

Cavendish Close Limited

# The Close Care Home

## Inspection report

Abingdon Road  
Burcot  
Oxfordshire  
OX14 3DP

Tel: 01865 407343

Website: [www.theclosecarehome.co.uk](http://www.theclosecarehome.co.uk)

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

We inspected The Close Care Home on 14 and 15 May 2015. The Close Care Home provides residential and nursing care for people with a range of conditions, this includes people with dementia. The home offers a service for up to 90 people. At the time of our visit 63 people were using the service. This was an unannounced inspection.

At previous inspections of this service on 30 May 2014 and 22 November 2014 we found there were not always sufficient staff to meet people's needs. In addition we

found people were not always treated with dignity and respect and the provider and registered manager did not have effective systems in place to monitor and improve the quality of the service.

Following our inspection on 11 November 2014 we issued a warning notice to the provider and registered manager to tell them they must take action around staffing levels to ensure there were enough staff to meet people's needs. Additionally we asked the provider to send us an action plan telling us how they would meet the standards relating to the other areas of concern.

# Summary of findings

At this inspection, in May 2015, we found the provider had taken action to address the areas of concern and bring the service up to the required standards. However, there were still some further areas where improvements were required.

Since our inspection on 11 November the registered manager had left. 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. At this inspection a new manager was in post. The manager was in the process of applying to be the registered manager with CQC.

People's needs had been assessed and where risks were identified risk assessments were in place. Staff were knowledgeable about people's needs and provided care in line with risk assessments. However, people's medicines were not always managed safely.

People were supported by staff who were kind and caring. The atmosphere during our inspection was calm. People were supported in a respectful manner and requests for assistance responded to promptly. However, the provider was not always adhering to the principles of the Mental Capacity Act 2005 Code of Practice. The Mental Capacity Act 2005 ensures that where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best interest.

The manager had made applications where people were being deprived of their liberty, these had been completed in accordance with the Deprivation of Liberty Safeguards.

A Deprivation of Liberty Safeguard allows a person to be legally deprived of their liberty where it is considered to be in their best interests. The manager had identified there were further applications needed.

People had access to a range of activities. We saw people enjoying activities in the home. People were positive about the activities and there was an enthusiastic atmosphere when activities were taking place.

People told us they enjoyed the food. There was a choice of food and people could make individual requests if they did not like the menu. Pureed food looked appetising and people's individual dietary needs were met.

People, their representatives and staff spoke positively about the improvements that had been made and the new manager. The management had introduced a number of changes to improve systems monitoring the quality of care people received. These systems had identified most of the issues we found during our inspection and action was being taken.

Staff felt well supported and had regular supervision. Staff had attended training and were being supported by the manager to attain social and health care qualifications.

The provider was not always sending notifications to CQC as required by the conditions of their registration. We have made a recommendation regarding their responsibility to send notifications.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Staff had a clear understanding of their responsibilities to report abuse.

There were sufficient staff to meet people's needs.

Medicines were not always managed safely.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

People's dietary requirements were met and people enjoyed the food.

Staff felt supported and had regular supervision.

The principles of the Mental Capacity Act 2005 were not always met.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were supported by staff who were caring.

People were treated with dignity.

People were involved in their care and choices were respected.

**Good**



### Is the service responsive?

The service was always responsive.

People had access to activities that interested them.

Staff knew people well.

People knew how to make a complaint and felt happy to do so.

**Good**



### Is the service well-led?

The service was not always well-led.

People found the manager approachable.

Regular audits had identified the concerns found during the inspection.

The provider was not always notifying CQC of notifications required as a condition of their registration.

**Requires Improvement**



# The Close Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 May 2015 and was unannounced. The inspection team consisted of three inspectors, a specialist advisor in end of life care and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about

important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams.

We spoke with 18 of the 63 people who were living at The Close Care Home. We also spoke with 12 people's relatives and visitors. Not everyone we met was able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with providers representative, the operations manager, the home manager, the deputy manager, four nurses, 11 care workers, two housekeepers, the chef and a life skills support worker. We also spoke with two health care professionals and a well-being coach.

We looked at 13 people's care records, records relating to medicines and at a range of records about how the home was managed. We reviewed feedback from people who used the service and a range of audits.

