

Advent Care Solutions Ltd

# Advent Care Solutions Ltd

## Inspection report

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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

This unannounced inspection took place on 15 August 2018. This was the first inspection of Advent Care Solutions Ltd since registering with the Care Quality Commission (CQC) in August 2017.

Advent Care Solutions Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Advent Care Solutions Ltd is a small registered care home in Rosebank Avenue, Harrow, Northwest London. Advent Care Solutions Ltd is registered to accommodate three people. At the time of our inspection two people used the service. Currently the home is only providing respite care. Respite care is temporary residential care of a sick, elderly, or disabled person, providing relief for their usual carer. The registered manager told us that the service provided respite care to eight different people at times when they needed it.

Advent Care Solutions Ltd is providing care to people with learning disabilities and autism. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A manager is registered with the CQC. 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.

Accidents and incidents were appropriately recorded and risk assessments were in place. The manager understood their responsibilities around safeguarding and staff had been trained in safeguarding vulnerable adults. The service was clean and suitable for the people who used it, and appropriate health and safety checks had been carried out. Appropriate arrangements were in place for the safe administration and storage of medicines. There were sufficient numbers of staff deployed to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

Staff were suitably trained and received regular supervision and appraisals. People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people's healthcare needs being supported during visits to and from external health care specialists. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves, but being provided with assistance when needed. Support plans were in place that recorded people's plans and wishes for their life. Care records showed that people's

needs were assessed before they started using the service. Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. People had access to a wide range of meaningful activities such as swimming, going to the cinema, attendance at day services, sight-seeing, bowling and walks to local amenities. The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

## 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. People told us they felt safe because they were supported by staff they knew and trusted.

Risks to people who use the service were minimised and appropriate risk management plans were developed together with people, staff and specialists.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Medicines were managed safely. There were policies and procedures in place and staff had received training in administering medicines.

### Is the service effective?

Good 

The service was effective. People's needs were assessed to ensure the service could meet their needs.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA.).

People told us they liked the food, it was home cooked and they were always offered choices.

### Is the service caring?

Good 

The service was caring. People told us staff were caring and nice.

Staff interacted with people who used the service in a relaxed, warm and respectful way.

Care records contained information on what people could do for themselves, skills they wanted to learn and how staff could promote people's independence.

People's records were stored securely so that people's privacy

and confidentiality was maintained.

### **Is the service responsive?**

The service was responsive. A range of activities and events were provided helping to promote people's health and wellbeing and maintain links with the local community.

Care records were detailed and person centred and contained information about people's health and social care needs.

There was a suitable complaints procedure for people to voice their concerns.

**Good** ●

### **Is the service well-led?**

The service was well-led. Everyone spoke positively about the registered manager and the way the service was managed.

There were systems in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Staff we spoke with enjoyed their work, liked working for the service and told us they felt supported.

**Good** ●

# Advent Care Solutions Ltd

## **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 inspection took place on 15 August 2018 and was unannounced.

The inspection was carried out by one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to the registered manager, one care worker, contacted three relatives and received feedback from one relative and spoke to one health care professional. We spoke with one person using the service.

We looked at care records for three people, staff and training records for five care workers and records in relation to quality assurance and management of the home.

# Is the service safe?

## Our findings

We asked people who used the service and relatives if they felt safe at the home. One person told us, "Yes, I am safe here, it's ok" and a relative told us "[Persons name] is safe, better compared to the place he lived before."

Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. They had a good understanding of when to report concerns, accidents and/or incidents to the registered manager or other senior staff. The service had a whistleblowing policy to ensure staff knew how to raise concerns and staff confirmed they were aware of it. The management team understood their responsibilities regarding safeguarding people who used the service and reporting concerns to external professionals and other organisations.

People were protected from risks associated with their health and the care they received. The staff team assessed the risks to people's personal safety and put plans in place to minimise those risks. Most care records viewed had detailed and relevant risk assessments and risk management plans in place which were updated monthly. We noted in one care record we viewed that the risk assessment had not been updated in response to the persons changing need. We discussed this with the registered manager who gave us reassurance that he would update the risk assessment without delay. We received written confirmation from the service shortly after our inspection visit that the risk assessment had now been updated and reflected the persons changing need. Risk assessments included a Personal Emergency Evacuation Plan (PEEP) with details of the support a person would require if an emergency required the premises to be evacuated.

Care and support records had other risk assessments such as moving and handling, falls, medicines, accessing the community and responding to behaviours that challenged the service. Generally, people's records were regularly reviewed with the exception of the record mentioned earlier, to meet their current care and support needs, and promote independence where possible. Care records and other confidential information were stored securely in the office.

