

# Corvell Health Care Limited

## Cavell Lodge

### 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?

Requires Improvement



#### Overall summary

Cavell Lodge provides care and accommodation for up to 36 older people who may be living with dementia. There were 35 people living in the service on the day of our inspection.

This inspection took place on 19 January 2015.

At our last inspection on 25 June 2014 we had concerns about consent to care and treatment. At this inspection we found that people's consent had been gained at all stages of their care.

The registered manager had been in post since the service was first registered and is also the nominated individual for the provider organisation. The nominated individual is a person who is employed by the organisation and is responsible for supervising the management of the service. 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.

# Summary of findings

People said they felt safe. Staff had a good understanding of how to protect people from the risk of abuse; they had been trained and had access to guidance and information to support them with the process. However, we found that the manager had not taken the appropriate action when an allegation of harm had been brought to their attention.

There were systems in place to monitor the quality of the service but they were not always effective. The manager had not sought the views of all of the relevant people and they had not analysed the information that they received from people who used the service and their relatives.

The manager had a good knowledge of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS.) DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

Risks to people's health and safety had been assessed and the service had made plans for how they were to be managed. This ensured that people were cared for safely.

The service had good recruitment practices and employed enough staff to meet people's assessed needs. Staff demonstrated the knowledge and skills needed to carry out their work. They received an induction and then had on-going training and support.

We observed staff caring for people in a kind, caring and respectful way. They ensured that people's privacy and dignity was maintained at all times. People were able to receive visitors at a time of their choosing. Relatives were made to feel welcome at any time of the day. People participated in a range of activities that met their needs. Complaints had been dealt with informally.

People received their medication as prescribed. There were safe systems in place for receiving, administering and disposing of medicines. People were supported to have sufficient amounts of food and drink to meet their needs.

People's care needs had been assessed and catered for. The care plans provided staff with sufficient information about how to meet people's individual needs and preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

**We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to Regulation 11 safeguarding people from abuse. This corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities)**

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

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was not safe.

People were not always protected from the risk of harm. There was sufficient suitable, skilled and qualified staff to meet people's needs.

Medication management was generally good but some improvements were needed.

**Requires Improvement**



### Is the service effective?

This service was effective.

People were cared for by staff who were well trained and supported.

Staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

**Good**



### Is the service caring?

This service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been fully involved in planning their care and had access to advocacy services when needed.

**Good**



### Is the service responsive?

This service was responsive.

The care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure and complaints had been dealt with appropriately.

**Good**



### Is the service well-led?

The service was not well-led.

Although people had confidence in the manager the quality assurance system was not effective and the manager had not reported a potential safeguarding issue appropriately so the service requires improvement.

**Requires Improvement**



# Cavell Lodge

## 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 19 January 2015 was unannounced and carried out by two inspectors and an 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.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us

by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with 11 people who used the service, three relatives, one health and social care professional, the registered manager, the administrator and six members of staff. We reviewed four people's care records and eight staff recruitment files. We also looked at a sample of the service's policies, audits, staff rotas, complaint records and training records.

# Is the service safe?

## Our findings

People told us that they felt safe living in Cavell Lodge. One person said, “I do feel safe. I know someone is always on hand if I need them.” We observed people throughout the day and saw that they were cared for safely. For example, one person was transferred from a chair to a wheelchair using a hoist and the staff explained what they were doing and made sure that the person was reassured throughout the manoeuvre to help them to feel safe.

Staff demonstrated a good knowledge of how to recognise signs of potential harm and they described the actions they would take if they suspected it. There was a clear safeguarding policy and procedure available for staff to refer to when needed. The training records showed that all staff had received training and annual updates in safeguarding adults. One staff member told us, “If I am worried about anything I tell the manager straight away and I record the action that I took.”

However, the registered manager had not dealt with an alleged safeguarding concern appropriately. They had not taken the appropriate action when they were alerted to the concerns about possible harm. They had dealt with the concern as a complaint and concluded their investigation without informing the Local Authority safeguarding team or taking any further action to safeguard people to prevent the situation from re-occurring.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, because they did not have suitable arrangements to ensure that people are safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs and responding appropriately to any allegation of abuse. This corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the staff looked after their medication for them. Staff had received training in medication management and they told us that they had regular updates. The service had copies of relevant guidance about medication administration available for staff to refer to if necessary. Medicines management at the service was generally good. However, we found that some improvements were needed to the recording system. For example, there were gaps in some of the medication

administration record sheets (MARs). Where medication was stored in a monitored dosage pack this could be checked as the medication would still be in the pack if not given. However, if the medication was in a bottle it would be difficult to establish whether or not the medication had been given. People could be at risk of not receiving their medication as prescribed. The registered manager has since told us that they had discussed this at a recent senior staff meeting. They confirmed that they had undertaken extra checks on the medication system to ensure that medication was given and recorded correctly.