# Is the service safe?

## Our findings

At our last inspections on 30 May 2014 and 11 November 2014 we found people's health, safety and welfare were not always safeguarded because the provider had not taken appropriate steps to ensure that, at all times, there were sufficient staff to meet people's needs. This was a breach of Regulation 22 of The Health and Social Care Act (Regulated Activities) Regulations 2010. We also found people were not safeguarded against the risk of abuse. This was a breach of Regulation 11 of The Health and Social Care Act (Regulated Activities) Regulations 2010. At this inspection in May 2015 we found improvements had been made.

People told us there were enough staff to meet their needs. One person said, "Things are better than they were, more bodies on the ground". Relatives told us staffing levels had improved. One said "I believe the care has greatly improved recently". They added this was due to increased and consistent staffing. However, some relatives were concerned that agency staff were not always knowledgeable about people's needs. We spoke with the manager about these concerns and were reassured that the manager ensured all agency staff had the skills to meet the needs of people living in the home. Where possible the manager employed regular agency staff to provide consistency of care. The operations manager told us they were actively recruiting qualified nurses and care assistants.

Staff told us staffing levels were sufficient to meet people's needs. One nurse told us, "I'm very happy with my staff. I have enough".

During our inspection we saw staff responding promptly to requests for assistance. Call bells were answered in a timely manner. Staff did not appear rushed and had time to sit and talk with people.

The operations manager used a dependency assessment tool to ensure sufficient staff were available to meet people's needs. The dependency assessment was reviewed weekly by the operations manager. We looked at the rotas and allocation sheets for a four week period and saw the required number of staff were available.

People told us they felt comfortable to raise any concerns about their safety. One relative said, "I've never had any problems here but yes, I would complain if I saw anything I thought was wrong".

Most staff we spoke with had a clear understanding of their responsibilities in relation to reporting abuse. This included where to find contact details of the local authority safeguarding team and the Care Quality Commission (CQC). Staff were able to explain the different types of abuse and the signs that might indicate abuse. Two staff we spoke with were new in post and had not yet attended safeguarding training, however they were clear they would report any concerns to the nurse. Both staff were booked to attend safeguarding training. Training records showed that most staff had attended safeguarding training and further training sessions were scheduled.

Safeguarding records showed the manager had taken appropriate action in relation to concerns raised. Records included details of investigations carried out and action taken as a result.

Medicines were not always managed safely. We looked at balances of medicines that were not in the monitored dosage system. We found the balance of one medicine was not correct. We spoke with a nurse who was unable to explain the discrepancy. We checked the audits for boxed medicines and found gaps in the audit. The audit had not identified the inaccuracy.

Not all medicines administered 'as required' had protocols in place. Protocols that were available had not been fully completed. For example on one person's protocol the 'dosage criteria' was not completed. This meant people may not receive their medicines when required.

Records were not always clear regarding medicine administration. For example one person had tablets remaining in the monitored dosage system but the medicines administration record (MAR) chart had been signed. We spoke to the manager who told us the MAR chart was not signed but completed with a code. The manager was investigating the incident further.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the manager about our concerns and were advised the provider was considering a change in the medicines system to enable more accurate recording. The manager's audit identified the issues we found and the action plan identified the plan to change systems.

## Is the service safe?

We observed the administration of medicines and saw that people received their medicines in line with their prescription. Where people were prescribed pain relieving medicines they were asked if they were in pain. Several people received their medicines by percutaneous endoscopic gastronomy (PEG) tube. These are used when people have difficulties with oral intake.

Nurses administered medicines safely using this method. Medicines were stored safely. Locked trolleys were stored in a locked room when not in use. Temperatures of the room and medicines fridge were monitored and recorded.

People told us they felt safe. One person said they felt "Secure and safe, well looked after, very lovely people". Most relatives felt people were safe comments included; "[Relative] is very safe. I don't need to worry when I leave" and "I am absolutely confident [relative] is safe when I go".

People had assessments which identified risks in relation to their health and wellbeing. This included risks associated with moving and handling, falls, nutrition and

pressure care. Risk assessments were reviewed monthly. One person's moving and handling risk assessment identified the need for two carers to support the person using a hoist. The risk assessment contained the details and descriptions of the equipment to be used. We observed staff using the equipment in line with the risk assessment.

People's care records contained personal emergency evacuation plans. The plans contained detailed instruction on how a person should be supported in the event of an emergency such as an evacuation.

