidance.

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

Rating at last inspection

The last rating for this service was good (published 5 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avon Cliff

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 Health and Social Care Act 2008.

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 2 inspectors.

Service and service type

Avon Cliff is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Avon Cliff is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 1 relative about their experience of the care provided. We spoke with 16 members of staff including the operations manager, clinical manager, registered manager, nurses, senior staff, care workers, catering and maintenance staff.

We reviewed a range of records. This included 7 people's care records and medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe, I never ever think about it as you can relax and not worry." Another said, "I feel safe because if anything happens there is always somebody around and I have my emergency button."
- People were supported by staff that had undertaken safeguarding training and understood their role in recognising and reporting signs of abuse or poor practice. Safeguarding was discussed at daily meetings. Staff were confident that the registered manager would deal with concerns appropriately and aware of external agencies they could also contact.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and reviewed. This included risks associated with mobility, eating and drinking, skin integrity and clinical issues associated with a persons' health conditions.
- Staff knew people well and understood the actions needed to reduce identified risks to people whilst respecting their freedoms. One person explained, "I recently had a fall and now the staff, to keep me safe, escort me into the garden."
- Specialist equipment was used where needed and included air pressure mattresses, lifting and transferring equipment and a call bell system. Equipment was regularly checked and in good working order.
- Staff had completed fire safety training and attended fire drills. Fire equipment was checked regularly and in good order. People had personal emergency evacuation plans that provided key information should they need to be evacuated from the building.
- Health and safety was discussed at daily heads of department meetings and at quarterly meetings. Minutes were shared with the wider organisation to establish trends and learning. This included changes in health and safety policies and procedures.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were supported by staff that had completed a robust recruitment process which included obtaining a full employment history, verified references and a Disclosure and Barring Service, (DBS), check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff with the right skills and experience to meet their care and support needs. One person said, "The staff are nice and good; I know my bell will be answered when I call." A staff member told us, "Staffing levels, we are never short. We have enough staff on each of the floors." Another told us, "Our residents mental wellbeing is really important as well and we have time to sit and make them smile."

Using medicines safely

- People had their medicines managed and administered by staff trained in safe medicine management. One person told us, "Staff give me my medication and I keep an eye on them doing this; there is never a problem with my medicines."
- Some medicines were prescribed for as and when required, (PRN). Protocols provided staff with information needed to ensure these were administered consistently and appropriately. Examples included medicines prescribed for pain and agitation. We observed people being involved in decisions about their PRN medicines.
- Medicines that have additional controls due to their potential for misuse were stored and administered in accordance with current regulations.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The home was fully open to visitors at the time of our inspection.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and used as an opportunity to improve outcomes for people. This included referrals to specialist clinicians such as tissue viability nurses or speech and language therapists.
- Monthly analysis of accidents and incidents enabled trends to be identified and analysed. This information was used to direct learning and reflective practice. An example was a focus on nutrition which led to staff being invited to join a nutritional strategy meeting to share ideas and develop a plan aimed at improving people's eating and drinking experience. Learning from the strategy had led to a reduction in the number of people losing weight.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People, their families and the staff team consistently spoke positively about the management and culture of the home. A staff member told us, "The management are very supportive and friendly and anytime you can speak to them if you are concerned about anything." Another told us, "I feel valued and appreciated. I feel proud of the whole company, the culture and the way we deal with things."
- Staff felt involved in people's care. A staff member explained, "We have daily meetings and can make suggestions and I won't be ignored. Everything is weighed up."
- People and the staff team told us the registered manager and senior staff were visible and supportive. A staff member told us, "I feel like I can go to (registered manager) with my problems, and she always comes around the home to see if everyone is ok."

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families and people.

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

- The management team had a good understanding of their responsibilities for sharing information with CQC and this was done in a timely manner. The service had made statutory notifications to CQC as required. A provider is legally bound to notify CQC about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance systems and processes were multi-layered, aligned with regulatory requirements and effective at improving quality of care. Data had been used to highlight areas of clinical risk. For example, identified risks regarding wound care had led to a focus on reviewing wound care, reflective practice with nursing staff and learning, which had resulted in improved recording and outcomes for people.

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

- People, their families and the staff team had opportunities to be involved in the service through a range of pre-scheduled meetings. People's feedback was sought about all areas of the home and any actions from

previous meetings addressed.

- An annual survey took place seeking feedback from people, their families, and staff. The survey result for 2022 included people asking to see more of the registered manager. In response the registered manager had begun delivering newspapers in the morning, joining in activities and visiting people who are unwell.

Working in partnership with others

- Professional links had been developed with a local university which had enabled Avon Cliff to provide mentor placements for student nurses. Links had also been established with a local college and students were learning from placements with the companionship team.
- Corporate management meetings were held for home managers which were used as a forum for new learning and best practice.
- The registered manager accessed a range of professional organisations to keep up to date with developments in health and social care. This included publications such as the Nursing Times and CQC newsletters. Other links included Skills for Care and a local provider support group.