Community Care Solutions Limited

Cardinals Gate

Inspection report

55 Cardinals Gate
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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

Overall summary

Cardinals Gate is a registered care home which provides accommodation, support and non-nursing care for up to six people living with learning disabilities, autism or mental health issues. Nursing care is not provided. At the time of our inspection there were four people living at the home. The home is located in Werrington near Peterborough and accommodation is provided in a large bungalow. There are six individual bedrooms, communal areas, including a dining room and lounge, for people and their visitors and a large garden.

This announced inspection took place on 18 & 21 November 2014 and was undertaken by one inspector. The last inspection took place on 8 May 2013 where we found the provider was meeting the regulations we looked at.

The home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People were kept safe because staff knew how to recognise and report abuse. Staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and the impact for people in the home who could be subject to the Act. Best interest assessments had been completed for people who lacked capacity.

Staff received a comprehensive induction and were supported in their roles through regular supervision and annual appraisals.

People's health and care needs were assessed and reviewed. People had access to a wide variety of health professionals who were requested appropriately and who provided information and plans to maintain people's health and wellbeing.

People's relatives and staff told us they would be confident raising any concerns or complaints with the management and that action would be taken. Relatives advocated on behalf of people in the home, but information was available about independent advocates together with easy read information so that people could be supported to raise concerns.

People were encouraged in their individual social activities and interests by staff who understood and supported them.

Relatives of people in the home were very happy with the staff and manager and were kept up to date about their family member's health and welfare. They were included in any meetings, which they attended when possible, and they felt that the staff listened to them and acted on any requests or comments for their family member.

The provider had an effective quality assurance system in place which it used to help drive improvements to people's care and the home they lived in.

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 safe.

Relatives felt staff kept their family member's safe. Staff knew how to recognise and report abuse so that people would be kept safe.

There was a sufficient number of staff so that people were kept safe. Individual risk assessments had been written so that staff could keep people safe.

The administration and management of medication was undertaken correctly, which meant people were protected.

Good

Is the service effective?
The service was effective.

Staff had received training and understood about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards so that people were not unlawfully restricted or deprived of their liberty.

People were supported to have enough food and drink to make sure their health was maintained.

Staff received supervision and appraisals and had completed the training specific to their role.

Good

Is the service caring?
The service was caring.

People and/or their relatives were involved in plans for people's care.

Staff knew the care and support needs of people in the home and treated people with kindness.

Good

Is the service responsive?
The service was responsive.

Relatives of people who lived in the home knew how to complain if they needed to.

People had their needs assessed and staff knew how to support people in a

caring and sensitive manner whilst maintaining people's independence.

People were supported and encouraged to take part in a range of individual interests in the home and in the community.

Good

Is the service well-led?
The service was well led.

The provider had undertaken a number of audits to check on the quality of the service provided to people so that improvements were identified and made where possible.

The manager had made improvements for people in the home to promote and ensure that they were provided with a wide variety of choices.

Good

Cardinals Gate

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 & 21 November 2014 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

This inspection was completed by an inspector. Before the inspection we asked the provider to complete and return a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other information that we held about the service including notifications, which are events that happen in the service that the provider is required to inform us about.

During the inspection we spoke with two members of staff and the manager. We observed the way staff and people in the home interacted. We spoke with three people living in the home and the relatives of two people who lived in the home. We spoke with the social worker of one person supported in the home.

As part of this inspection we looked at two people's support plans and care records. We reviewed two staff recruitment, induction and training files. We looked at other records such as accidents and incidents, complaints and compliments, medication administration records, quality monitoring and audit information, policies and procedures, and fire and safety records.

Good

Is the service safe?

Our findings

Relatives we spoke with felt their family members were safe in the home. One relative told us, "I feel [family member] is very safe. They are never left alone for any length of time." When asked if they felt their family member was safe a relative commented, "Absolutely."

Staff had received training and understood their roles and responsibilities regarding safeguarding people from harm. They were aware of the local authority's procedures used in the home, and records of safeguarding incidents showed that these procedures had been followed. Staff were aware the provider had a whistle blowing policy and procedure and said they would not hesitate to raise any concerns. This showed that people could be confident that staff would report any concerns if they identified them.

People were protected from inappropriate decisions of restraint as staff had undertaken training in non-abusive psychological and physical intervention (NAPPI) levels one and two and understood the safe interventions that could be used to protect people in the home.

We found medicines were stored safely so that people who lived in the home were protected. Staff told us that they had attended training in the management of medicines and records viewed also confirmed this. Staff told us that in addition, they had been observed on a number of occasions to check their competency in medication administration.

We found that recruitment policies and procedures were in place and staff were only employed in the home once all appropriate and required checks were satisfactorily completed. Staff confirmed that the checks had been carried out before they started their employment.