Records relating to recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

# Is the service effective?

## Our findings

At our inspections on 30 May 2014 and 11 November 2014 we found people's assessed needs were not always monitored in line with their care plan. This was breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found at our inspection on 11 November 2014 that staff did not have regular supervision or appropriate training to enable them to meet people's needs. This was a breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also made a recommendation in relation to the Mental Capacity Act 2005 (MCA).

We found at this inspection in May 2015 that some improvements had been made. However, we found the provider was not always adhering to the principles of the MCA. Some people's care plans contained mental capacity assessments. These were not always fully completed and did not follow the principles of the MCA. For example, one person's care plan stated the person was competent to make decisions. We saw staff interacting with the person who did not have capacity to make decisions relating to all aspects of their care. There was no information in the care plan relating to the person's fluctuating capacity. One person's care record contained a 'mental test score' form that was not completed. The person's care record also contained a mental capacity assessment stating the person did not have capacity. The document did not follow the principles of the MCA as there was no record of the decisions the person lacked capacity to make.

Some staff had no knowledge of the principles of MCA and were not aware of Deprivation of Liberty Safeguards (DoLS). A Deprivation of Liberty Safeguard allows a person to be legally deprived of their liberty where it is considered to be in their best interests. One member of staff was not aware whether they were supporting anyone who had an authorised DoLS in place. The member of staff was supporting a person who had an authorised DoLS.

These were breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people had authorised DoLS in place. An action plan resulting from the managers audit, identified the need for an assessment for all people who may require an application for DoLS and we saw that three applications had been made as a result.

Staff respected people's choices. We saw staff asking people's opinions, encouraging them to make decisions and respecting decisions made. One person told us they preferred their own company and liked to stay in their room. The person's choice was respected. Staff visited the person regularly.

Staff told us they felt supported. One nurse told us, "The current manager is great, encourages and supports us". Care staff had regular supervision, this included daily guidance and support from the care coordinator and nurses. One new member of the care team said, "They are supportive, they will take me to one side and give me guidance". There was a performance review schedule that confirmed staff had received supervision.

Staff received an induction and attended additional training to ensure they had the skills and knowledge to meet people's needs. Staff we spoke with had attended training including; fire safety, moving and handling, food hygiene, infection control, safeguarding and dementia awareness. We saw that training sessions were planned for safeguarding, dementia care, MCA. Some care staff were enrolling for level two diploma in social and health care. One nurse had completed a level three diploma in dementia care. Staff told us the manager supported their training needs and was responsive to any requests for additional training.

People were complimentary about the food. Comments included; "I love the food, plenty of it", "Plenty to eat and drink, very good". People were given a choice of food at each meal time. Menu choices for the day were clearly displayed on each unit and included pictures of the meals available. People told us if they did not like the choices available they could request an alternative. For example one person requested ham, egg and potatoes. We saw them enjoying this meal.

Food looked appetising and people were enjoying their meal. The chef had introduced food moulds that enabled

## Is the service effective?

pureed food to be presented in an attractive and appetising manner. Place mats with different coloured centres were used to enable staff to easily identify people who required support with their meal.

People were supported to eat and drink with dignity. Staff were encouraging and understood people's needs. The atmosphere was calm and relaxed. Where people preferred to eat their meals in their room they were supported to do so.

Some people had special dietary requirements, including diabetic, pureed and fortified diets. The chef had knowledge of individual dietary needs. There were details of people's dietary needs on each unit and we saw that people received food to meet their needs.

Care plans contained details of people's individual dietary needs. Where people had lost weight this had been identified and a referral had been made to the GP. Food and fluid charts were completed for anyone with weight loss. One person was not drinking sufficient fluids. Records showed the person was being encouraged to drink

regularly and discussion with the GP had resulted in a reduced target intake due to the person's reluctance to eat and drink. The person was also receiving a fortified diet and had gained weight.

Some people had been referred to Speech and Language Therapy (SALT) as a result of concerns about their swallowing. Care plans contained details of the SALT assessment. Recommendations were included in care plans and were being followed. For example one person required thickened fluids. We saw this was being given in line with the care plan.

People had access to health professionals. On the first day of our visit the GP was in the home completing a weekly surgery. Care plans contained referrals to mental health teams, SALT and the care home support team, who provide specialist advice and guidance to improve the care people receive. The home employed a physiotherapist to support people with mobility. One person's care record showed regular input from the physiotherapist to encourage the person to walk.