The staff team assessed personal and environmental risks for the safety of people, staff and visitors and took action to minimise those risks. They carried out safety checks of the premises and equipment regularly. The service completed maintenance and health and safety such as a fire risk assessment, water safety and legionella risk assessment review.

People told us that staff had time to meet their care and support needs. One person said, "Yes, the staff helps me to go out and buy what I need." One relative told us, "It's much better here, he is doing so much more."

The provider determined the number of staff required according to the needs of the people using the service. The registered manager said currently all shifts were covered with permanent staff. However, he told us that he was planning to recruit more staff in the future if required. During our inspection we observed staff sitting and speaking with people in a relaxed manner.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining a full employment history, gaining written references, ensuring that the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service (DBS) and conducting pre-employment interviews.

Medicines were safely managed. One relative told us, "They help him to take his medicines, which didn't happen in the place he lived before." Care staff had undergone regular medicines training with their competency to administer medicines checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Medicines records were comprehensive and well kept. We discussed medicines procedures in the service with one member of staff and they told us they were confident that people received their medicines safely.

People and relatives told us that they felt that the service was clean and hygienic. One person said, "Yes, they always clean and make sure its tidy." Care staff had received the training they required and knew what they should be doing and who to inform if there was a notifiable outbreak of infection. There were systems in place to reduce the risks of cross infection and to ensure lessons were learnt where shortfalls were identified and to reduce further risk. Lessons learnt had included further training and support to staff where errors with medicines had been identified. The management team followed this up with competency checks to ensure best practice.

# Is the service effective?

## Our findings

People's needs were assessed, including their physical and emotional needs, and care and support was delivered effectively. Relatives and a social care professional told us people received effective care from staff who knew them very well. Comments included, "They have done excellent work with my client and really understand his needs very well" and "This is a lovely home, the staff are very good and know what they are doing."

People received care from staff who had the skills and knowledge to support them. Records confirmed supervision and appraisals took place regularly and staff received training in topics which included, safeguarding adults, equality and diversity, food hygiene and positive behaviour support. Staff were complimentary about the quality of supervision and training they received.

Staff attended health appointments with people to help explain about any health issues and treatment options. One staff member told us, "I have my supervision every six weeks and I can discuss things with the manager, very helpful."

Most people received respite care, therefore medical appointments were mostly arranged by families. However, we saw where people had lesser family input the service supported people to maintain their health. Records evidenced people accessed their GP, dentists and other specialist health services and health matters were followed through. People had a 'Health Action Plan' which contained important information to help healthcare professionals understand more about their health, social and communication needs.

The manager told us that the service was not currently using any form of restraint as a way of supporting people who had behaviours that challenged the service. We saw that staff had received training in how best to support people. We were told this included understanding how people communicated and their use of non-verbal communication when they were angry or upset. Care records also guided staff on how to de-escalate situations where someone might be getting upset or angry. One care record we looked at described actions a person would take when they were becoming angry about something, including how their body language would change.

We looked at the systems in place to ensure people's nutritional needs were met. Food was prepared by the support staff. We saw that there were plentiful supplies of fresh, tinned and dried foods. Checks were carried out by the staff to ensure food was stored and prepared at the correct temperatures. We found the kitchen was clean. People were very positive about the choices available and the food provided. One person who used the service told us the food was; "Good." We saw that people were encouraged to plan their menu independently with the help of staff. We looked at records that were kept of meals. We saw that regularly more than two choices were provided.

Arrangements were in place to ensure people had access around the home. The decoration and signage in the premises supported people's needs and enabled easy navigation. This helped promote people's independence. People's bedrooms were decorated nicely and people had usually the same room for each

respite visit. This enabled people to bring and leave some personal belongings at the home.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the provider had followed the requirements of the DoLS and submitted applications where necessary. Staff had a good understanding of DoLS and the MCA. We saw appropriate documentation was in place to consent to specific decisions for people who lacked capacity and staff understood the importance of gaining consent before offering support.

## Is the service caring?

### Our findings

Everyone we spoke with told us they found the staff to be caring and supportive at the service. One person said, "They [staff] know what I like. They help me to go out shopping, they are quite friendly." Relatives of people who used the service said; "My [relative] seems happy there, he never complains, but he does smoke a little bit too much, they [staff] should take his cigarettes away."

During the inspection we spent time observing the care provided by staff. We found the atmosphere to be friendly and saw staff members warmly greeting people upon first seeing them. We observed staff sitting and chatting with people; all interactions were caring, warm, respectful and relaxed. There was also gentle chitter-chatter between staff and people who used the service. Staff clearly knew people's sense of humour and what they would find funny.

Care records detailed what people could do for themselves and how staff could maintain and promote people's independence. For example, staff told us that while some people required with their personal care, they would encourage people to do things independently. For example, "I will ask [person's name] to use the flannel and wash their face on their own." Support plans also stated what people enjoyed doing, for example, one support plan stated the person enjoyed taking part in the menu planning and does some help in the kitchen.

