Central & Cecil Housing Trust

Cecil Court

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

Overall summary

This was an unannounced inspection over two days on 14 and 15 October 2014. During the visit, we spoke with 14 people who use the service, two relatives, eight care staff, the deputy manager and two members of the organisation's management team.

The home had a registered manager who was on annual leave. 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 and associated Regulations about how the service is run.

In April 2013, our inspection found that the service was compliant with the regulations we inspected against.

Cecil Court is a care home registered to provide accommodation for up to 45 people who require personal care and may also have dementia. The service is located in the Kew Gardens area.

Summary of findings

We found one area that required improvement. A small proportion of the medicine records for people using the service was incomplete without a written explanation provided for creams administered. The management team were aware through their monitoring and auditing systems and had taken steps to address this. You can see what action we told the provider to take at the back of the full version of the report. The other records we looked at were up to date and well kept.

We recommend that the home reviews Good Practice Guidance D: Medicine administration records (MAR) in Care Homes.

We sampled eight care plans that were clearly recorded, fully completed, regularly reviewed and underpinned by risk assessment. We saw that there were enough staff at all levels of seniority who were well trained, knowledgeable, professional and accessible to people using the service and their relatives.

People using the service and their relatives said they were happy living at Cecil Court, with the service they received, the staff who delivered it and way it was delivered. They said staff were caring, responsive to their needs and the home was well managed. This matched our observations during the inspection visit. We saw that staff had appropriate skills, were familiar with people using the service, understood their needs and care and support was given in a supportive, patient and compassionate way.

We saw that the home provided a safe environment for people to live and work in. The provider had a clear and transparent care philosophy and values that were reflected in the good care practices that we saw staff following.

People told us, we saw and records showed that the management team and organisation were approachable, responsive, encouraged feedback from people who use the service and their relatives and consistently monitored and assessed the quality of the service provided. Staff said they felt well supported by the management team and organisation.

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?

Good

The service was not safe in all areas. Some of the medicine records were incomplete for administration of creams without a written explanation provided. The providers were aware of this through their monitoring systems and addressing the issue. Medicine was regularly audited, safely stored and disposed of.

People felt safe living at the home. There were robust safeguarding procedures that staff were trained to use and understood. The manager, management team and staff were enabled by systems to learn from previous incidents of poor care. This reduced the risks to people's safety and helped service improvement.

The home was safe, clean and hygienic with well-maintained equipment that was regularly serviced. This meant people were not put at unnecessary risk.

Staff levels took people's needs into account

Is the service effective?

Good

The service was effective. People's support needs were assessed and care plans agreed with them. Specialist input required from external community health services was identified and provided. People contributed to their care plans as much or as little as they wished.

People were able to see their visitors in private and visiting times flexible.

People said the care and support provided worked very well.

Relevant staff had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training that was followed appropriately.

Is the service caring?

Good

The service was caring.

People said that staff supported them in a kind, professional, caring and attentive way. Their preferences, interests, aspirations and diverse needs had been recorded and care and support was provided accordingly.

People attended meetings to discuss concerns and completed an annual satisfaction survey. The management team were available to discuss issues or queries.

Service reviews and needs re-assessments identified if needs were met.

Is the service responsive?

Good

The service was responsive.

People said that they regularly joined in with a range of activities at the home and within the local community that they had chosen. During our visit people were engaged in a number of individual and group activities. People's care plans identified how they were enabled to be involved in activities they had chosen and daily notes confirmed they had taken part.

Summary of findings

People and their relatives told us that any concerns raised during home meetings, or at other times, were addressed.

Is the service well-led?

Good

The service was well-led.

People knew who the manager was and liked how the management team and staff responded to them.

The management team listened to and were aware of people's needs during the inspection and this was also reflected in the attitudes of the staff team.

Staff were well supported by the home and organisation. The training provided and advancement opportunities were good.

The recording systems, service provided and all aspects of the service were kept under review.

Cecil Court

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 and to pilot a new inspection process being introduced by the CQC which looks at the overall quality of the service.

This inspection took place on 14 and 15 October 2014 and was an unannounced.

At the time of our visit there were 43 people living at the home. We spoke with 14 people who use the service, two relatives, eight care staff, the deputy manager and two members of the organisation's management team. We also observed care, support, toured the premises and checked records, policies and procedures.

This inspection was carried out by an inspector and specialist advisor. The specialist advisor had experience of care home management.

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 also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and comments made by people about the home on the Care Quality Commission website.

We looked at the personal care and support plans for eight people using the service.

We 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.

We checked records, policies and procedures about the management of the service. These included the staff training, supervision and appraisal systems, maintenance and quality assurance.

We contacted two local authority commissioners of services.

