

Ritzi Care Homes Ltd

# Cardell House

## Inspection report

421-423 Speedwell Road  
Kingswood  
Bristol  
BS15 1ER

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We undertook an unannounced inspection of Cardell House on 16 February 2016. When the service was last inspected in August 2014 we found that one standard was not being complied with. The provider had not been acting in accordance with the legal requirements when people did not have the capacity to consent to their care.

Cardell House provides personal care and accommodation for up to 12 people. People at the home had learning disabilities and some were living with dementia. At the time of our inspection there were 11 people living at the home.

A registered manager was in post at the time of our inspection. 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.

People told us they felt safe. Staff received training in safeguarding and were aware of the procedures to follow. The registered manager referred any concerns to the local safeguarding team.

Medicines were administered safely. Staff had appropriate training and practical assessments ensured staff were competent.

Risks were identified and managed through assessments which promoted independence. Safety checks of the environment and equipment were undertaken.

Staff received regular training to ensure they were suitably skilled in their role. They were supported through effective induction, supervision and an annual appraisal.

People's health needs were met as the home worked in partnership with their local GP who visited weekly. People had access to a range of healthcare professionals when needed. Systems were in place to monitor people's health and well-being.

People lacked stimulation through organised activities within the home. Regular support was not available for those that required help to access the community when they wished.

People received personalised care. Staff knew people's individual preferences well and these were reflected in the care records. People and relatives had access to the complaints procedure and felt comfortable raising any concerns.

People told us the home was well led and managed. People said the registered manager did a good job and was effective. The registered manager communicated with staff through team meetings and written

records.

The home had systems in place to monitor the quality of care. People were asked for their feedback on the care and support they received.

## 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.

Staff knew how to identify and report safeguarding concerns.

Staffing levels were safe. Appropriate recruitment procedures were followed to ensure checks were completed before staff began work.

People's medicines were managed safely and administered by trained and competent staff.

Risk assessments were in place to help keep people safe whilst promoting independence.

### Is the service effective?

Good ●

The service was effective. Staff provided effective care.

Staff were supported through effective training and supervision.

The home was meeting the requirements of the Deprivation of Liberty Safeguards.

The home worked closely with a GP to meet people's health needs.

People's nutrition and hydration needs were met.

### Is the service caring?

Good ●

The service was caring. We observed positive relationships between staff and people living at the home.

Staff spoke to people with consideration and kindness.

People were supported in a way that maintained their privacy and dignity.

Staff were knowledgeable about people's needs and personal preferences.

People's visitors were welcomed at the home.

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

The service was not always responsive.

People had limited access to social activities and the community.

People received personalised care. Care records were person centred.

Care and supported was provided according to individual preferences.

Complaints and concerns were openly and thoroughly responded to.

**Requires Improvement** 

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

The service was well-led.

People, staff and relatives spoke highly of the registered manager.

Staff felt supported and valued by the registered manager and provider.

There were effective communication systems in place and feedback was sought from staff.

There were systems in place to monitor the quality of care provided.

**Good** 

# Cardell House

## 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.

The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

People at the home had learning disabilities and some were living with dementia. This meant they were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with five people living at the home, the registered manager and three staff members which included a senior staff member. We spoke with two relatives of people that lived at the home. We looked at three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

## Is the service safe?

### Our findings

People told us they liked the home and felt safe living there. One person told us, "It is very safe here. I like the staff". Another person said, "It is nice to know someone is around at night, this makes me feel safe." People's independence within the home was being promoted in a safe way. For example, the hot drinks machine was easy and safe for people to use.

The provider had policies in place for safeguarding vulnerable adults and this contained guidance on the action that would be taken in response to any concerns. Staff told us they received training on safeguarding and this was seen in the training records that we viewed. Staff could explain different types of abuse that may occur, how to recognise signs of abuse and the actions they would take. One staff member said "I would inform the manager of any concerns." When needed the registered manager had reported concerns to the local safeguarding team and we viewed records of this. Staffs were aware and knowledgeable about the policy on whistleblowing.