# Is the service caring?

## Our findings

During our inspection on 11 November 2014 we found people were not always treated with dignity and respect. This was a breach of Regulation 17 of The health and Social Care Act 20018 (Regulated Activities) Regulations 2010. Following our inspection the provider sent us an action plan identifying how they were going to improve the service. At this inspection in May 2015 we found the provider had taken actions to improve the way people were treated.

A care coordinator had been appointed to supervise care staff and work alongside them to promote good practice. There were displays in the home promoting dignity. Most staff had attended dementia training and were knowledgeable about people's needs.

People told us staff were kind and caring. Comments included; "All the staff are lovely", "Staff will do anything for you", "Nothing could be better than what I've got here" and "They look after you very well here. Everyone is wonderful, it's a good place to be".

Staff promoted a caring culture. Comments included, "Staff really want to be here", "They have a caring attitude" and "People who use the service always come first".

Throughout our visit we saw caring interactions. When care staff passed people, they spoke with them and asked if there was anything they wanted. One person was feeling unwell, we observed a care worker speaking in a kind and gentle manner, reassuring them.

There was a cheerful and friendly atmosphere throughout the home. All staff were willing to support each other to ensure people's needs were met. Ancillary staff were also involved in conversations with people, chatting about how people were going to spend their day.

People were treated with dignity and respect. Bedroom doors were kept closed when people were receiving personal care. Staff knocked on people's doors before entering. One person's care plan noted that staff should knock and enter as the person was unable to respond. We saw that staff followed these instructions.

Some people were involved in developing their care plans. Most people we spoke with knew about their care plans and some had been involved in monthly reviews. Care records identified that relatives had been involved in pre-admission assessments and reviews of people's care needs.

# Is the service responsive?

## Our findings

During our inspection on 30 May 2014 and 11 November 2014 we found the service was not always responsive to people's needs. People did not have access to activities that interested them. Staff were not always responsive to the needs of people living with dementia. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider sent us an action plan identifying how they were going to improve the service. At this inspection in May 2015 we found the provider had taken actions to improve.

People told us they could spend their day how they chose. One person said, "I love going down by the river and watching the boats go by. I can choose what I want and people respect my decision". One person told us, "When you get old it's not age that kills you it's loneliness and I don't feel lonely here".

The home employed two life skills support worker (LSSW) to support people to engage in activities that interested them. The LSSW told us "I spent ages learning about everyone. It's important to know people's backgrounds, likes and dislikes so that you can treat people as individuals and provide activities that are meaningful to them". Care plans contained individual social activity care plans that were person-centred and identified how people liked to spend their time and what was important to them. For example, one person's care plan identified the person liked to spend time with another person in the home. We saw the two people sat together chatting.

During the first day of our visit one person wanted to do some gardening. The life skills support worker supported the person to put on appropriate outdoor clothing. The person then spent the morning with the gardener. The person enjoyed the experience and told us, "I had a good time".

On the second day of our visit people were supported to enjoy fish and chips served in newspaper in the home's Bistro. To support the activity the LSSW had developed a quiz with a maritime theme. People clearly enjoyed the experience and were laughing and joking.

The home employed a counsellor and well-being coach who held monthly support groups for people and their relatives. The counsellor also ran monthly mindfulness

sessions and supported individuals with counselling sessions. The counsellor was in the home on the first day of our visit and spent time with several people who enjoyed talking with them.

We saw many positive interactions between people and staff. Staff took time to talk with people and knew them well. One person was being encouraged to have their hair done. It was the person's birthday the next day and the member of staff was talking with the person about their birthday plans. The person was smiling and enjoying the interaction.

Care staff supported people living with dementia in a sensitive manner. One person was distressed by the behaviour of another person. Care workers calmed the situation, reassuring the two people in a supportive way.

People told us they were aware of their care plans and had been involved in developing them. Relatives had input into people's care plans and were involved in decisions. People's care plans included information relating to their social and health needs. They contained clear instructions for staff about how care should be delivered. However, we saw that not all care plans were up to date. Some included information on people's past work and social life as well as their family and friends, however, this was not consistent and some care plans contained a blank 'this is my life' document. We spoke to the manager about these concerns. The manager had identified these issues through auditing processes and nursing staff were in the process of updating the care plans in preparation for the implementation of an electronic care plan system.

