

Karenza Limited

Canonbury Residential Home

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

The inspection was unannounced. Canonbury Residential Home is registered to provide accommodation and personal care for up to 13 older people. At the time of our inspection there were nine people in residence but one person was in hospital. All bedrooms were for single occupancy. Nine of the bedrooms have en-suite facilities and for the others, there were bathrooms nearby.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. When we inspected in January 2016, the registered manager had employed a home manager to run the service. This had not been successful and their employment had been terminated. The registered manager who is also one of the providers, returned to run the service in March 2016 and has made significant improvements to the service and addressed the breaches in regulations.

From speaking with people and staff it was evident that Canonbury had returned to be a happy service, achieving good in all five key areas. Work practices that had been ceased by the home manager had been re-instated.

Staff were aware of their responsibilities to keep people safe and protect them from being harmed. They received training in safeguarding adults and knew how to raise and report any concerns they had. Staff recruitment procedures ensured unsuitable staff could not be employed because the pre-employment checks were robust. Risks to people's health and welfare were well managed and the premises and facilities were checked to ensure they did not pose a risk to people and the staff team.

Medicines were well managed and all medicines were stored correctly. Staffing numbers on each shift were sufficient to ensure each person's care and support needs were met.

There was a programme of refresher training that all staff had to complete. The induction training programme for new staff met the requirements of the Care Certificate introduced in April 2015. The Care Certificate is a set of standards that social care and health workers must work to in their daily working life. Staff were well supported by their colleagues and the registered manager or the deputy supervised their work on a daily basis.

People were asked to give their consent before being provided with care and support. The registered manager had already identified the need to arrange additional Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training for the staff team.

People were provided with sufficient food and drink and their individual preferences, likes and dislikes were met. Where necessary, staff monitored how much people ate and drank, and reported any concerns to healthcare professionals. People were supported to access the health care services they needed.

People were looked after by staff who were kind and friendly and had good working relationships with them and each other. People were encouraged to be as independent as possible and to continue activities outside of the home environment.

People received the care and support that met their specific needs. They were encouraged to express their views and opinions, the staff listened to them and acted upon any concerns to improve the service. The care records were well maintained and good accounts were recorded when the care plan was reviewed.

The registered manager provided good leadership for the staff team and managed the service well. There were processes in place to assess and monitor the quality and safety of the service. Where improvements were identified these were acted upon. People were satisfied with the service they received and their views, opinions and experiences were acted upon.

Any risks were assessed as part of the care planning process. Where needed a care plan detailed how that risk would be managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe because the staff were aware of their responsibilities to safeguard people and to report any concerns. The recruitment procedures ensured unsuitable staff were not employed.

Any risks to people's health and welfare were well managed. Checks of the premises and facilities were regularly completed to ensure people and the staff team were safe.

Improvements to the management of medicines ensured all medicines were stored and accounted for correctly. The number of staff on duty ensured people's care and support needs could be met.

Is the service effective?

Good ●

The service was effective.

People were looked after by staff who had the necessary skills to meet their needs. New staff had an induction training programme to complete which prepared them for the role for which they were employed.

Staff sought consent from people before helping them. The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. They were supported to access healthcare services and to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and patience. They were satisfied with the way they were looked after and were at ease with the staff.

People were encouraged to be as independent as possible but were provided with the level of support they needed. Their personal choices and preferences were taken account of and they were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they required. Regular reviews ensured that if their needs changed the care and support they were provided with would be adjusted.

People were able to take part in any activities that were arranged in the home and could pursue any activities away from the home they wanted to. People were listened to and staff responded to any comments they made. Any concerns or grumbles people had were dealt with.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided leadership and management of the staff team and acted upon feedback from people, their families and the staff team was encouraged.

The registered manager had a documented recording system in place whereby they assessed and monitored the quality and safety of the service, making changes where needed.

Canonbury Residential Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

When we inspected the service in January 2016 we found there were breaches of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014. We issued two warning notices in respect of regulation 15 (premises and equipment) and regulation 17 (good governance). The service was placed in 'Special Measures'. The purpose of special measures is to ensure providers found to be providing inadequate care significantly improve. Also, to provide a framework within which we can use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months.