Medicines were ordered, stored and administered safely. The home had a separate medicines room which contained a secure trolley. Medicines were delivered to the home every four weeks and signed onto the Medication Administration Records (MAR) by two staff members. Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Registers of these medicines matched the stock numbers held. People had their own individual homely remedies for when needed. Staff were knowledgeable about the procedure to follow should any medicines error occur. There was clear guidance for when 'as needed' medication may be required. For example for one person, this described the behaviours that may be displayed and strategies that staff should engage with before medication was offered. Training records showed staff had appropriate training in administering medicines. Staff also completed a practical competency observation to ensure they had the correct skills and knowledge to administer medicines safely. The registered manager completed a weekly audit to ensure the administration of medication was safe. We identified the medicines fridge and the temperature of the room was not being monitored. The registered manager said this would be rectified to ensure storage temperatures were correct.

Staff files showed appropriate recruitment procedures were followed before new staff were appointed. Staff files showed an application form, photographic identification, a minimum of two references and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Individual risk assessments were completed with people and there was clear guidance for staff on risk management. Risk assessments enabled people to retain independence whilst reducing risk and remaining safe. For example one person did not like staff to check the temperature of their bath; this meant there was a risk the bath may be too hot. The risk assessment detailed the process the person went through and the safety checks agreed so that the person could bath safely themselves. For another person they had a particular health condition and a daily check was completed by staff. The risk assessment gave guidance on

exactly what staff needed to do and the action to take if any concerns were identified.

The home had systems in place to monitor accidents and incidents. We viewed records which described the accident or incident, the immediate action taken to deal with the situation and further action to ensure the safety and well-being of the person. We viewed that when a person had sustained an injury, appropriate medical assistance was given and further advice sought when necessary, for example contacting the GP or NHS 111. Any concerns about a person were communicated effectively to the next shift and an accurate record was kept to monitor the person. A monthly audit was completed by the registered manager to review the type of accidents and incidents that had occurred and to monitor for any patterns. We viewed changes made to reduce risks from these reviews. For example, signs had been put up to direct people to where the bathroom was and it had been explained to people so they knew what these signs were for.

There were sufficient numbers of staff on duty to meet people's needs safely. We viewed the staff rotas from the previous eight weeks and the number of staff on duty was consistent with the planned staffing levels. The home was currently recruiting for a night member of staff. This vacancy was being covered by existing staff members at present. The registered manager explained that as the recruitment for this post was taking longer than expected a short term agency contract may be used to ensure that staff members were not adversely affected.

We viewed records which showed that appropriate checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of electrical equipment, emergency lighting and call bells. Legionella testing was completed and the servicing of gas and water appliances.

Systems were in place to regularly test fire safety equipment such as alarms and extinguishers. The home performed practice fire drills and people told me what they would do in the event of an emergency. One person said, "If the alarm goes you have to leave the building. Then call the fire brigade." People had an individual emergency evacuation plan (PEEP) in their care records. This detailed how people would respond on hearing the alarm and the support people would require to stay safe. There were different PEEPs for during the day and at night as the support required may be different. We viewed records on training completed at a recent team meeting to refresh staff on using the fire panel. The registered manager recognised that a disaster plan for the home may also be beneficial and said one would be produced.

## Is the service effective?

### Our findings

People told us they were very happy with the care they received and enjoyed living at Cardell House. One person told us, "I like it here." Another person said, "I'm happy here. I get the help that I need." Relatives told us the home met people's need and provided good quality care. One relative told us, "It is one of the nicest homes. Staff know what they are doing. He [relative] is safe and well looked after."

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. The registered manager had made an appropriate application for one person living at the home and the Commission had received notification of this. The conditions attached to their DoLS authorisation were being met. However the registered manager agreed it would be beneficial to have clearer records of the DoLS process and of how conditions were being met by the home.