Is the service safe?

Our findings

We checked the medicine administration records for all people using the service and found that some of the records were incomplete for administration of creams without a written explanation provided. The provider monitoring systems had identified the errors and the issue was being addressed.

One person told us, "I am pleased that they allow me to manage my own medication. At first they didn't think it was a good idea but after talking it over with them they agreed to it and it works very well." There was an appropriate risk assessment in place.

The controlled and other drugs were appropriately stored and the controlled drug register was up to take and appropriately completed. Regular pharmacy and monthly home medicine audits took place and there was good practice and homely medicines guidance in place. Staff had also received training in medicine administration that was refreshed annually.

People and their relatives told us they felt safe living at the home. One person told us, "I feel very safe here. If I am worried I can always talk to my family or the manager." Another said, "I have never seen anyone mistreat anyone here. People are generally very kind." This was confirmed by the care practices of the staff that we saw and explanations they gave us of what abuse was and action they would take if encountered. This included knowledge of how to whistle-blow and raise safeguarding alerts. A safeguarding concern was raised during our visit and the home followed the organisational procedure correctly. Records also confirmed that staff had received training regarding preventing abuse or harm and safeguarding.

There was an admission policy that included risk assessments being completed prior to admission. The sample of eight care plans we looked at contained risk assessments that were regularly reviewed and updated monthly. The risk assessments helped people to decide if they wanted to take part in activities they had decided were of interest to them.

During the inspection we saw staff reminding and prompting people to be careful and not put themselves at risk, particularly when people had difficulty getting up from being seated without support. This was done in a patient way.

People told us that they thought there was enough staff to meet their needs. We saw and the staff rota demonstrated that there were sufficient numbers of appropriately trained staff available who were competent to carry out their roles and responsibilities. People's care needs were taken into account within the staff rotas when making decisions regarding the required staff numbers, qualifications, skills and experience. We saw evidence that there was a robust, competency based staff recruitment process that required candidates to prove they had the skills required to meet people's needs. The staff and the home's volunteers had completed criminal record checks that were clear. One volunteer was an activities co-ordinator who visited twice weekly and supported by staff as required.

There were also disciplinary procedures that staff confirmed they had been made aware of and were included in the staff handbook. Records showed that the management team had used these as necessary.

The provider had a health and safety manager that was responsible for health and safety inspections in all the organisation's homes and reviewing relevant policies and procedures. Staff we spoke with were aware that they had a duty to identify and report areas of health and safety concern. There was a computerised care audit tool, which included six monthly health and safety audits of the home. The provider had an internal maintenance department with responsibility for equipment repairs, replacement and service contracts. The registered manager completed inspections of the building to ensure a safe environment was maintained.

There was a fire evacuation procedure that was displayed throughout the home that included the support that people using the service required. Manual handling equipment was checked six -monthly and electrical equipment checked annually or when equipment was brought into the home. Building risk assessments were updated annually and fire inspection checks completed by the provider and the London Fire Brigade. There was also a designated area for clinical waste storage that was collected weekly. We saw that the gardens were well maintained to ensure the grounds were safe for people using the service and staff.

We recommend that the home reviews Good Practice Guidance D: Medicine administration records (MAR) in Care Homes..

Is the service effective?

Our findings

People said they were able to express their views, felt listened to and were involved in making decisions about their care and treatment. They also said staff provided the type of care and support they needed, when they needed it and in a way they liked. One person we spoke with told us, "I feel really well looked after here. The staff are wonderful." Another person said, "The staff here are very caring and quite knowledgeable." People told us staff made the effort to meet their needs, listened to what they said and were friendly and helpful.

Staff received induction training in line with the 'Skills for Care' induction standards and undertook mandatory annual refresher training. The training included safeguarding, infection control, dementia, first aid, manual handling, end of life difficult conversations, equality and diversity and the person centred approach. Staff supervision took place a minimum of six weekly or more often if required and they were appraised annually. There were regular staff meetings and a handover at the end of each shift. The training matrix identified when refresher training was due and a number of courses had been booked for the period to February 2015. Staff had also completed or were in the process of completing QCF (Qualifications and Credit Framework) qualifications in care at different levels depending upon their level of seniority within the home.

The eight care plans we looked at included sections for health, nutrition and diet. A full nutritional assessment was carried out and updated monthly. Where appropriate monthly weight charts were kept and staff monitored how much people ate. They said any concerns were raised and discussed with the home's GP who visited weekly. Nutritional guidance was available to people and there was access to community based nutritional specialists. The records we looked at also demonstrated that referrals were made to relevant health services as required.

