

# Cardell Care Limited

# Rebe

## 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 inspection was completed on 28 January 2019 and was unannounced.

Rebe 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.

Rebe provides accommodation for up to three men or women over the age of 18. People may have a learning disability and/or a mental health diagnosis. There were three people living at Rebe at the time of the inspection.

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.

There was a registered manager in post at the home. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous comprehensive inspection was completed in July 2016 and the service was rated 'Good' overall. At this inspection, the service was rated 'Good'.

The service was safe. People's medicines were managed safely. People were protected from the risk of abuse. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team. Risk assessments were in place and accurately reflected the current level of risk to people. There were sufficient staffing levels to meet people's needs. Robust recruitment processes to ensure the suitability of staff were in place however could be further improved. A recommendation was made to consider current legislation around staff recruitment.

People were receiving effective care and support. Staff received the training they needed to support the people living at Rebe. Staff felt supported and received regular supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

The service was caring. People and their relatives spoke very positively about the staff. The people appeared happy and relaxed. Staff demonstrated a good understanding of respect and dignity and knew people well.

The service was responsive. Care plans were person centred and reviewed regularly. People were involved in the planning of their care. People took part in a range of activities of their choosing. There was evidence of ongoing improvements in people's ability to be as independent as possible. There was a robust complaints procedure in place.

The service was well-led. There was a strong leadership presence. Staff lived the values of the home. Quality assurance checks and audits were occurring regularly. Staff, people and their relatives spoke positively about management.

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

We always ask the following five questions of services.

### Is the service safe?

The service remained Good.

Good ●

### Is the service effective?

The service remained Good.

Good ●

### Is the service caring?

The service remained Good.

Good ●

### Is the service responsive?

The service remained Good.

Good ●

### Is the service well-led?

The service remained Good.

Good ●

# Rebe

## 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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 28 January 2019 and was unannounced. It included looking at records, speaking with people who use the service, talking with staff and phone calls with relatives. The inspection was completed by one adult social care inspection manager.

We spoke with the registered manager of the service and four members of care staff. We spoke with two people living at Rebe. We spoke with two relatives of people living at the service.

# Is the service safe?

## Our findings

The service continued to provide safe care.

People and their relatives told us they felt safe. One person said, "Yes I feel safe". We observed people looking happy and relaxed in the company of the staff. All the relatives we spoke with told us they felt their relative was safe at the service. One relative commented "[Person] is kept very safe here. I do not have to worry".

People were supported by staff who had a clear understanding of safeguarding and their role in keeping people safe. They had been provided with safeguarding training and were able to tell us how they would recognise abuse and where to report allegations and incidents of abuse. Policies and procedures regarding safeguarding were available and there was evidence that these had been read and understood by all the staff.

People's medicines were managed safely. Medicines policies and procedures were up to date and available to ensure medicines were managed safely. Staff had undergone medicines management training. Medicines that were administered as and when required (PRN) had a detailed PRN protocol in place. This outlined for staff when the medicine may be needed and its possible side effects. Staff medicines competency was checked regularly and the registered manager told us that if any concerns were identified this would be fed back to the member of staff during their one to one, where actions could be identified to ensure learning had taken place. The deputy manager also completed a monthly audit of medication and this was overseen by the registered manager.

People's risks were managed appropriately. Risk assessments were in place in people's care files. They contained detailed management plans and there was evidence that they were reviewed regularly to ensure they accurately reflected the person's risks. These included risks associated with supporting people with personal care, managing relationships and risks associated with specific activities, such as swimming. The risk of people experiencing financial abuse was also minimised through the stringent checks that were in place. This meant that if there were any anomalies in someone's finances the registered manager would be alerted to it in a timely way.

People were supported by sufficient numbers of staff. This was confirmed by talking with staff, reviewing the rotas and the activity plans for each person. All the staff we spoke with said that there was enough staff to meet people's needs, including ensuring people were able to undertake the activities of their choosing.

People were protected from the risk of being cared for by unsuitable staff through robust recruitment processes. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. However, the service's recruitment check list needed to be updated to fully reflect Schedule 3 of the Health and Social Care Act

2008. This Schedule sets out that providers need to ensure, where reasonably practicable, that they have satisfactory evidence of staff conduct where they have previously been employed to work with children or vulnerable adults. Currently Rebe's check list stated that these checks should be done 'within the last five years' only.

We recommend that the service consider current legislation related to the employment of people and act to update their practice accordingly.

People lived in a clean and safe environment that was well maintained. All the necessary environmental risk assessments had been completed, and regular environmental checks undertaken, such as water temperatures and fire alarms.

Staff had completed infection control training and they had all signed to say they had read and understood the infection control policy in place.

People were kept safe in case of emergencies, such as fire. Staff had completed fire training and regular fire evacuation drills took place. Each person had an individual personal evacuation plan to ensure their needs were understood and could be met in an emergency.

## Is the service effective?

### Our findings

The service continued to provide effective care.