Relatives said that there were enough staff available to meet the needs of their family members. A relative said, "There are always enough staff, at least two at the weekends [when the relative visited]. There are only four people in the home." Staff also told us that there were generally enough staff but were aware further recruitment was taking place. Where possible, during the week, there was often a third member of staff between 8am and 4pm. Staff told us that extra staff were also used if someone in the home was ill or needed individual time if their behaviour meant other people in the home were at risk. We found that people received individual support from staff to attend hospital, GP and dental appointments. We saw that there were enough staff to support people and to meet their individual needs. For example one person became agitated and staff took the person out for a ride in the car to give them time away from the situation in the home. Staff told us that they provided cover when other staff were absent or on planned leave.

People had individual health action plans and safety risk assessments completed. These showed the appropriate actions that staff needed to take to minimise the risks for people. One relative said, "The staff know how to distract [my family member] when they need to. They know [family member] really well." At breakfast we saw that staff checked that people were safe and prompted people to eat and drink more slowly when they needed to and assisted one person to cut up some food when asked. We saw that people were supported and supervised by staff to go out into the community, but when one person left the home unsupervised staff remained at a distance whilst ensuring the person remained safe. The action taken was in line with the person's risk assessment.

Where accidents or incidents had occurred in the home, any necessary action was taken and further measures were put in place to minimise any similar event happening again. The manager checked if there were any patterns of events and, where necessary, referrals to other health or social care professionals or other action was taken. This included incidents in relation to people whose behaviours could challenge others and there was evidence that patterns and trends in people's behaviours had been recorded and a referral to the psychologist had been made.

Good

Is the service effective?

Our findings

Relatives told us they were informed when their family member attended any appointment and were told of the outcome if they (the relative) were unable to go. We found that people were supported to access health care professionals, such as psychologists, speech and language therapists and GPs.

Staff told us they had received the appropriate training and support to do their job, which included meeting people's individual communication needs. Staff had undertaken training in Makaton (a method of communication like sign language) as well as an understanding of the needs of people living with dementia. One staff member said, "[The person in the home] can communicate verbally but is understanding less due to their dementia. We are starting to use more visual aids." We saw that staff communicated well with the people who lived in the home, included people in general conversations and talked with them as individuals.

Staff told us they had received an induction, regular supervision and yearly appraisals. They told us they had undertaken training, which included the safe administration of medication, safeguarding people from abuse and training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed. Staff were aware that people only left the building with a member of staff and this had been based on people's assessed risks. We found that people's mental capacity to make decisions about leaving the home alone had either been assessed or was in the process of being assessed. On the day of inspection the MCA assessor was undertaking an assessment for one person in the home. The manager reported that DoLS applications had been made and submitted to the local authority and records provided confirmed it, therefore people's rights were protected.

People told us that they chose what they wanted to eat and this was evidenced throughout the inspection. During lunch for example, we saw one person chose to eat a sandwich whilst another person chose spaghetti bolognaise. Each person chose the evening meal for one day in the week and staff confirmed that people shopped for the food and then helped cook the meal. One person said, "I do the shopping. I like pork chops." The person also told us they liked that the staff sat and ate with them. One relative said, "When I visit on a Sunday the roast always smells lovely." Details of the food people had eaten were recorded so that there was evidence of the choices they had made and whether their diet was balanced. People made a hot drink with assistance from staff and any choice of cold drink available and we saw that they were encouraged to do as much as possible for themselves.

Good

Is the service caring?

Our findings

One person said, “The staff are not bad.” One relative said, “The staff treat [my family member] with great affection. We take [family member] out but when returning the smile gets bigger the nearer we get to the home [Cardinals Gate].” Another relative said, “My [family member] has been unwell but they [the staff] were amazing with her. My [family member] has the love, support and care she needs.”

Relatives told us they visited their family member regularly and were not restricted about times to visit. They said they were welcomed into the home and saw that relationships between staff and their family members were always positive. They commented that they felt the size of the home meant staff had time to understand their family member’s needs and were able to support them to remain as independent as possible. They said if they needed time with their family member they could go to their bedroom or the conservatory, where the door could be closed for privacy.

People were involved as far as possible to make decisions about their care, and we heard staff encourage people to make choices and remain as independent as possible. One relative said, “The staff are excellent, they know my [family member] well.”

People told us about the things they liked to do. We saw that these had been identified and recorded in their plans and that they were supported to do the things that were important to them. Throughout the day staff demonstrated that they were familiar with people’s likes and dislikes and provided support according to individual’s wishes.

People were treated with kindness and respect by staff who were patient when gaining an understanding of what people wanted to do. People were relaxed around the staff and although some were not always able to communicate verbally, it was clear that staff made sure people were included into conversations and discussions. Staff said they enjoyed working in the home and that as a team they provided and met people’s care needs with compassion.

The relatives we spoke with said they had been informed and sometimes attended meetings and reviews about the care and welfare of their family members. They felt they had been listened to and that their views had been acted on. One relative said, “I made some suggestions about [my family member] and they were taken on board and used.” The manager said that all those who lived in the home had family advocates but had used an independent social worker and best interest assessor in the past. There was also information available should anyone want an independent advocate to speak on their behalf.

Any information about people in the home was locked in a cabinet in a locked office so that it was kept safe and confidential.

