

# Cepen Lodge Limited

# Cepen Lodge

## Inspection report

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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

This inspection took place on 10 October 2014. This was an unannounced inspection. The home was last inspected in November 2013 and at this time all standards were being met. Prior to this a warning notice in relation to medicines was issued in July 2013 and a further compliance action in relation to medicines was issued in September 2013.

Cepen Lodge is a care home without nursing. The home can provide accommodation and personal care for up to 63 people and at the time of our inspection there were 48 people living in the home. There was an area within the home that provides care for people living with dementia.

The home had a registered manager. 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 and associated Regulations about how the service is run.

We spoke with eight people who used the service, six staff and two visitors. People we spoke with were positive and felt well cared for and that their needs were met. Staff showed a caring attitude to people they were supporting. People told us; "I feel very safe. I very much appreciate all the help I get. They make sure I'm comfortable in my room and I've got everything I want" and "they're looking after me, the help I get is first class."

People were not fully protected from risks in relation to their care because accurate records were not always maintained. This included records relating to the administration of medicines and the risks of falls for one person. This is a breach of regulation 20 of the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had received appropriate training to support them in identifying and acting upon any potential abuse. Staffing levels were at a level which ensured people's needs were met.

The procedures for managing people's medicines were safe, including the process for storage and administration.

Staff received training and supervision to enable them to carry out their roles effectively and were positive about the support they received.

Staff had training and awareness of the Mental Capacity Act 2005, however we have recommended that the decision making process in the home is reviewed to ensure it fully complies with the requirements of this legislation.

People were happy with the food and drink they received in the home. We observed a lunch time where people's needs were being met. Where there were concerns about a person's nutritional intake, this was acted upon promptly to ensure the person received adequate support.

People's individual needs were recognised by staff and their support was reviewed regularly. Staff understood people's needs. This was also reflected in the feedback we received from people in the home who told us staff understood the support they required.

There were processes in place to manage and respond to complaints. Information about making a complaint was on display throughout the home and people told us they felt able to raise concerns if they had them. Staff also reported feeling confident about raising any issues or concerns.

The home was well led by a registered manager. There was a structure in place for a lead senior care worker to be present to support each area of the home and our observations during our inspection showed this worked well.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern and allow action to be taken. However, quality assurance systems were not fully effective in identifying breaches of regulations. We have recommended that quality assurance systems are reviewed.

Monthly reporting took place in the home which looked at key areas such as the number of people with pressure ulcers and any concerns about a person's weight. The registered manager received support from a regional manager within the organisation.

# 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. Accurate records relating to people's care were not always maintained. This included records relating to medicine administration and support plans for one individual.

Risks relating to people's care had been assessed.

There were sufficient staff to meet people's needs and medicines were managed safely.

**Requires Improvement**



### Is the service effective?

The service was not always effective. Issues relating to people's mental capacity were considered in their care, however it wasn't always clear that the decision making process fully complied with the Mental Capacity Act 2005 to ensure people's rights were always protected.

Staff were well trained and supported in their roles.

People were satisfied with the food and drink in the home and action was taken if a person was found to be at risk from poor nutrition.

**Requires Improvement**



### Is the service caring?

The service was caring. People gave positive feedback about the care they received and this was reflected in the observations we made during our inspection.

People were given opportunity to be involved in planning their care. The views of family and representatives were sought.

**Good**



### Is the service responsive?

The service was responsive. People's individual needs were described in their support plans. People told us they had access to a range of activities to take part in if they wished.

There were systems in place to respond to complaints.

**Good**



### Is the service well-led?

The service was not always well led. There was a registered manager in place who understood their responsibilities. The quality and safety of the service was monitored through monthly reporting.

Quality assurance systems were not fully effective in identifying breaches of regulation.

**Requires Improvement**



# Cepen 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 10 October 2014 and was unannounced. The inspection was undertaken by three inspectors of adult social care.

We weren't able to gather information from the service prior to our inspection because the inspection took place in response to information we had received about staffing levels. However, we reviewed the information that we had about the service including statutory notifications.

During our inspection we spoke with eight people who used the service and two relatives. We spoke with six members of staff, the registered manager and the regional support manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records of six people who used the service and reviewed documents in relation to the quality and safety of the service and staff training and supervision.

# Is the service safe?

## Our findings

We found that records relating to people's care were not always complete. One person's file had very limited information about the support they required. The person had been admitted to the home two and half weeks prior to our inspection and we were told that the home was awaiting care information to be forwarded from the home where they had previously been staying. There was information on file suggesting the individual was at high risk of falls but no further information about how staff should support the individual. We spoke with the senior member of staff who was able to give verbal examples of how they were supporting this person until full information was documented. We were told that they were speaking with family to find out about the person's preferences. Without clear and accurate information about this person's needs, there was a risk that staff would not be able to support them in a way that ensured their safety.

Medication Administration Records (MAR charts) showed there were systems in place to record administration of medication appropriately. We found occasional gaps in the recording on some MAR charts. These gaps were checked and found that the medicine had been administered but not signed for. This meant that there was a risk to people's safety because staff did not have accurate information to monitor that people had been given the medicines that they required.

This is a breach of regulation 20 of the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found the systems in place for managing people's medicines were safe and people received the support they required. Medicines were stored safely and the temperature of the storage area was managed. Medicine trolleys had the facility to be locked to the wall although the trolley on the ground floor was not locked to the wall when we checked. This meant that for a short while, whilst the trolley was unattended there was a risk it could have been removed. There were additional checks in place to ensure that controlled drugs were stored safely. These are drugs that are subject to specific legal requirements in how they are managed. Controlled drug stock levels were checked twice daily to ensure everything could be accounted for.