We visited again on 24 June 2016 to check the provider had taken the appropriate action to rectify those breaches referred to in the warning notices. The provider had taken the appropriate action and the registered manager had returned to manage the home. This inspection is being carried out to ensure those improvements had been sustained and to check that other breaches had been addressed.

The inspection was carried out by one inspector. Prior to the inspection, we looked at the information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We looked at the Provider Information Record (PIR) the provider had submitted. 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.

We contacted the local authority quality assurance team and one healthcare professional as part of the pre-inspection planning process. Their feedback has been included in the main body of the report.

During the inspection we spoke with seven of the nine people who lived in the home and three staff members. We looked at three people's care records, two staff recruitment files, training records and other records relating to the management of the service.

Each person we spoke with was able to express their views verbally and tell us about their experience of living at Canonbury Residential Home.

Is the service safe?

Our findings

People said, "I don't have to worry about a thing here. I am very safe", "The staff are very good to me. I do go out and walk up the High Street and I tell them how long I will be", "I take so long doing everything and the staff are very patient with me. We have a laugh about it" and "I feel very safe, the staff do everything for us and keep us safe"

All staff completed safeguarding training as part of the training programme they all had to complete. The staff were aware of their responsibility to protect people from being harmed. They would report any concerns they had to the registered manager but knew they could report directly to the local authority, the Police or the Care Quality Commission. There have been no safeguarding alerts raised by the service, families or other health and social care professionals, regarding this service.

When we inspected the service in January 2016 we found the recruitment procedures being followed were unsafe. The required improvements had been made to the recruitment procedures for new staff. This meant that the risk of employing unsuitable staff was reduced and people using the service were not put at unnecessary risk. Recruitment records contained an application form, two written references, an interview assessment and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions which may prevent them from working with vulnerable people. The service was no longer in breach of the relevant regulation.

The seven people we met had minimal care and support needs and managed most of their daily living tasks themselves. Two people were able to walk up the road to the Berkeley shops and a risk assessment had been undertaken to ensure this was safe. Risk assessments and care plans were in place where people needed assistance with bathing, using the stairs and retaining responsibility for taking their own medicines. Personal emergency evacuation plans (PEEP's) had been prepared for each person and recorded what support the person would require in the event of evacuation of the building. Since the last inspection, the registered manager had reviewed the assessments to ensure they were up to date.

The registered manager had re-introduced the programme of health and safety checks of the premises and equipment immediately following the last inspection. We saw eight months worth of the records of these checks. The fire alarm had been checked on a weekly basis and monthly checks of the emergency lighting and fire extinguishers had been recorded. The fire officer had visited in April 2016, had made some recommendations about improvements that should be made as part of the on-going refurbishment of the property. The fire officer had reviewed the fire risk assessment and reported that it was 'adequate'. All staff had received fire training in April 2016.

The hot and cold water temperature checks had consistently been completed since January 2016 and all water outlets were flushed through on a monthly basis. The hot water temperatures were recorded as 43 °C or lower, except in those areas for staff use only. Stroud District Council had visited the premises on 26 May 2016 and had reported there were generally good control measures in place regarding the water system and the legionella checks. The service was no longer in breach of the relevant regulation.

The service had a business continuity plan in place. The plan detailed what to do in the event of fire, flood, loss of utility services, if appropriate staff were not available and if alternative accommodation was needed.

Improvements had been made to the management of medicines to ensure people were not at risk from unsafe practice. We checked the medicine administration records. All medicines had been signed in correctly and any hand written entries had been countersigned by a second member of staff. Since the last inspection, the service had arranged for the correct storage facilities for controlled medicines (also known as controlled drugs or CD's) to be installed. The service had a CD register in place to record receipt of any CD's in to the service and each administration of the medicine to the person and any subsequent disposal of unwanted controlled drugs. At the time of this inspection the service was not storing any controlled drugs but the registered manager was fully aware of the correct procedures to follow. All other arrangements for the ordering, receipt, administration, recording and disposal of medicines were safe. The service was no longer in breach of the relevant regulation.