Training records showed that staff had completed training in the Mental Capacity Act 2005 (2005) and DoLS. Staff told us about the training and how they implemented what they had learnt in their role. This included assuming people had the capacity to make a decision, respecting choice and being aware how people made their decisions. They gave an example of always asking for consent before going into a person's room or giving medication and we observed both of these in practice. Staff said that people were empowered to make their own choices. Daily log records detailed how people made their decisions in relation to what they ate, clothes they wore and time chosen to go to bed.

We viewed documentation that went through a process to establish if a people had the capacity to make a certain decision. For example we saw that an assessment had been made in relation to a person wishing to always have staff support when they were out in the community. The assessment showed that the person could understand, retain and communicate their decision. They explained the reasons they felt safer with staff support and what this meant for them. Where people lacked the capacity to make a certain decision a best interest decision was made. We spoke with one relative who told us they had been involved in this process. Documentation showed who was involved in the decision and the outcome.

New staff undertook an induction which included mandatory training and familiarisation with the people and home. One member of staff told us about their induction and how this had included shadowing an experienced staff member. Staff told us this was positive as it ensured care and support was given how people preferred. Records of induction showed that staff had been shown the provider's policies, emergency procedures, the routines of the home and people's care records.

Staff received regular training in a variety of subjects so they could care for people effectively. The training records showed staff had completed training in fire awareness, food hygiene, moving and handling and first aid. Staff told us there was a balance between training completed on line and within a group setting. We were informed of the recent training staff had received in dementia and challenging behaviour. This had a positive impact on the care they delivered as staff said they had a better understanding of how to respond to

particular behaviours. One staff member said, "We discussed new strategies we could try during the training and this was really good." The registered manager completed observations of practice in areas such as consent, dignity, health and safety. If observations identified further training needs this would be addressed. Staff told us they could also ask for further training if needed and the provider supported staff to access nationally recognised qualifications.

Records showed that staff received regular monitoring and feedback through supervision with the registered manager and an annual appraisal. This was confirmed by staff. Staff spoke very positively about their supervision and how it supported them in their role and helped them to become more effective. One staff member said, "supervision is supportive and useful." Staff said the registered manager was always available for extra supervision if needed.

Menus were rotated weekly and people were offered different daily options. People could read the menu and pin their name next to the choice they wanted that day. For people that needed support we observed staff communicate in their preferred method informing them of the choices available. One person told us, "The food is nice." Another person told us, "I really like the food." People could help themselves to a range of snacks and fruit. Hot and cold drinks were always available. The home had ensured that people could independently access these safely.

People told us their health needs were met. One person told us about an upcoming hospital appointment. They could tell us what this was for and the arrangements that had been put in place so they were supported. Another person said "I can ask for help when I am unwell and I get the help I need." Another person said, "I go to the doctors when I need to." The registered manager and staff told us that the GP visited the home weekly. Staff spoke positively about this arrangement as it meant that the GP knew people well and could identify and respond to any concerns or changes. Staff said it gave them the support and information they needed as they could ask questions.

A record of health appointments was kept. We could see people had access to further healthcare such as the dentist, optician or chiropodist. Action taken from the appointment was noted and staff were informed of changes through the communication book. A member of staff told us about a person who had seen a physiotherapist and occupational therapist in response to a fall. This had led to new mobility equipment for the person and this was confirmed in their records.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. One person told us, "I like chatting with the staff." Another person said, "Staff are nice. I can talk to them. They help do things like wash your hair and make lunch." Relatives told us that the staff were very good and knew people well. One relative told us, "The staff are very lovely and friendly." Another person said their relative, "enjoys being at Cardell House and is very happy. The staff are caring."