People were supported by well trained staff. The registered manager told us, and staff confirmed, that all staff completed an induction when they first started working in the home. This included 'shadow' shifts, time spent reviewing the home's policies and procedures and learning what was expected of them on a daily basis in relation to supporting each person living at Rebe.

Staff told us that they had the necessary training to support people effectively. The training matrix demonstrated that staff had received training in what the service considered as care areas, such as safeguarding adults, person centred care and food hygiene. The registered manager confirmed that training to equip staff to support people with a specific need would always be available if and when required. Written feedback from a relative stated "[registered manager] leads a well-trained and professional team".

Staff told us that they felt well supported. They confirmed that they received regular supervision and appraisals. They all stated that if they had any concerns they could talk with the registered manager at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Everyone living at Rebe had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. Staff told us that they assumed people could make decisions and always supported people to do so.

People were supported to maintain a balanced diet. Menus were developed with people during weekly house meetings. People were supported to shop for their food and some enjoyed helping to cook or make their lunch.

People were supported to live healthier lives through an annual health check with their GP and regular access to other health care professionals such as their dentist or optician. The outcomes from these appointments were consistently recorded and any actions needed reflected in their care plans. For example, one person's GP recommended that they were encouraged to eat more fruit and vegetables. This was recorded in their care plan and reflected in their menu. Each person had a 'thumb sketch' that went with



them when they attended hospital or other medical appointment. This outlined some important information about them for the healthcare professional which helped to reduce the person's stress.

The registered manager told us about how people were supported to undergo medical and dental treatment or screening tests that they initially found very challenging and stressful. Through staff taking their time with people, talking through the process and providing gradual exposure to these tests and treatments they described how people were now much more willing to undertake these necessary procedures.

People's rooms were decorated to meet their individual preferences. One person said "I like my room. I like pink". The registered manager explained how the lay out of the home had been gradually re organised, in consultation with the people living there, to provide more private space for people. Now each person had their own bedroom, bathroom and living room. The registered manager told us that people were very happy with this and that it had helped to decrease incidents of behaviour that challenges.

# Is the service caring?

## Our findings

The service continued to be caring.

People were treated with kindness and respect. We observed staff talking with them in a respectful way and people appeared happy and relaxed. Staff were aware of the need for privacy and maintaining people's dignity. Staff provided personal care behind closed bedroom or bathroom doors. When speaking with staff, they were clear in their understanding of privacy and informed us they always knocked and sought permission before entering a person's room.

We observed positive staff interactions and a genuine warmth between people and staff. The staff ensured that people were happy and engaged. Examples of this were observed during the inspection. For example, one person wanted to go out for a walk in the afternoon and staff supported this person to do so.

A staff member told us "I treat them as if they are an extended part of my family". One member of staff described how she often talked about her family with a person she supported. This led to taking the person to visit with her family which they very much enjoyed and prompted regular conversation about their family going forward. Another member of staff told us "The best thing about my job is the service users. It doesn't feel like work, when I come here it feels like coming to my home".

Whilst staff could move between the provider's homes to provide staff cover, the registered manager told us that it was important to have consistent staff in Rebe. A recent change in provider policy meant that the staff at Rebe now remained the same unless cover for sickness or leave was needed. This meant that staff knew people well and the people living at Rebe were comfortable and familiar with the staff.

Relatives we spoke with provided very positive feedback about the staff and their involvement. A relative told us "I am 100% happy with the care. I couldn't be happier. I always know what's going on. Communication is excellent". Written feedback from a relative stated "The staff are lovely and very caring".

People's preferences in relation to the support they received was clearly recorded. People's need to express themselves in an individual way was respected and we observed their choices with regards to how they dressed and were addressed also being supported. It was evident from observation and talking with staff that they knew the people they supported well. Staff told us that it was because they knew them well they could quickly identify when a person was becoming unhappy or stressed which may trigger behaviour that challenges. This meant that staff could often help to prevent an escalation in behaviour.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. The registered manager described how people were supported to keep in contact with their family and friends. Visitors were welcome at any time and people saw family and friends in the privacy of their own rooms. One person's relative stated, "I have always been made to feel welcome".

## Is the service responsive?

### Our findings

The service continued to provide responsive care.

People were involved in developing their own care plan. The care plans were detailed and personalised. Relatives informed us they were invited to participate in care plan reviews with people and felt their opinions were considered. Staff told us that they were always looking at how to support people to be as independent as possible. Each person had their own individual short term and longer-term goals that helped them to achieve what they wanted to achieve. For example, one person's short-term goal was to be supported with their money but with a longer-term goal of developing a better understanding of the value of money and therefore eventually requiring less support. The care plan detailed how staff would support the person with this.

People were encouraged and supported to develop friendships in the community. The registered manager told us about how people went out and visited friends and family in the community with the support of staff. One person worked as volunteer in a garden centre. People could all meet up at the provider's group parties and socialise as they chose.