Advent Care Services Ltd was a respite service.. However, relatives we spoke with told us they were always made welcome. Staff told us that people's stays were planned to make sure that they could have their same room.

Records we looked at included people's preferences about their room and if they had preferences of staff supporting them. Care records we looked at gave details about how people communicated. This included the use of verbal and non-verbal communication such as facial expressions and gestures. We saw they also included where people used a communication aid or system, for example we saw that people used pictures, photographs or Makaton.

People's privacy and dignity was promoted by staff. People were encouraged to close their bedroom doors when they were dressing. Staff offered people the opportunity to speak privately about any concerns or worries they had. People could use the phone in a private area when they contacted friends or family members if they wished.

People had been supported to express their gender and sexuality in the ways that they wished and were appropriate. Conversations with relatives and staff confirmed that people could be confident they would be valued and supported to express themselves in ways that reflected their individual and diverse preferences.

During our inspection we found that staff took their time to explain things to people and checked they understood what was being said or what was being asked of them. Care records identified whether people who used the service had a specific religion or faith and whether they would require support to practise this.

We found that care records were stored securely. Policies and procedures, we looked at showed the service placed importance on protecting people's confidential information.

## Is the service responsive?

### Our findings

We saw that people were treated as individuals and their personal likes, dislikes, preferences and daily routines were respected and promoted. People and their relatives had been involved in planning and reviewing their care. We saw that relevant health and social care professionals were involved with people's care to ensure that care was specific to the person's needs and person centred. One relative told us, "They asked me about [person's name] and wanted to have my opinion on things in relation to his life."

The care records we looked at were comprehensive and individual to each person. Care plans had been updated, when people returned for their stay. One person had been in the home semi- permanently and we saw that the person's care plan had been reviewed to update and respond to any changing needs. The records we looked at reflected our observations and what staff had told us, we saw staff worked consistently in line with people's needs and wishes. We found that systems were in place to ensure staff were kept up to date about changes in people's care and support needs. Staff told us how staff handovers and team meetings were used to ensure effective communication between the team. A staff member told us, "The communication in the home is very good. We are a small team and the manager is around daily. This ensures we are always kept up to date with everything about service users."

People were supported to take part in a wide range of activities in the home, local and wider communities. People staying for respite will continue with their activities they undertook while living at home, this ensured consistency. For people who stayed at the home for longer periods various activities had been offered and tested to enable them to choose the right activity they enjoyed doing. We saw that people went shopping and went out for lunch while we visited the home. Records showed that people go regularly to the cinema, gym, bowling or play golf. We also saw in one of the care records viewed that the person wanted to go on holiday and the home has started to work with the person in choosing suitable destinations and source funding for the holiday.

People could be confident their concerns and complaints would be recognised, investigated and responded to. People and relatives told us they were happy with the service provided. One relative we spoke with told us, "If I have any concerns, which I don't, I would talk to the manager about it." We looked at the records of complaints and saw that two concerns in the past year had been recorded and our inspection identified these had been investigated and any necessary actions had been taken.

The service does not provide end of life care.

## Is the service well-led?

### Our findings

Relatives and staff told us the registered manager was open and accessible. One relative told us, "He would always tell me if there is anything we need to know about [person's name]."

We found that regular audits had been carried out. Auditing systems were being used effectively to monitor the quality of care and support being delivered at the service. Regular audits were undertaken of medicines, health and safety, people's care plans and records completed by staff. Action was taken to address any shortfalls in a timely fashion. For example, when there were concerns about the records completed by staff, support was offered and if required additional training given.

There was a clear vision at the service which was led by people and their goals. Care and support delivered was clearly designed around the people using the service. People were encouraged to be involved in improving the service, regular house meetings were held and people used these to make suggestions about changes.

People, their relatives, staff and other stakeholders were all asked for their feedback about the service. Alongside regular meetings, surveys were used to ask people for feedback about specific areas of support and the accommodation. The surveys were available in an easy read format and when staff had supported people to complete a survey, this was clearly recorded including how the person communicated their response.

The registered manager was very experienced in supporting people with a learning disability. He regularly updated himself in relation to any changes within the health and social care sector. This information was discussed in team meetings which also gave staff the opportunity to express their views and make suggestions for improvements to the service.

The service had built positive relationships with a range of professionals in order to effectively meet the needs of people. Regular contact was maintained with health professionals and care managers about people's progress. The registered manager and staff sought support when needed and records showed that advice they had received had been incorporated into people's support and care plans.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. Since registration with the CQC we hadn't received any notifications, which indicated that no notifiable incidents had occurred.