Some people told us about the care and support they received. One person said "I am happy here. I can go out when I want and the staff are good." Other people were unable to tell us about their experiences. We observed positive interactions between people and staff. We saw people get up when they wished and choose what they would like to eat. People were comfortable, relaxed and smiling. We observed staff ask a person's permission if they could clean their bedroom and if they wished to help or be involved. We saw a person joking with staff about doing their washing up. We observed staff playing cards with people. People were enjoying themselves and laughing. Lunchtime was relaxed and people were offered appropriate choice and support.

The home promoted independence and people told us about their daily lives. One person said "I like to go out on the bus and to the shops." Another person told us about their usual routine and what they liked to do during the day in the local community. They told us, "I choose what I want to do. I can travel on my own. But is nice to have company when I want it."

Care records gave guidance on how people preferred to communicate. This showed how people's communication may change with how they feel. For example one person, who could verbally communicate may become quiet if they were tired. This meant they may need more time to respond. One person's care record showed they may respond 'no' if asked if they would like to do something, for example go for a walk. However, they may then go and put their coat on and say they were ready to leave. Guidance was in place for staff to inform them of the language, actions and body language people might use and what it may communicate.

We observed people being treated with dignity and respect. We observed staff speak to people in a polite and friendly way. We saw staff give people personal space when they were involved in an activity, such as reading their newspaper. Care records gave staff guidance on how to maintain people's privacy and dignity. One person's records said, "I would like staff to obtain my permission before entering my room." People told us that staff always knocked before entering their rooms. Another record reminded staff to be mindful of maintaining people's privacy and dignity when completing night time checks.

The home did not keep any formal record of compliments and the registered manager said this would be introduced. We did view a card thanking the staff for the birthday cake they had received.

People told us family and friends visited the home or they went out with relatives. One person told us, "My family come to see me." Another person said, "My sister comes every two weeks and we go out." Relatives

told us they could visit when they wished and there were no restrictions

## Is the service responsive?

### Our findings

People told us they were happy with the care and support they received. We observed staff being responsive to people's needs. For example by supporting people with their mobility equipment to move around the home safely. We observed staff asking people if they were comfortable or would like a hot drink. Relatives praised the home for managing the changing needs of people well. One person said, "They have been very responsive to [name of person] needs."

We found that people did not have a structured activities timetable of their choice. There was a lack of organised activities within the home, which people may wish to participate in. Support was not regularly available for people that needed help to access the community. This meant that people could not go out as much as they may wish. We observed that some people would benefit from being engaged with an activity during their day as they appeared restless. Some people had an additional independent assistant who supported them to access groups and clubs within the community. This person had been unavailable for some time. People had been offered an alternative but preferred to wait for the person to return. This was documented in their care records. The registered manager recognised there needed to be better access to activities and the community to ensure people were stimulated in their daily lives.

The registered manager completed an assessment prior to admission to ensure the home could meet people's needs. Care records contained a photograph of people, essential information and their life history. This described people's backgrounds and interests. Staff said this was beneficial as it opened up topics of conversation or activities that people enjoyed, for example cooking and gardening. Personal preferences were reflected in care records. For example in one person's records it said, "I like to have juice available to me on the table during my mealtimes." Another records said, "I like to eat traditional meals at regular times. Routine is important to me." There was evidence to show that people were involved in their care records as they were signed by people. Care records were regularly reviewed and people could choose to have family and friends involved in this process.

Staff completed a daily log about people. This gave detailed information about the care and support people had received. For example, if they had their medication, personal care and what they had eaten and drunk. The document also included a well-being check. This was to identify and changes or concerns which may indicate a person required further healthcare or support. The log also recorded how people had made their decisions for example by showing people choices or offering different times.

People had a regular one to one sessions with their keyworker which were documented. A keyworker was a member of staff specifically allocated to oversee a person's care and support. During this time people were asked for feedback on the home in regards to areas such as their room, meals and activities. People could complete these independently or with the support of staff. Communication was supported by the use of pictures to indicate happy and unhappy. The feedback included ensuring that people's religious and cultural needs were met. The complaints procedure was discussed each time so people understood and were aware of it. We saw that clear actions were made in response to suggestions within an agreed timeframe. For example, one person said they would like to go out on the bus when the weather got better.