People told us that they were happy to discuss their health and personal care needs with staff. They said they had access to community based health care services as required and any changes to their health were discussed with the GP, district nurses and other health care professionals. If preferred people could retain their own GP. During the inspection a visiting chiropodist was treating people's feet. Records showed that the home worked in partnership with the multi-disciplinary team that included the GP the CMHT (Community Mental Health Team) and the local authority safeguarding and access team.

People told us that they chose the food menus, they were given choices in advance and their choices were checked with them on the day to see if they had decided to change them. They said the portions were what they wanted and the food was always served hot unless they had chosen a cold option. One person said "The food is excellent". We saw that people ate meals at their own pace with support provided by staff as required.

There was mandatory training that included The Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), equality and diversity, equal opportunities, challenging behaviour and the organisation's principles of care that included providing a safe environment. This enabled staff to improve their knowledge and carry out their responsibilities effectively.

People were being re-assessed to identify if they had capacity to make decisions by suitably qualified staff. The care plans recorded consent to care and required treatment. Best interest meetings were arranged as required should people be assessed as not having capacity.

People had nutrition, weight and hydration intake monitored as part of their care plans.

There was a policy regarding people's privacy that we saw staff following throughout our visit, with staff knocking on doors and awaiting a response before entering. They were very courteous and respectful whilst being unaware of our presence.

Is the service caring?

Our findings

People and their relatives told us they felt treated with dignity and respect. A relative said, "I would be quite happy to have someone close to me living in this home." People told us that they felt treated with compassion and care by staff most of the time, although some staff were more caring than others.

One staff member told us, "I like the atmosphere at Cecil Court. There is a real caring atmosphere to the place." Another staff member said, "We are able to organise activities which are many and volunteers do a great job in helping people to take part in them."

We looked at the staff training programme and this showed us that they had received training about respecting people's rights, dignity and treating them with respect. The care we saw reflected that staff provided support in a caring and compassionate way and this was re-enforced by new staff members shadowing more experienced staff to get an understanding of how people liked to be treated.

Two people using the service were sitting in the manager's office and chatting to staff when we arrived. Staff supported them to join in conversations in a patient way. They took time to repeat information so that people understood and could contribute. This approach provided a comfortable, relaxed atmosphere and mirrored the care practices we saw throughout the home.

People were consulted about how they wanted their care provided and staff understood their different needs and the way in which they preferred to be treated. They were asked about the type of activities they wanted to do and meals they liked. These were discussed with their key workers and other staff as appropriate including the chef, during communal meetings and at other times. The key worker system monitored people's well-being with named care staff able to identify changes in their health and welfare on a day to day basis. Key workers are staff who had been identified to take the care and support lead for a particular person. Some people said they liked to go to the meetings whilst others preferred to speak directly with staff and the management team.

The home had a number of volunteers and one volunteer was an activities co-ordinator who visited twice weekly and was supported by staff as required to provide a variety of activities.

We saw people were encouraged to join in with activities. The activities were advertised on a weekly basis around the home, person focussed and individualised on a one to one basis as well as group activities. They included a dance club, one to one time slots for chats with activity co-ordinators and other staff, an arts project, using I pads and exercise. During the inspection a Yoga class took place that people said they really enjoyed with everyone clapping at the end. This was followed by a coffee morning. People could access facilities in the local community such as shops, the pub and restaurants. There were mini bus trips to Kew Gardens and Hampton Court.

In the eight care plans we looked at, we found that people's hobbies, interests, likes and dislikes were recorded and regularly reviewed. This included the support required for people to participate in them. We compared the interests recorded with activities people attended and found they matched. People had been risk assessed to carry out the activities. Care plan risk assessments were reviewed monthly or more frequently if required. One person using the service was gardening during the inspection.

People confirmed that they were aware there was an advocacy service. Currently no one required advocacy. An advocate was someone who was nominated to speak on behalf of someone.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and ongoing training and contained in the staff handbook. This enabled people using the service to feel more comfortable, speak freely with staff and helped staff to get a better understanding of people's needs.

There was a policy regarding people's privacy that we saw staff following throughout our visit, with staff knocking on doors and awaiting a response before entering. They were very courteous and respectful whilst being unaware of our presence.

There was a visitors' policy which stated that visitors were welcome at any time with the agreement of the person using the service. The relatives we spoke with confirmed they visited whenever they wished and were always made welcome.

Is the service responsive?

Our findings

One person said, “Although you can never say there is enough staff to do everything all the time, I do find that whenever I need something one of the girls will soon be there”. Another said, “I have never had problems with anything. The staff are always around to help.” We saw a call bell system was operated throughout Cecil Court and staff carried pagers that alerted them when people called for assistance.