Since the last inspection, the registered manager had returned to the service and was in day to day control. The home manager who had been employed was no longer employed. The registered manager worked four full days at the service and was supported by a deputy and senior care staff. The numbers of staff on duty for each shift was based upon people's needs. On the day of inspection there were two care staff on duty, plus one domestic and the registered manager. The service had eight people in residence but one person was in hospital. The service did not use agency staff and the registered manager covered any vacant shifts as needed. This meant people were looked after by staff who were familiar with their needs and preferences. The care staff completed care tasks, laundry and catering tasks and said the staffing arrangements were sufficient.

Is the service effective?

Our findings

People said, "I have lived here for 10 years and I get all the help I need", "The food is bloomin' lovely here", "The staff help me have a bath by running the water and then I can manage all by myself" and "This is my home, I don't want to live anywhere else".

In January 2016, new staff had no induction programme to complete and were therefore not prepared for their job role. Since this inspection the service had recruited two new staff and there was an induction programme in place for them to complete. There was an initial checklist to complete which covered instructions about the premises, fire safety, health and safety issues, employment matters and care tasks. The new staff member was then expected to complete the Care Certificate. The Care Certificate was introduced for all health and social care providers on 1 April 2015 and consists of 15 modules to complete. One of the new members of staff had started work at the service in December 2015 and still had not completed the Care Certificate. There was an expectation the programme was completed within 12 weeks of employment. The registered manager explained the staff member worked on the bank and this had proved difficult in getting the modules of the programme signed off. The staff member was on duty the day of the inspection and said they were well supported by the staff team. The other new member of staff was still working through the Care Certificate programme however was still within the 12 week period. The service was no longer in breach of the relevant regulation.

The service had a programme of mandatory training that all staff had to complete. Staff had to complete fire safety, moving and handling, food hygiene, first aid, medicine administration, health & safety and safeguarding adults training. All but two staff had attended a dementia awareness training day in Gloucester in June 2016. The registered manager kept a record of everyone's training on a training matrix. This enabled them to identify when refresher training was due. The staff training programme ensured staff were able to meet people's needs. Six staff members had completed a recognised qualification in health and social care at level two (previously called an NVQ and now called a diploma) and three, at level three. The registered manager had a social care qualification at level four.

The staff team was small and they each supported their colleagues to do their jobs. They had a handover report at the start of their shifts. Records were kept of what was discussed during these handover reports. Staff were informed about any changes in peoples' health or welfare and any events that were happening during their shift. The supervision and support for the staff team was provided on an informal basis and staff felt this was sufficient. The registered manager told us that annual appraisals of the staff were due to be completed in September/October.

Each of the people in residence had the capacity to make their own decisions. As part of the overall assessment of care and support needs this was determined and recorded in their care notes. The registered manager had knowledge of the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. Care staff

were aware of the need to ask for a person's consent before they provided any care or support. Throughout the inspection we heard people being asked to give consent and to make decisions about things that affected their daily lives. People in residence at the time of the inspection were able to consent to be looked after at Canonbury. The registered manager was in the process of arranging additional Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training for the staff team.

People were asked what they liked to eat and drink and their preferences for food and drink were recorded in the care notes. People were provided with a traditional menu consisting of 'meat and two veg' but they were encouraged to make suggestions of meals to be served. The main meal was served at lunch time – on the whole the nine people would receive the same meal. At tea time, people had a choice of sandwiches, soup, hot snacks or salad. Care staff were able to tell us who liked what and what alternatives were provided when it was "Fish on Friday" (for example) for those who did not like fish. One person who had a visual impairment said the care staff always told them what food was on their plate when they were served their meal. Another person said they took a while to eat their meals but the staff were patient with them and let them eat their meal at their own pace. The registered manager and care staff were concerned about one person's eating and drinking and weight loss. From this person's care records it was evident the GP and other healthcare professionals were involved in the care of this person.

Each person was registered with the local GP practice who visited when people were unwell or when they had asked to see the doctor. They said the surgery had a good relationship with the home and they were contacted in a timely manner. The GP visited each person for a six monthly review, including a review of their medicines. District nurses visited when people had nursing care needs, for example wound care management or catheter care. When possible people were escorted to see healthcare professionals at the Vale hospital or the doctors surgery. People were supported to see opticians, dentists and chiropodists, social workers, occupational therapists and physiotherapists as needed.

