South West Care Homes Limited

Cambrian Lodge

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

Cambrian Lodge provides accommodation and personal care for up to 28 older people. Some people living at the home were living with dementia. The home is large converted villa in a residential area of Portishead. The accommodation is set out over four floors which are accessed via two lifts and a staircase. At the time of our inspection there were 22 people living at the home.

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. 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.

This was a comprehensive inspection carried out on 8 November 2018. The inspection was unannounced.

At our last inspection in November 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People remained safe at the service. During the inspection we were shown an area where work had started for the installation of a new boiler. Since the last inspection the service had acquired an additional hoist which can access all areas of the building. Staff understood safeguarding procedures and said they would not hesitate to report any concerns. Risk's to people safety and well-being were managed without imposing unnecessary restrictions on people. Medicines were managed safely ensuring people received their medicines as prescribed.

There were adequate hand washing facilities available and staff used personal protective equipment such as gloves and aprons when required. People also had personal evacuation plans in place in case of an emergency. The service ensured people had an assessment before moving into the home to confirm they could meet people's needs. Care plans contained important information relating to peoplesslikes and dislikes, their previous occupation, families and routines. Care plans also contained risk assessments and support plans that confirmed people's individual needs.

The care plans contained consent documents and assessments to demonstrate the service was working within the principles of the Mental Capacity Act 2005. Capacity assessments were in place including best interest decisions if required. People are supported to have maximum choice and control of their lives and staff do support them in the least restrictive way possible; the policies and systems in the service do support this practice. Both people and staff were happy in the service and all felt it was a homely positive environment which encouraged them to be as independent as possible.

People and staff felt that their views were sought and improvements were made to the service following this feedback. Where complaints were raised these were investigated and people had access to the provider's complaints policy and procedures.

People felt supported by staff who were kind and caring and who respected their privacy and dignity. They were given choice about what they would like to eat and were complimentary about meals provided. People were supported and encouraged to spend their time on activities of their choice and visitors were free to visit when they wished.

There was access to a variety of activities which suited different abilities and interests such as gardening, chair exercises, singing and church service. Family members attended activities at the service and were free to come and go as they pleased. The service had a positive working relationship with professionals.

Staff had daily handover meetings and staff meetings to ensure they were up to date with any changes to people's care needs. Where health needs had changed referrals where made to the appropriate health professionals. Notifications were made to the Care Quality Commission (CQC) when required.

Staff had training to support them in their role. The service undertook and supported staff to receive training and support to provide sensitive end of life care.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Cambrian Lodge

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 8 November 2018 and was unannounced. The inspection was carried out by two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We also reviewed if the service was displaying their rating.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used pathway tracking. This is a method of reviewing people's care and the associated records to check that their health and social care needs are met.

We also spoke with three relatives, eight members of staff, including the regional manager, and the registered manager. We received feedback from one health and social care professional. We reviewed five people's care plans and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

Without exception people and their relatives, we spoke with felt safe and secure at Cambrian Lodge. One person told us, "There are lots of people around to give us attention when we need it" and another said, "I feel safe". Relatives commented that, "There is always someone watching my [person]", they went on to say their "[Person] is safe because of the environment and staff".

Medicines were stored and administered safely. People could expect to receive their medicines as they had been prescribed because systems supported the safe management of medicines. People had protocols within their medicines records about when to administer 'as required' (PRN) medicines. However we found PRN protocols lacked individualised detail to ensure staff could recognise when people may require their medicine. People received their medicines at the times specified on their charts and intermittent medicines at the correct intervals. People had their creams applied as prescribed and staff signed to confirm these had been applied.

Procedures were in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and we saw they had received relevant training in this subject. Staff could confidently describe to us the types of abuse people were at risk from, and what they would do if they were concerned. The registered manager knew their responsibility to report issues relating to safeguarding adults to the local authority and the Care Quality Commission.

Risks to people were assessed, managed and reviewed to minimise the risk of harm. Care plans contained risk assessments for areas such as falls, mobility, skin integrity and behaviour management. When risks were identified, clear guidance was in place for staff on how to reduce the harm to people and how to keep them safe. For example, one care plan had information about how to reassure a person when they were anxious and agitated.

Moving and handling plans detailed any equipment needed to move people safely, such as hoists, stand-aids and individual slings. This equipment was used correctly; staff informed people what was happening and reassured them throughout the procedure.

Staffing levels were kept at the level deemed safe by the provider and in accordance with the staffing dependency tool used. We received mixed feedback from people and staff about staffing levels. One person said, "Not always enough, short sometimes but we don't have agency staff so we always have regular carers". Relatives also felt that staffing levels were low and they told us, "Definitely need more help, slightly worse at weekends". We discussed with the team leader who explained that all shifts are always covered. She confirmed that no agency staff are used because staff worked extra shifts to ensure shifts were covered. However, on the day of the inspection we observed that there were adequate staff and confirmed this through staffing rotas. We also observed that call bells were responded to within a short time. Staff confirmed they had time to chat with people and were not rushed and we observed staff not being rushed.