Staff told us that the risks to people’s health and safety were recorded in their care plans and that they knew how they were to deal with them. There were risk assessments in place for identified areas of risk. They included plans of how the risks were to be managed and they had been reviewed and updated monthly to meet people’s changing needs. However, we found that some people did not have access to their emergency call bells. A visiting relative told us, “To be fair the call bell is normally to hand, but I have sometimes noticed it on the floor or out of reach.” We saw that another person’s emergency call bell was out of their reach. The person told us, “I have never needed to call for assistance but I cannot remember it ever being to hand.” The manager has since told us that they had provided hooks near to people’s beds so that the emergency call buttons can be kept within their reach. They said that they also carried out regular checks to ensure that they were within reach.

There were sufficient care staff on duty to meet the needs of the people using the service. In addition to care staff the service employed kitchen staff, cleaning staff, an activities person, a maintenance person and an administrator. People told us that there were enough staff to meet their needs. Staff told us that they felt there were enough staff on duty and we saw that people were attended to promptly throughout our visit.

The service had good recruitment practices; they had carried out all of the relevant pre-employment checks before staff started work. Staff records contained at least two written references, proof of identity and criminal record bureau checks with the Disclosure and Barring Service (DBS). One staff member told us, “When I applied for this job I came for an interview, I had to give referees

## Is the service safe?

and do a criminal record check and induction training when I first started work.” Other staff spoken with confirmed that they were not able to start work until all of their checks had been received.

# Is the service effective?

## Our findings

At our last inspection on 25 June 2014 we had concerns about consent to care and treatment. At this inspection we found that people's consent had been gained at all stages of their care.

People told us that they felt that staff were well trained and competent in delivering good care. One person told us, "The girls here are very good, they do a good job and look after us well."

Staff told us that the training was good. One staff member said, "I have worked in other homes but this one is much better. We get regular training and we try to give people a better life." Another staff member said, "The training is good. I have had a lot of training which included infection control, food hygiene, moving and handling, safeguarding people, diabetes, and skin and wound care." The training records showed that staff had also been trained in care planning, first aid, nutrition, palliative care and the Mental Capacity Act (2005).

Regular supervision had taken place and staff were supported to do their work. Staff told us that they had a one to one meeting with their manager every three months and it had been recorded in their staff files. Staff said that they found that this was a good opportunity to discuss their role and any future training. One staff member said, "I feel supported in my work and if I speak to seniors about any issue I feel that they take notice of my opinion." Another said, "I definitely feel supported in my work. We have supervision and staff meetings and I know my views are taken notice of by the manager. There is always someone there for support if I need it."

People told us that they had agreed to their care and support. We observed staff talking with people throughout our visit and they always explained their requests and asked people for their consent before proceeding with the task.

Although there were no Deprivation of Liberty Safeguards (DoLS) in place at the time of our visit, the registered manager had a clear understanding of the Mental Capacity Act (2005) (MCA) and DoLS. Staff had received training and showed a good understanding of the principles of the MCA and DoLS. Mental capacity assessments had been carried out where needed and appropriate actions had been taken. For example, the service had sought to protect people's rights and freedoms because decisions had been made in people's best interests where required.

People were supported to have sufficient to eat and drink. They told us that they enjoyed their food. One person told us, "I get enough home cooked food, which is always tasty, nice and hot." The cook was preparing the lunchtime meal and it included fresh meat and vegetables. They said, "Everything is cooked from scratch. We always have fresh fruit salad available and we offer people a choice of healthy foods." We saw that a large bowl of chopped fresh fruit was being prepared and that there was a good choice of quality foods available to people.

We observed the lunchtime meal and saw that staff supported people well. For example, people who required extra assistance at mealtimes were served before others so that staff could give them more time and support. We saw two staff sitting alongside people supporting and encouraging them to eat their meals. This enabled people to take their time when eating their meal and allowed others who needed less support to have more staff available if needed.

People were supported to attend regular health checks and appointments. They told us that the staff helped them to keep healthy. They said that if they needed to see the doctor or a nurse that the staff would arrange it for them. One person said, "I am getting older so I seem to need more help to keep healthy. They help me to do this." The records showed that health appointments had been made and the outcomes had been recorded.

# Is the service caring?

## Our findings

People said that staff were kind and caring. One person said, “On my birthday I had a private party in one of the lounges. The home provided a tea for me and my family and I greatly appreciated the thoughtfulness of the staff who served us.” Another person said, “Staff are kind and understanding and the girls are lovely.”

People told us, and we observed that staff showed them great care and consideration when supporting them. For example, a staff member knelt down next to a person and offered them their hearing aids that had been removed while they had their hair done. Before attempting to put the hearing aids back, they asked the person if they wanted them back in and after they said yes, they then checked to see that they were working correctly. The staff member showed sensitivity, not drawing anybody’s attention to the situation. This showed that staff treated people with kindness and considered their dignity when supporting them.