Another person identified problems with their oral health and we could see a dentist appointment was made in response.

The home received two complaints and one noted concern in the last 12 months. Records detailed what the complaint was and the action taken to resolve it. For example amending the care plan and informing staff. All the complaints had been resolved to the complainant's satisfaction. The relatives we spoke with had received a copy of the complaints form and said they would feel comfortable making a complaint if necessary. One relative spoke about concerns they had raised with the registered manager about clothes not been returned and suitably laundered. The person praised the response by the registered manager ensuring systems were changed and maintained.

People confirmed they received surveys from the provider asking for their feedback. The results were summarised and detailed specific comments made. It was clear what action had been taken in response to the survey and when these changes had been made. For example people had suggested they wanted to be involved in planting roses and plants to make the garden look more attractive. It was recorded what had changed and when this had been completed.

## Is the service well-led?

### Our findings

People, relatives and staff spoke very positively about the registered manager at Cardell House. We were told the home was well run. The registered manager listened to people and made changes in areas identified. One person commented, "The manager is great" and told us they "Run a good home." Another person said, "The registered manager is lovely and brilliant."

Staff commented on the improvements made since the registered manager had been in post. Care records and risk assessments were clearer and direct. Care and support delivered was viewed as more person centred. Staff said the registered manager "always does a little bit extra" and "gets things done". One member of staff said "She does her job really well. She listens to staff and is hands on. She is part of the team." Relatives described the registered manager as "approachable" and "responsive."

Relatives said the registered manager and staff kept them well informed. One person said, "The registered manager will always call me and let me know what is going on. I can call at any time." Another person said, "I feel involved in [name of person] care. The registered manager talks to me and discusses anything I need to know." Relatives said they could let the registered manager know the best way to communicate with them, by phone, email or in person. Relatives said they were invited to attend people's reviews and we saw records which showed their input.

Information was communicated effectively to staff. The daily notes gave a comprehensive overview for staff and ensured any concerns or additional monitoring were carried forward. For example, one person needed some extra skin cream applying and another person had been distressed at night due to being disturbed by the high winds; this information had been communicated to staff on the next shift. Messages and important information were written down in the staff communication book. We saw details about health appointments, preparation of food and family visits.

Staff confirmed they had received a survey from the provider in June 2015 asking for feedback on the management of Cardell House. The results were very positive and no changes were required.

The registered manager organised regular, well attended team meetings. Staff said team meetings were useful and informative. Staff could add items to the agenda, anonymously if wished, to ensure it was an open forum to discuss any concerns or issues. We viewed minutes where staff were asked for their feedback on changes recently made in the home in relation to the weekly visits by the GP and the introduction of daily notes. This was to assess if adjustments made had a positive impact for people. The meetings showed that staff were listened to. Staff had suggested that training on challenging behaviour would be beneficial for their role and this was arranged. Staff meetings were also used to improve knowledge and skills. For example a policy of the home was discussed to ensure clear understanding of staff responsibilities.

The registered manager spoke of being well supported by the provider. The provider was in regular communication with the registered manager and aware of any day to issues. The registered manager said the provider was supportive of any changes that needed implementing and worked with the registered

manager on suggestions for improvement. We viewed records of regular visits a representative of the provider made to Cardell House. During these visits they spoke to people and staff and gained their feedback. Audits were undertaken in areas such as training, the environment and care records. Staff spoke positively about these visits and how they felt their opinions were listened to and valued. Staff described Cardell House as a positive place to work and this was evident as some staff had been employed at the home for over 15 years as they said they enjoyed working there so much.

The registered manager had systems in place to regularly monitor the quality of the service. This included audits of health and safety, care records and medication. Regular observations of care and support were conducted. The registered manager understood the legal obligations in relation to submitting notifications to the Commission and under what circumstances these were necessary.