Where risk assessments were completed and a risk identified, plans were in place to manage the risk. For example where people were assessed at risk of pressure damage to their skin, pressure relieving equipment was in place and regular repositioning recorded. However, some pressure mattresses were set at incorrect pressures for people's weight. We spoke to the nurse who immediately addressed the concern. We spoke to the manager who advised they were introducing a monitoring system for pressure mattresses. An action plan showed that all pressure equipment had been audited and training booked for staff on pressure relieving equipment.

## Is the service responsive?

People felt confident to raise concerns and felt they would be listened to. One person said, "Not much wrong here, just a few little things but I tell the nurses and they sort things as soon as they can". A relative said, "If I ask them [nurses] anything it's done. The new manager listens".

Complaints records showed that all complaints were investigated thoroughly and responded to in line with the organisations policy. Learning from complaints was used to

improve practice. For example one complaint had resulted in a review of the accident and incident policy. Minutes of a nurses meeting showed the concern had been discussed and protocols relating to the incident reviewed and amended. The number of complaints had reduced since our last inspection and we saw positive feedback from relatives displayed in the home. .

# Is the service well-led?

## Our findings

At our last inspection on 30 May 2014 and 11 November 2014, we found the registered manager and provider did not have effective systems to monitor and improve the quality of the service. In addition, communication in the home was poor and people, their relatives and staff did not feel listened to. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider sent us an action plan telling us how they were going to improve the service. At this inspection in May 2015 we found the provider had taken actions to bring the service up to the required standards.

Since our inspection on 11 November 2014 the registered manager had left and a new manager was in post. The new manager was in the process of submitting their application to become the registered manager with CQC. The manager and operations manager had worked closely to improve the quality of care at The Close.

People told us the manager had an open door policy and people had confidence in her. Relatives were positive about the culture in the home. Comments included; "This manager is much more approachable, the home has changed for the better", and "The family support has greatly improved. All staff are very attentive and go out of their way to talk to you".

There were regular meetings attended by people and their families. The operations manager had been open and transparent with people, their relatives and staff about the report published following our last inspection. Records showed the findings had been discussed at a meeting in January 2015 with reassurances about action being taken. Minutes of a recent residents meeting showed that suggestions made by people had been listened to. For example, one person had asked about an alcohol licence for the bistro. This had been applied for.

The provider carried out an annual customer survey. The 2015 survey was sent out in April and one response had been received. This contained positive comments about the care team and the improvement in pureed food. A survey to staff had also been sent out. The operations manager was developing a survey for social and healthcare professionals.

Staff were positive about the changes made by the manager and felt supported by senior staff and the manager. One member of staff told us, "We are well supported and management are approachable". There was a person-centred approach to care. One nurse told us, "People who use the service always come first".

Regular staff meetings were held. One care worker told us they had attended a recent staff meeting where the manager had praised them for their hard work. The member of staff told us this had meant a lot to them. Records of nurse's meetings showed respect for staff and identified clear expectations set by the manager. For example, completion of fluid charts was discussed and nurses reminded of the need to calculate daily fluid targets. We saw evidence that nurses had taken action to ensure expectations were followed in practice.

The manager had introduced a daily management walk around. A report was completed to identify any areas of improvements. For example completion of fluid charts had been identified as insufficient. Nurses said they now ensured people on fluid charts were supported with fluids more frequently and staff were advised not to enter 'sips' but to be record a fluid measurement. Records showed this had been actioned.

As a result of our last inspection and the local authority quality monitoring visit the manager had introduced 'at a glance' files. The files were on each unit and contained people's key information. For example what the person liked to be called, any allergies and dietary requirements. The manager told us these were introduced to ensure staff had quick access to information. Staff told us the files were useful when they were new to a unit.

The manager carried out a monthly quality audit, this included audits of care plans, risk assessments, nutrition, infection control, medicines, MCA and DoLS. An action plan had been developed as a result of the audits and addressed the concerns found during our inspection. For example the audit of care plans identified that not all information was up to date. The action plan showed that a new electronic care plan system was being introduced. Social activity care plans had been written in preparation for the new system and showed a more person-centred approach.

## Is the service well-led?

Records showed that the provider had not notified CQC of all notifiable incidents. For example not all safeguarding concerns had not been notified to CQC.

**We recommend that the service refers to the guidance on notifications at [www.cqc.org.uk](http://www.cqc.org.uk)**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Treatment of disease, disorder or injury

**Medicines were not always managed safely. Regulation 12 (2)(g)**

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Treatment of disease, disorder or injury

**The provider was not adhering to the principles of the Mental Capacity Act 2005. Regulation 11 (1)**