Is the service caring?

Our findings

People said, "The staff are just lovely. Couldn't ask for any better", "They are very kind and patient with me", "I used to live here then I went to another care home but now I have come back. I like the staff here and knew some of them before I needed residential care" and "It is home from home here, we are one big happy family".

People were encouraged to be as independent as they were able and to make decisions about their day to day life. One person told us they went up to the shops every day to collect their own newspaper and newspapers and magazines for the others. This person had been a fairly new 'resident' in Canonbury when we visited in January and had a low mood at that time. During this inspection it was evident the person was very content in their surroundings and felt very much at home. The person also told us about the support the registered manager and the care staff had provided in dealing with family issues, outside of the home.

Staff spoke about people in a kind and respectful manner and were aware of the different ways people liked to be looked after. They called people by their first name and said this had been agreed with the person. Staff provided support that took account of people's specific wishes and what was important to them. For example, some people had a preferred place to sit in the dining room and staff had not allowed a forthright person to make changes which suited them and not the others. One staff member said they would recommend the home to family and friends as Canonbury was "small and friendly" and "just like home".

It was evident the staff team got on well with people. They were committed to ensuring people had a good life, were treated well and had good working relationships with them. There was a relaxed atmosphere in the home and we observed caring interactions between the staff team and people living in the home. The care staff were kind and caring to each other and got on well together and the registered manager genuinely cared about the staff team.

People looked well cared for and their clothes were clean and well laundered. Their rooms were kept clean and tidy and the staff were respectful of their belongings

Canonbury is a small residential care home and they do not employ nurses. The service would do everything possible to enable people to remain at the service if their health deteriorated and they had end of life care needs. They would need to work alongside healthcare professionals such as the GP and the district nurses in order to be able to achieve this and would encourage family support where this was available.

Is the service responsive?

Our findings

People told us, "I am very happy with the way I am looked after. The staff know my daily routine", "They could not look after me any better", "I have lived here a very long time and the staff know exactly what help I need. They let me be independent and carry on doing what I can" and "I have no complaints but would speak to the staff if I did. I know they would listen to me".

Since the last inspection in January 2016, there had only been one new admission to the service. Their care needs had been assessed prior to them moving to the home. This ensured the care staff could meet their care needs and any specific equipment was available. The other people had also had their care and support needs re-assessed and new documentation was in place. Two people had their care needs assessed in March 2016. Information gathered in the assessment process was then used to develop a plan of care.

The plans we looked at provided sufficient information about the person's particular care needs and how they were to be met. It was evident the person had been involved in the drawing up of their care plan. They were asked to sign their agreement with the contents of the plan. The plans were then reviewed on a monthly basis to ensure they remained up to date. Any changes to the person's care needs were recorded in the review account and the care plan was updated with the new information. The reviews were detailed and evidenced a robust process to ensure they reflected the person's actual care and support needs.

People were asked about their previous life, hobbies and interests and a detailed account of their life history was recorded. The assessments and plans also recorded the preferred routine the person wanted to follow in the service, referred to a Canonbury Life.

The service did not have a dedicated activity person but there was a plan of activities posted on the noticeboard. The registered manager or the care staff led the activities. Examples included dominoes or card games, music and movement, bingo and sing-a-longs. A hairdresser visited the service on a weekly basis. One person told us they went out with a friend twice a week and "liked to go out for a walk". Staff maintained a record of any activities people had participated in. Birthdays were celebrated with tea and cake in the afternoon. People were supported to maintain contact with family and friends and visitors were welcomed at any time.

Because of the smallness of the service and the routines of the home, 'resident meetings' were not scheduled on a regular basis. The registered manager or the deputy would see each person every day and speak with them individually and were able to gather people's views and experiences. People tended to get together in the lounge for morning coffee every day and everyone had their lunch together in the dining room and this was a social occasion with a lot of chatter. The service were able to respond quickly to people's needs and wishes for any changes. By doing this, the service was able to address any problems, issues or niggles before they reached the complaints stage.

