

Premiere Health Limited

# Cann House Care Home

## Inspection report

Cann House  
Tamerton Foliot Road  
Plymouth  
Devon  
PL5 4LE

Tel: 01752771742

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

Date of inspection visit:  
31 October 2022

Date of publication:  
17 November 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cann House Care Home (thereafter known as Cann House) is a residential care home providing personal and nursing care, in one adapted building. The service is registered to support a maximum of 62 people. There were 47 people living at the service at the time of the inspection.

### People's experience of using this service and what we found

Since our last inspection improvements had been made in how risks to people were assessed, monitored and managed. People told us they felt safe with the support they received from staff. People received their medicines as prescribed and were protected from avoidable harm and abuse. There were adequate numbers of staff to meet people's needs. Recruitment processes ensured new staff were suitable for their role. Staff felt supported by the management team and had the skills to meet people's needs. Staff followed safe infection prevention and control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider, registered manager and staff were clear about their roles and responsibilities. People's views about the service were sought and listened to. Quality assurance checks were in place to monitor the quality of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (2 October 2021).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cann House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cann House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cann House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cann House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the care and nursing managers and eight staff. We also spoke with four people who used the service and eight relatives. To help us assess and understand how people's care needs were being met we reviewed care records. This included medicine records and a variety of records relating to the management and governance of the service, which included recruitment and training records. We observed how people were being cared for and looked around the service observing infection prevention control practices.

#### After the inspection

We requested additional information and continued to seek clarification from the provider to validate the evidence we found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made in how risks to people's safety and well-being were assessed, monitored and managed. People's individual care records included risk assessments specific to the person, for instance in relation to epilepsy, choking and falls.
- Where people needed certain equipment such as bed rails and sensor mats to maintain their safety these were in place.
- The environment and equipment were well-maintained and individual Personal Emergency Evacuation Plans (PEEPS) were in place. These contained information about an individual's mobility and what equipment might be needed for any evacuation.
- Staff were aware of people's individual risks and knew people well which enabled them to provide safe effective care.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people were deprived of their liberty, the registered manager sought authorisation from the local authority to ensure this was lawful. DoLS applications had been undertaken and submitted where required.

- Where people did not have capacity to make decisions, they were supported to have as much choice and control of their lives as possible, and staff assisted them in the least restrictive way.

#### Using medicines safely

- People received their medicines as prescribed, this included medicines that were 'time specific'. This means those people who require their medicines to be given consistently at the prescribed time and with the correct interval between doses.
- We found some people's Medicine Administration Records (MAR) were not always completed accurately to reflect new medicine stock received. We brought this to the registered manager's attention, and they addressed these concerns straight away.
- At the last inspection we found some people with occasional use medicines, such as 'when required' (PRN) medicines, had protocols in place some of these records had not always been completed accurately. At this inspection this had been rectified.
- Processes were in place for storage, ordering, receiving and disposal of people's medicines. This included medicines that required cold storage or extra security.
- Staff handling and administering people's medicines had their competency regularly checked to ensure people received their medicines safely.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Staff are very nice here I do feel safe."
- People were kept safe from avoidable harm or abuse because staff knew people well and understood how to protect them from avoidable harm.
- Staff had training on how to recognise and report abuse. Staff were able to describe how they would respond to concerns this included reporting information to the management team along with keeping appropriate records. One member of staff said, "I would report it straightaway and write a statement. All the information is all over the building about safeguarding and whistleblowing or who I would go to next if it wasn't dealt with."
- The provider had an effective safeguarding process which ensured people were kept safe from avoidable harm.

#### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People's individual staffing requirements were assessed, reviewed and updated regularly as people's needs changed.
- Staff had been recruited safely. One member of staff commented, "I had to fill out an application form and had an interview, they checked my references and DBS." Recruitment records we sampled confirmed this. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the



premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Family and friends were welcome to visit the service when they wanted, and we saw several relatives visiting during the inspection.

Learning lessons when things go wrong

- There were systems and processes in place to learn lessons, including when incidents and accidents occurred. This included putting measures in place to reduce the risk of them happening in the future. For example, sensor mats were introduced to notify staff when a person might be mobilising unsafely.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have effective systems established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, governance systems and processes had not been sufficiently effective. We found improvements were required around the management of risk and use of quality assurance checks and audits.
- At this inspection, systems and processes had been established to identify and manage risks, to ensure effective service provision.
- Audits were in place to monitor the quality and safety of the service. Since the last inspection, quality assurance systems to monitor care planning and people's individual risks had been developed, embedded and monitored by the provider.
- Quality audits of the environment, staff competency to meet people's needs and monitoring of incidents and accidents to reduce the risk of reoccurrence, all were in place and established to ensure the registered manager had sufficient oversight of the service provided.
- The registered manager and staff understood their roles and responsibilities and strived to ensure care was delivered in the way people needed and wanted it.
- There were effective communication systems in place along with clear lines of responsibility and accountability across the staff team.
- People were positive about the service they received, one person said, "I am very happy here, staff are very good."
- We found the registered manager very knowledgeable about people's individual needs, preferences and routines along with knowing and managing their staff team effectively.
- Some staff recently attended an 'End of Life Forum' with the local hospice. Information from the event was shared with the staff team to promote continued learning.
- The service had also succeeded with their re-verification for the 'Six Steps End of Life Care' programme.

This demonstrated the service was able to provide enhanced end of life care to people using the service.

- Nursing staff kept their skills up to date and completed additional training as required. For example, in relation to syringe drivers. This is a small pump that delivers medicines through a tube under the skin to help manage pain and sickness. New staff had also completed Verification of Death Training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, their relatives and staff expressed confidence in the management team. Relatives comments included, "Very impressed to be honest, (name of manager) very helpful, never had any complaints" and "Seen manager about a few times, definitely approachable"
- The registered manager and staff team promoted a person-centred culture to ensure people received personalised care and support. People told us they were happy living at Cann House, and we saw they were relaxed and happy to engage with staff.
- The registered manager understood their regulatory responsibilities and their duty to notify CQC of any incidents they are required by law to tell us about.
- The provider ensured people were kept informed and apologised to them if errors had occurred.
- There was evidence of continued learning, and any issues were raised with the appropriate authorities such as safeguarding teams.
- Staff skills, commitment and morale was high. Staff told us the management team were approachable. One member of staff said, "The management are all approachable and you can have a laugh with them, it is a bit like a family here. [Registered manager] listens well and is a good communicator and is there for you and really helps if you have any issues."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, external professionals and staff were encouraged to give feedback about the service provided. Feedback was sought through surveys, questionnaires and meetings.
- Comments were positive around the quality of care and the management of the service. Staff told us they had regular opportunities to discuss their performance and share information during handover's and staff meetings.

Working in partnership with others

- Staff worked in partnership with external health and social care professionals to improve outcomes for people along with ensuring people maintained their health and well-being. For example, the service sought timely advice from speech and language therapists (SALT), GP and other external professionals. Where advice was given by professionals, we saw this was documented in people's care records and any guidance followed. Such as, in relation to moving and handling.
- The registered manager was transparent and honest throughout our inspection.