People could take part in activities of their choosing. One member of staff told us "It is a very active house. There is always something going on here". Each person had their own activities timetable detailing what they were doing during the week. Activities included swimming, going for walks, making lunch and visiting the beach. It was evident staff knew people's interests well and how best to support them with these interests. One member of staff said that whilst some people could manage with the weekly activities plan others coped better with deciding about their activities on a daily basis.

Staff would go out of their way to ensure that people enjoyed their life and could have different experiences. For example, a member of staff described how they had arranged for a visit to Wookey Hole. This was undertaken before the park and caves were officially open so that it was less stressful for the person. Photographs in the annual provider newsletter showed how much the person had enjoyed this. One member of staff told us "We are always looking at ways we can make people's lives even better".

The registered manager told us, and relatives confirmed, that all the people living in Rebe had progressed over the time they had been there in terms of willingness to leave the home and enjoy new experiences. For example, one person when they first arrived refused to leave their room and now they went out regularly and fully participated in activities such as visits to the gym. Written feedback from one relative stated "[Person] has made amazing progress since they have been at Reve". One of the reasons for people's progress included ensuring staff with the right skills were matched with the person or the activity. For example, staff who enjoyed horses would accompany the person on this activity. This meant that staff could share their knowledge and enthusiasm with the person. One relative told us "Staff are totally in tune with [person]. They have come a long way".

The service was compliant with the Accessible Information Standard. This sets out a specific approach to

identifying, recording flagging, sharing and meeting the information and communication support needs of the people in receipt of care and support. People living at Rebe had their communication needs identified, recorded and highlighted in their communication passport.

There was a complaints policy in place which detailed how the service would manage complaints. This included being clear on how people could make a complaint, including in writing or orally. Although no complaints had been made, the registered manager was able to describe how they would address any issues that were raised. Relatives we spoke with all told us that they were clear about how to make a complaint and that they would not hesitate to raise concerns with the registered manager if they needed to.

Whilst no one at the service was at the end of their life the registered manager stated, through the PIR, that the staff all had end of life training booked for March. The aim was to have an end of life plan for people living at Rebe by the end of April 2018. The person and all significant people in their lives would be involved in that plan in order to ensure that all thoughts on this were fully heard and respected.

## Is the service well-led?

### Our findings

The service continued to be well-led.

There was a registered manager working at the home. Staff spoke positively about them and felt the service was well-led. From our observations and speaking with staff and the registered manager it was clear that there was a positive culture at Rebe and staff worked with the values of person centred care and promoting independence. The registered manager told us that their aim was to ensure people led meaningful lives. This was reflected in our observations and speaking with relatives and the people that lived at Rebe.

The home was supported by strong leadership. The registered manager herself was supported by a deputy manager and had a 'hands-on' approach to running the service. This meant that the registered manager knew her staff and the people they supported very well and could offer advice and support as needed.

The registered manager valued her staff and this was clear from talking with staff and evidenced by the low turnover of staff at Rebe. One member of staff told us "[Registered manager] will listen to you. They are very approachable". Regular staff meetings took place where staff could bring ideas and give feedback. For example, one staff member described how they had approached the registered manager about maintaining the same staff at Rebe for the benefit of the people living there. They told us that the registered manager listened to them and put their suggestion in place.

The registered manager ensured that they had the necessary leadership skills and were able to keep up to date with best practice through being an active member of a variety of groups and organisations. For example, they were currently co-chair of the Gloucestershire Providers Association. They were also on the steering group of 'Proud to Care'. Proud to Care is a regional recruitment campaign, with Health Education England, which aimed to raise the profile of care by promoting a positive image of the care sector and attracting applicants from different labour market groups. They were also a member of the Care Association Alliance where they shared best practice between providers. The registered manager told us that this enabled them to ensure the service they provided reflected current best practice including ensuring their policies were up to date. For example, changes to Positive Behaviour Management (PBS).

The quality, safety and effectiveness of the service provided was monitored through regular audits. Audits included medicines, care plans and environmental audits. The registered manager had oversight of these audits to ensure they were taking place as expected. Whilst very few issues were found the registered manager explained how audit and monitoring tools could be used to drive improvement. For example, all people's behavioural incidents were recorded. Each individual incident was analysed to see if a cause could be found so that actions could be taken to prevent a future occurrence. The registered manager also collated these findings to establish if there were emerging themes or patterns of concern. For example, one person's number of behavioural incidents suddenly doubled in a short period of time. The registered manager showed us how this was noted and reflected in their care plan, with instruction for the staff to monitor closely, and subsequently the number had reduced significantly.

Annual surveys were sent out to people and their relatives to gain their feedback. The feedback from these was overwhelmingly positive. One relative stated, "The registered manager always listens to us. Feedback is easy". The provider also produced an annual newsletter to update people's families and representatives of what had been happening at the home. The newsletter contained a section called 'You said, we did'. Here they evidenced any actions taken from feedback. However, as the feedback was mainly positive the actions taken tended to be around sustaining the good service provided.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.