People felt able to raise any concerns or complaints with the staff and were listened to. There were copies of leaflets kept in the main hallway advising people about other support services they could contact if they

were unhappy with anything. People were asked to share their views or make comments about things during their care plan reviews, during resident's meetings and when activities were taking place. People were provided with a copy of the complaints procedure but this was also displayed on the noticeboard in the hallway.

A copy of the complaints procedure was displayed in the hallway and stated that all formal complaints would be acknowledged within two days, investigated and responded to within 20 days. Information was also given to people about the complaints procedure. In the previous 12 months the service had not received any formal complaints and CQC had not been notified of any concerns either.

The service had received five compliments in the previous 12 months from family members. The service had been complimented about the care, consideration and 'love' given to people who were either living in the home, had passed away or had a short period of respite stay.

Is the service well-led?

Our findings

People said, "This is a happy home, we all get on well together", "I feel this is very much my home but I don't have to do anything. The staff organise everything" and "It is really nice having (named the registered manager) back. She is much more friendly than that other manager. She listens to us and is genuinely interested in what we have to say". It was evident people were satisfied with the service they received and the way they were looked after.

The registered manager's office was on the second floor of the building however they spent the majority of their time 'on the floor' with the staff and the people living there. This meant they were easily accessible. When the registered manager was not in the home there was a deputy and senior care staff who managed their shifts. The registered manager was always contactable by mobile telephone or home phone and therefore able to deal with any issues promptly.

Quality assurance forms were regularly issued to people, family members & other health and social care professionals. The results from these surveys were collated, audited and then any issues acted upon.

The registered manager had taken action in respect of the shortfalls and breaches in regulations identified in the January 2016 inspection. The staff recruitment files for those who had been employed by the home manager had been checked and the missing references and DBS disclosures were rectified. The programme of checks of the premises had been reinstated on a regular basis. Arrangements had been made for all medicines to be stored correctly in line with current legislation. They had re-implemented an induction training programme for new staff and had introduced a monthly checklist to ensure that all the measures they used to assess the quality and safety of the service were completed and maintain the smooth running of the home.

Care plan reviews had continued to take place on a monthly basis, any changes to the person's care and support needs were recorded as part of the review. We noted the care plans had also consistently been updated to reflect the changes in the person's needs since the last inspection. The registered manager had delegated the responsibility for reviewing the care plans to the deputy but checked this had been done as part of their monthly checks. The registered manager said the service was currently being monitored by Gloucestershire County Council as regards their care plans and handover reporting procedures. The registered manager was expecting a member of the quality assurance team from the council to visit to review the progress they had made.

Staff were supervised on a daily basis and annual appraisals were due to happen in October, once the holiday season had ended. Staff meetings were held on a three monthly basis or sooner if needed and there had been two held since the January 2016 inspection. These measures ensured the staff had the skills and information necessary to meet people's changing needs.

Since the January 2016 inspection the registered manager had ensured that any accidents and incidents were logged. We saw the records for the eight month period. On a monthly basis the registered manager

was looking at these in order to identify any triggers or trends. This meant they were then able to take action that would prevent or reduce the likelihood of the event happening again. The registered manager talked about one person who had a couple of falls and how the staff had identified the falls happened when the person was walking around and carrying lots of things. The service had not received any complaints however the registered manager explained they would view any complaint received as a chance to make improvements.

When we visited in January 2016 we saw records that showed an environmental health officer had required the service to use a digital probe to check food temperatures and the results be recorded. This instruction had not been acted upon at the time however since our inspection in January 2016 the staff had recorded hot food temperatures using the digital probe. We saw these records.

The process of reviewing all the policies and procedures had been started but not completed. The policies need to be aligned to the fundamental standards and the Health and Social Care Act 2008. The registered manager will need to ensure the staff have read and were aware of the policies of the service.

The registered manager was aware when notifications had to be sent to CQC. A notification is information about important events which had happened in the service and providers were required to send us by law. CQC used the notification process to monitor the service and to check how any events had been handled. The service had not needed to send in any notifications since October 2014.