Recruitment procedures were in place and ensured people were supported by staff suitable to work with

vulnerable people. Recruitment records we observed showed that references were in place before starting employment. Disclosure and Barring Service (DBS) checks had been carried out and previous employers had been contacted to check upon their employment history and past performance.

The registered manager ensured lessons were learnt from any accidents or incidents and had processes in place to record then review these with staff during supervision, handover and team meetings. The registered manager liaised with the local authority to fully investigate any concerns and protect people. The registered manager kept clear records about actions taken and worked transparently with other organisations such as the local authority and the NHS.

Environmental risks were well managed and included regular checks of fire safety systems, hoists and gas and electrical appliances. Fire drills for staff were held every three months for night staff and six months for day staff. A number of staff had received additional training to act as fire wardens.

Systems were in place to prevent and control the risk of infection. The premises were clean throughout with no unpleasant odours. Personal protective equipment, such as gloves and aprons, were used appropriately by staff. The manager had informed us that food hygiene rating of five, the highest score, had been awarded to the service in June 2018, showing high standards had been maintained.

Good

Is the service effective?

Our findings

Staff received regular training to ensure they were suitably trained to carry out their roles and care for people effectively. Peoples comments included, "By and large they are good, they are experienced and competent" and "Most have the skills, I need two people to hoist me and they do this well". Training covered areas such as food hygiene, health and safety, dementia awareness and safeguarding adults. Training specific to people's needs such as diabetes and end of life care was also available. One staff member said, "We have lots of training, it's a mixture of online and classroom. I have just done my medicine competency training". Another staff member said, "I have training all the time, too much but it's all relevant and keeps up to date."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied where appropriate for DoLS. An overview monitored applications and notified the local authority of any changes if an authorisation was in process.

Peoples consent was sought before receiving care and support. Where people lacked capacity to decide or give consent, this had been assessed and decisions made by relevant people in their best interests. For example, one person was receiving their medicines covertly (disguised in food or drink) as they would not take the medicine. The decision was made after consultation with the person's GP and a close relative who agreed it was in the person's best interest to take this medicine. The care plan clearly recorded the reasons for the decision and this was reviewed monthly.

The environment people lived in was suited to people living with dementia who may need help to find their way around. This included communal areas that were well lit and pleasantly decorated to give a feeling of calm and comfort. Walls were colour coded in different areas to help with navigation. Bedroom doors were all numbered and there was an option to include a photograph of the person. The service had various enclosed areas and we observed people freely accessing these areas and choosing where they wanted to be. A relative told us, "My [person] is safe because of the environment and staff".

People were supported to eat and drink enough and specialist diets were provided when advised by the Speech and Language Therapist in relation to people's swallowing abilities. Feedback from people about the quality of the food was complimentary. People told us, "I like the food, it is always nice, I eat whatever I am given, they do lovely roast potatoes". We observed that most people were offered choices and staff took time to give people opportunities to eat their meal where they needed help.

Each person was registered with a GP of their own choice and we saw care records indicated there had been prompt referrals to the GP where there was any concern. The care and support team also had close working relationships with other health care professionals such as occupational therapists, physiotherapist, the dementia wellbeing team and district nurses. Feedback from healthcare professionals was positive, "This home seeks to give excellent standards of care, they are kind staff, good communication with us as doctors

(GP)."

People were supported by staff that were satisfied with the supervision and support they received. Staff said, "I do supervision every eight to twelve weeks, I feel supported and valued as a staff member." Supervisions were also an opportunity for staff to discuss any training and development needs, performance or any changes to the people they supported.

Good

Is the service caring?

Our findings

During the inspection we observed positive interactions between staff and people. Staff were seen to interact with people in a kind and compassionate manner. Staff addressed people by their preferred name, talking to them respectfully and at a volume and tone of voice appropriate to their needs. Terms of endearment were used and people seemed to respond well to this.

All people spoken with were complimentary of the care they received from the service. People felt they were treated with kindness and given emotional support when needed. People said, "Staff are very kind to me they know me and know what I like."

People were treated with dignity and respect. One person told us, "I am looked after as I wish, I am never embarrassed, I am not exposed, they cover me up". A relative also confirmed this they said, "They are great, they have a lot to put up with my [person], but are respectful and great fun."

Staff confirmed that all personal care took place behind closed doors and we saw that staff knocked on bedroom doors before entering. People were relaxed around staff.

People's relatives and friends were welcome to visit without restrictions. They said they were welcomed by staff and offered refreshments. During the inspection we saw relatives coming and joining in activities.

Staff spoke highly of the care and support they provided for people. They supported people to remain as independent as possible. Staff said, "[person] needs a little help with her wash but likes to dress herself. She can take a while but we let her get on with it".

Staff knew people well and could tell us a lot of background information about them. We observed that staff always took time to explain what they were going to do, why they were doing it and what the outcome was likely to be.