Good

Is the service responsive?

Our findings

People's care and support needs had been assessed and recorded before they moved into the home. Details in their support plans included their interests, likes and dislikes. People and/or their relatives had been part of discussions about the care to be provided. There were reviews undertaken regularly to ensure people's needs continued to be met. Relatives told us they were made aware of the reviews and invited to attend if they wished to. The social worker said there had been a review of care for the person they commissioned the place for and they were happy about the care provided.

Relatives said they were encouraged to discuss the care and support of their family member and staff communicated any changes when they occurred. One relative said, "We get told if [family member] is unwell, we have no issues. There is also a diary of what [family member] has done and we can discuss this with staff if we want details." We saw that some people were assessed each day because of their changing needs and this meant staff were able to arrange input from specialist health professionals quickly to support people appropriately. Staff told us they were informed of any changes to people's care when they came on duty at the handover. There was evidence that this had been done and this meant that staff had up to date information about each person.

People were supported to take part in activities that were interesting and maintained social and community contact. The manager and staff told us that different activities were available for people and we saw individualised plans were in place. We saw that people went out for local pub visits and to the coast when the weather was suitable. One person enjoyed looking at catalogues and visiting the store to make purchases and another person loved jigsaws and showed us their collection of new puzzles. During the inspection we saw that two people had gone to the shops to buy food for the evening meals and another went out for a ride in the car. One person told us, "I'm going bowling today and then going for a coffee."

People were supported to access the complaints procedure if required. The manager confirmed there was a complaints procedure in place but there had been no complaints within the last 12 months. Relatives we spoke with said they understood how to complain and were confident any complaint would be acted upon, but they did not have any concerns about the home. One relative said, "I have no concerns but I know how to complain if I need to." Staff said they knew how to respond to any complaint and knew the complaints policy was available in the home.

Staff understood how any concerns about the care at the home should be raised. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy. One member of staff said, "I am aware of whistleblowing and I would look in the policies and procedures if I needed to raise a concern."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post. Relatives were aware who the manager and staff were, although there were comments that changes in staff made it difficult to build relationships. One relative said, "The staff are very approachable, although there have been a lot of changes of staff." We saw that if people or their relatives wanted to speak with the manager or staff they were accessible and had an open door policy

There was evidence that meetings had been held for people in the home to discuss the home, staff, activities and anything else people wanted to bring up. The last minutes were for August 2014. They showed that two people had wanted to go on holiday and we saw that they had been assisted to do so. There were staff meeting minutes from September 2014 which showed action had been taken after the last meeting discussions. This meant people had an opportunity to be involved in the home and the care provided. One relative said they were not involved in the home but that it was their choice not to do so.

People were helped to be part of the local community by going to local shops, pubs and cafes and attending things such as the Christmas pantomime at the theatre. Staff told us that they knew what was expected of them and enjoyed working with people in the home to help maintain people's independence.

Staff said the manager had only been in post for a few months but there had been significant improvements for people in the home. One example was that the cupboards in the kitchen were now unlocked so that people could have drinks and snacks whenever they wanted and fresh fruit was available at all times. One staff member told us that people were now put first and at the centre of the care provided by staff and said, "The registered manager is really promoting choice." There was a weekly activity review and report that included any reviews of people in the home, people's activities, issues from people in the home or staff, complaints (there had not been any) staff supervision and appraisal, and visits from professionals.

Staff said that they felt supported by the manager to do their job, although one "felt their opinions were not taken on board." Staff told us that they knew who the area manager was and that they visited the home regularly. One staff member said, "The ops [operations] and area managers are very helpful. We have an open management system here." The staff were clear about the lines of management responsibility and who they would contact if they needed to. Staff told us they understood the visions and values of the provider and promoted them in the home.

The views of people in the home and their relatives had been gained through the completion of a questionnaire in September 2014. We saw that people's questionnaires had photos of the operations manager, area manager and registered manager which meant they had a visual aide to recognise staff they may have spoken with. An analysis of the responses had been carried out by the provider and the results indicated that people and their relatives were satisfied with the overall management of the home. Where comments had been made about the service there was evidence that things had been put in place such as a wider variety of meals and different activities for people. This showed us that the views of people and their relatives were used to drive improvement in the home.

Accidents and incidents were reported appropriately and we saw that action was taken when this was needed. These included ensuring charts were completed where relevant and health professionals involved when necessary.

We saw that a number of audits, checks and quality monitoring from the provider had been completed regularly in the home. There was evidence that any issues raised as a result had been dealt with to ensure people in the home and staff were safe. One example was after the last fire service report in August 2014 where two fire doors were not self-closing. Repairs were made immediately and the doors were able to close appropriately. There were fire procedures in place and monthly evacuations of the home were undertaken. The last evacuation was in October 2014 and there was evidence of the staff and people in the home who took part. There were weekly audits about care documents, the home, vehicles and staffing levels. These were checked by the manager to see if there were any trends that they needed to be aware of or actions that needed to be taken to ensure a safe and caring environment for people and staff in the home.