People told us they felt enabled to make their own decisions and do the things they had chosen to do. They said that they were asked for their views formally and informally by the management team and staff. They felt listened to most of the time and their views were acted upon. They said they had no concerns about talking to the manager or staff if they had a problem and they were available to listen. People said that they rarely had a problem, but if they did it was generally dealt with promptly. People also told us that personal care was provided based on their gender preferences.

Records showed that once referrals to the home were made any available assessment information was gathered so that the home could identify if the needs of the person could be met. Prospective people wishing to use the service and their relatives were invited to visit to see if they were interested in moving in. They made as many visits as they wished and it was during the course of these visits that the manager and staff added to the assessment information. Staff also visited them where they were currently living to make an assessment. The visits to Cecil Court were also an opportunity to identify if they would fit in with people already living at the home. People were provided with written information about the home and there was a short term review to check that the placement was working.

The eight care plan records we saw showed us that people's needs were appropriately assessed, they and their families and other representatives were fully consulted and involved in the decision-making process before moving in. Staff confirmed the importance of capturing the views of people using the service as well as relatives so that the care could be focussed on the individual.

The care plans demonstrated that people’s needs were regularly reviewed, re-assessed with them and adjusted to meet their changing needs. This included end of life wishes. The care plans were individual and focused on the person. People using the service and relatives told us they were involved in putting them together as much or little as they wished. This was done with an identified lead care worker and the care plans were developed as more information became available as staff became more familiar with the person, their likes, dislikes, needs and wishes. The care plans were also added to during conversations and activities. People agreed goals with their lead staff that were reviewed monthly and daily notes also fed into the care plans. Annual reviews also took place that people using the service and their relatives confirmed they were invited to attend.

People using the service and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. We saw evidence that complaints made had been acted upon and learnt from with care and support being adjusted accordingly.

Staff said they had been made aware of the complaints procedure and that part of their duties was to support people using the service to use it if required. They were also aware of the whistle-blowing and grievance procedures. One member of staff told us, “The resident's first point of contact is the care staff but they can also come to the office as the door is always open to residents, family, friends and staff.”

There was also GP service that involved weekly visits to Cecil Court. Records showed that referrals to the GP and community based health care services were made promptly and people using the service could see the GP on request or when there were concerns.

Is the service well-led?

Our findings

People and their relatives told us there was an open door policy in place that made them feel comfortable in approaching the management team. There was also an open, listening culture at the home that made them feel confident that their views would be listened to and acted upon by staff. One person told us, “The manager and staff are always approachable." Another person said, “The staff always seem well organised and the manager is lovely.” Someone else said, “We see the manager frequently. She is often around and it is not a problem to speak to her.”

We saw there were regular minuted home and staff meetings that included night staff and enabled everyone to voice an opinion if they wished. Staff said “I feel comfortable with my training and that I know what I would do if I was concerned about the way anyone was being cared for.”

The organisation’s vision and values were clearly set out and staff we spoke with understood them. They said they were clearly explained during induction training, regularly revisited and the management and staff practices we saw reflected them. They said they felt comfortable to approach the home’s management team and the organisation if they had things to discuss and suggest on a daily basis. We saw people and their relatives being actively encouraged to make suggestions about the service and any improvements that could be made.

Staff we spoke to confirmed that there was a staff council where each home in the organisation was represented and was used as an ideas forum to improve the quality of the service provided.

During our visit we saw supportive, clear, honest and enabling leadership from the management team who were available to people using the service, relatives and staff as required.

The home shared appropriate information should services within the community or elsewhere be required. Records showed that community service referrals including hospital admissions were made as required. Safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records showed that appropriate notifications and safeguarding alerts were made to the Care Quality Commission in a timely manner.

The home used a range of methods to identify service quality. These included audits, house meetings, review meetings that people and their family attended, spot checks by the registered manager, pharmacy audits, regular health and safety checks and operational business plans. The audits measured how the home was performing and any areas that required improvement were identified and addressed.

We saw records demonstrating that people and their relatives were surveyed annually and encouraged to attend quarterly meetings. The meetings were minuted and we saw that people were supported to put their views forward. The surveys were compared with those of the previous year to identify any performance trends. Any negative trends were identified by the provider and addressed as part of the quality assurance system.

There was also a robust organisational quality assurance system in place that identified any shortfalls in service delivery and areas where the home was excelling. There was a visit by two members of the organisation’s management team on the first day of the inspection that had been scheduled before we arrived. Staff said that senior organisational managers frequently visited the home.

The registered manager was involved in a number of information sharing and development initiatives within the local area. They were part of a safeguarding learning and development subgroup with the local authority, a member of ‘Dementia Friends’, had undertaken an accredited course on the dementia care leadership programme and the CRU-POAN advisory group (clinical research unit psychiatry of old age & neuropsychiatry).