Peoples care records were secured on a password locked computer. Staff were aware of their duty to keep information safely and confidential.

Good

Is the service responsive?

Our findings

People and relatives told us staff were aware of, and responded in a timely way to, changes in people's needs and any suggestions or issues raised by families. People said they were encouraged to take part in the events and activities provided but could choose whether they wanted to do so. A relative was happy that staff encouraged involvement as they said their family member needed to be encouraged in this way.

A range of activities and social opportunities were available to people. Copies of the current week's activity programme were posted about the service and placed in each bedroom so people and visitors were aware of them. During the inspection, staff and people took part in a chair exercises and in a craft activity. Eight people and some relatives enjoyed the activities and the refreshments provided. There were two church services each month to support people with their spiritual needs. A separate hobby and craft area was available for art and craft activities in the main lounge. We saw evidence of craft activities which were reflective of the time of year. For example, people has made some poppies which had been crafted to form a wreath in tribute of Armistice day.

Relatives we spoke with confirmed they were involved in discussions regarding their family members care and people we spoke with told us they were as involved as they wished to be. Care records, showed people's needs were individually assessed and plans were developed to meet those needs. For example, records guided staff on how to be responsive to people's mobility.

Care plans were person centred and recorded person's preferences, likes, dislikes and life history, where possible. The care plans we reviewed set out how to support people with a range of activities of daily living. These included how to support people with their nutritional needs and personal grooming.

People's communication needs were assessed and planned which helped ensure staff understood how best to communicate with each person. Records could be provided in alternative formats. Care records also contained information about what name people preferred to be known by, and we saw that staff used these names.

Peoples care plans were detailed and provided information about people's choice, preferred routines, behaviours and how best they like to be supported. Care plans had details such as how one person didn't like milk in their food or their tea. Another was of a person who liked to stay in their room in the morning but liked to come down stairs for lunch and have a chat with another person who used the service.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been four complaints since our last inspection. These had been investigated thoroughly and people and their relatives were satisfied with their responses. One person told us, "I can't remember ever complaining about something, but wouldn't be frightened to do it."

End of life care was being considered by the service and people's wishes were documented in some care plans. The registered manager and the regional manager confirmed that this was work in progress. The

completed care plans included personal preferences around cultural and spiritual beliefs, where the person would prefer to be, and who they would want to support them at the end of their life. New staff training courses on end of life care for people living with dementia were being arranged.

Good

Is the service well-led?

Our findings

The service continued to be well-led. The registered manager was qualified and experienced and had worked at the service for several years. 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.

The service had a clear staffing and management structure. The registered manager was supported by a deputy manager and a team leader. This meant a senior member of the management team was always on duty at the service. One relative said, the "Manager is not always around to speak to but the deputy manager is, and is very approachable and easy to talk to". The management team was also supported by a team of care staff, domestic, laundry, kitchen staff, a chef and a handyman. People commented that "It is like one big family here, it is very friendly and happy with lots of banter, I can come and go at any time and there's always someone to talk to."

Clear lines of communication had been established between the registered manager and the staff team and a number of communication methods had been developed. These included regular team meetings, supervision, and written and verbal daily handovers. The handover covered, staffing, activities, changes to people's wellbeing, visitors, getting feedback from staff and anything important that day. This supported staff to keep up to date with any changes to the management of the home, people's care needs and were familiar with their roles and responsibilities.

People and staff felt the management of the service was positive and the management was approachable. We observed that people appeared comfortable in the registered manager's company and she had clearly developed a good rapport. Staff told us, "[Manager] is approachable, nothing is too small or too big." Another member of staff told us, "We are all happy here, I love the manager and residents, I think it's well-led."

Arrangements were in place to monitor the quality and safety of the service. The registered manager or deputies completed regular audits, for example health and safety; medicines and infection control checks. Where improvements had been identified, these had been addressed. For example, work had started to replace the boilers which had been identified as old and requiring replacing.

Residents meetings were held every four weeks to provide people and their relatives with an opportunity to discuss the service. This meant people could make suggestions or comment about the service they received and environment they lived in. For example, people were involved in the decision about the new colour scheme; about the activities and outings on offer and the menu choices. At the last meeting people suggested new tablecloths for the dining room and these were provided in a colour they had chosen. Another person suggested a box of assorted cards for all occasions for people to buy. This has now been put in place. There was also a newsletter to keep people and their relatives informed about life at the service. This showed the provider was responsive and listened to people's and relatives views and suggestions.

Annual satisfaction questionnaires were also used to obtain feedback from people, their relatives and professionals. The outcome of the survey showed a high satisfaction level with the service, with most aspects of the service being rated as 'excellent' or 'very good'. Some comments included, "I like being here", "I like the meals", "The staff are very kind and helpful, I have been here for three years. I feel at home."

The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as GPs, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. Notifications were made in a timely way and appropriate records were maintained. It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection and a summary of the report was on display on the main noticeboard at the service and on the provider's website.