Staff treated people with dignity and respect. For example, we saw people being supported and heard staff speaking with them quietly and calmly. Staff listened to what people had to say and responded in a positive caring manner. One person told us, “I am very happy with the care, the staff are very understanding and listen to what I have to say.”

People had been asked for their views, preferences and opinions about how and where they spent their time. They told us that they were involved in making decisions about their every-day lives. For example, people said that they got up and went to bed at times that suited them. One person told us, “I am never told when to go to bed, which makes me feel in charge. I would not like it if they told me what to do.”

Relatives told us that they were always made to feel welcome. They said that staff always offered them drinks whilst visiting. One visiting relative said, “I am impressed with the open door policy of this home as I feel it means that they have nothing to hide.”



# Is the service responsive?

## Our findings

People told us that staff were responsive to their needs. They told us that they had been asked for their views and permission before any activity took place and their views were respected. Throughout our visit we saw that staff responded to people's needs quickly.

There were detailed pre-admission assessments undertaken before people moved in to the service. Detailed and informative care plans had been devised from the pre-admission assessments. Further assessments had been carried out to ensure that the service continued to meet people's changing needs. People told us that they had been involved in the process as much as possible. They said that their care plans were centred on them and what they needed. Staff told us that people were encouraged to remain as independent as possible and the care plans reflected this. For example, when a person was able to carry out tasks for themselves they were always encouraged to do so to retain their independence.

People told us that they took part in regular activities. They said that the service catered for their hobbies and interests. We saw that the activities on offer were displayed on a notice board in the main corridor. This included armchair keep fit, manicures, bingo, musicians and singers and weekly religious services. We saw that a quiz was taking place on the day of our visit. Everybody in the room was being involved though some people were more engaged than others. Staff ensured that they took great care when asking questions to repeat them so that people who were hard of hearing and gave late answers were valued just as much as those who were quick to answer.

People talked to us about their past and shared information about their family background and their previous occupation and interests. The care records included information for staff about people's past history and religious beliefs. Staff said the care plans provided them with good information. One staff member told us, "I have worked here for many years and so have other staff and we know and understand people well, which I am sure is good for them. I notice if someone is unsettled for any reason and can take the appropriate action." This showed that staff were responsive to people's individual needs.

People told us that they knew how to complain. One person said, "I would soon say if I am not happy with anything." One visiting relative told us, "I would always speak to the manager if I had any concerns, she is always happy to discuss them with me at any time." The service had policies and procedures in place for dealing with concerns and staff told us that they would report any concerns to either the registered manager or the senior in charge.

There was a complaints system in place that people were aware of. The manager told us that there had only been two written complaints and the records had been archived. They said that they generally dealt with minor complaints as they arose and that they did not keep a record of these. A discussion took place about the importance of recording all concerns to enable the provider to analysis any trends and to inform improvements to the service. The manager has since told us that a complaints book has been set up for recording any minor concerns so that they can see any patterns or trends.

# Is the service well-led?

## Our findings

The manager had a process in place for gathering people's views about the service and how to improve it. They said that they would send an annual survey questionnaire to people who used the service and their relatives to gather their views and opinions. They told us that when the completed questionnaires were received back they would carry out any actions needed and file the questionnaire in the person's file. However, the process was not wholly effective in gaining all the views and feedback from everyone involved in people's care. For example, visiting health and social care professionals. They also told us that the last quality assurance survey took place in April 2013 and they were not able to provide us with a report of their findings. This meant that the manager had not consulted all of the people involved in a person's care or analysed the information they received to help them to identify where improvements might be needed to the service.

One health and social care professional told us that the service's last quality improvement check made by the Local Authority took place in January 2014. They told us that the overall score they gave the service was 89% which is good. However, there were areas around quality assurance and complaints that required improvement. During our inspection visit we found that the quality assurance and complaints systems still required improvements.

Regular quality checks on medication, infection control, care plans and health and safety had been carried out.

People told us that the manager was approachable and understanding. Staff also said that the manager was approachable and listened to them. One person told us, "I can always speak to the manager and they will give me advice. They are a good listener." Relatives told us that the manager was always available and visible in the service.

Staff told us the manager was very supportive. One staff member said, "If I raise any issues with the manager I am confident that they listen and act upon what I say. We are a happy team that work well together and this makes life much better for people."

Regular staff meetings had taken place where staff had been able to discuss issues such as people's care, kitchen safety and housekeeping. Staff said that they had regular handover meetings between shifts. They told us that handover meetings were a good way to ensure that people's changing needs had been relayed between staff. This showed that there was good teamwork and that staff were kept up to date with information about changes to people's needs.

There were clear whistle blowing, safeguarding and complaints policies and procedures. Staff were confident about how to implement the policies and they told us that the manager encouraged them to be open and honest about any concerns.

There were clear aims and objectives that focussed on people's rights to privacy, dignity, independence, choice and fulfilment. Staff and management were clear about this and shared this vision.

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	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>How the regulation was not being met: People who use services were not protected against the risks of abuse. Regulation 11 (1) (b), corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>