Staff responsible for administering medication confirmed they had received training. We observed a medication administration round which was carried out safely. People told us they were happy with how they were supported with their medicines. Nobody in the home was managing their own medicines at the time of the inspection. However, we were told that if someone wished to do so, there was a process in place to risk assess how people could do this safely.

People told us they felt safe in the home. Comments included; "I feel very safe. I very much appreciate all the help I get. They make sure I'm comfortable in my room and I've got everything I want" and "they're looking after me, the help I get is first class." Other comments included; "I feel totally safe. I can open my door and there's always someone about. We have a little drawer in a cupboard that we can lock, so my handbag is safe."

People had access to call bells or a pendant alarm where necessary to call for help if needed. Relatives also told us they felt people were safe in the home.

Staff received training in safeguarding and a record was kept of any safeguarding concerns that had been discussed with the local authority. This showed that staff were aware of potential issues and how these should be reported.

Staff told us they felt staffing levels were at a sufficient level and that in the main, staff absence was covered by other members of the team or bank staff. Views of people who used the service were mixed, with some comments suggesting that staff were "rushed"; other comments confirmed staff came to support people when needed. During our inspection, we observed that people's needs were met.

We checked staff signing in sheets on a sample of days over the previous month, and found staffing levels were at the expected levels as described by the registered manager. This showed that staffing levels were consistent.

In five of the care files there was clear information in people's support plans and risk assessments about how they could be supported in a safe way. This included one person who managed their own medical condition. There was a risk assessment and plan in place to support them to do this. We also read an example in this person's daily notes of how they had alerted staff to a concern relating to their medical condition and staff had responded appropriately to ensure their safety.

# Is the service effective?

## Our findings

Staff had received training and understood issues in relation to the Mental Capacity Act 2005. Staff were able to explain their understanding of the legislation and what it meant for people in the home. However we read about one person who had sensor mats in place so staff were aware of their movements at night. From speaking with staff and the registered manager it was not clear whether the person had consented to this or whether their best interests had been formally considered. There was no specific mental capacity assessment relating to this decision, however there was information on file that stated the person had 'variable capacity' and we were told that consultation had taken place with the person's family but not recorded.

We spoke with the registered manager about the Deprivation of Liberty Safeguards (DoLS). DoLS provide a legal framework that allows a person to be deprived of their liberty if it is done in the least restrictive way and it is in their best interests to do so. The registered manager told us they had recently made an application for DoLS authorisation for a person in the home. They were aware of how recent guidelines had changed in relation to when a DoLS authorisation may be required and that further applications for people in the home might be required in the future.

People spoke positively about the skills and training of staff. These included; "most care staff have got the skills to do the job, we've been satisfied most of the time" and "staff know what they're doing. When I ask questions they either know or get someone to answer".

Staff told us their training was good. We were told "we do a lot of training. It's very effective and they train us as fast as they can if anything changes. If we don't feel confident we're trained up straight away".

A staff training record showed staff were provided with a range of training, including topics such as infection control, safeguarding adults and moving and handling. Staff felt able to seek additional or specialist training when needed and told us this was agreed where appropriate.

The performance of staff was monitored through supervision sessions where their performance and development was discussed. Staff told us they found supervision useful.

Feedback that we received from people showed that people received sufficient amount to eat and drink and enjoyed the meals that were provided. Comments included; "definitely good food, no complaints about it. Sometimes there's too much!" and "the food always looks very nice and there's plenty of it. People can have teas or coffees and snacks anytime they want."

We observed a lunch time meal in two areas of the home. We saw that people were given choices about the meal they wanted. People were supported to make choices by being shown the options available on a tray. We saw that where food was required to be blended to a softer texture, the different food items were blended separately to ensure the food remained appetising.

The head chef told us they were aware of people's individual dietary requirements and preferences. We were told, for example, that special cakes were prepared for people who required a diabetic diet. The chef was aware of how to meet religious and cultural requirements where necessary. People were able to have an alternative if they didn't want anything from the main menu.

People's weight was monitored and food and fluid intake recorded where necessary to protect people from the risks associated with malnutrition. For one person, staff had recorded a weight loss in one particular month and a care plan had immediately been put in place to support the person. The GP had also been informed so that they were kept informed about the person's health and could advise accordingly.

People were able to see other healthcare professionals when necessary. In people's care plans, it was clear what support from staff was required, for example by supporting a person to book appointments. Information about a person's health needs was kept on file. For example, we saw copies of people's prescriptions and that people had seen a visiting chiropodist. People gave positive feedback about the support they received to use other healthcare services. Comments included; "they make all the arrangements to get me back and forth from the hospital" and "staff are extremely good and caring. Our relative sees the chiropodist and the hairdresser."

**We recommend that procedures for decision making are reviewed to ensure that they fully comply with the Mental Capacity Act 2005.**

# Is the service caring?

## Our findings

Staff treated people with kindness during the inspection, for example staff ensured that people were physically comfortable by locating items such as footstools to rest on. We saw a number of pleasant interactions take place, for example we heard staff offering to get the daily papers for one person in the lounge. We also saw one person demonstrate behaviour relating to their anxiety. Staff managed the situation by verbally reassuring the person and taking them to another area to have a drink.

We saw that staff were caring and considerate and understood the needs of people who were living with dementia. Staff offered people drinks and checked on their wellbeing. Staff communicated in a way that was suited to people's needs, and allowed time for people to respond.

We received positive comments from people in the home about staff. These included; "staff are so kind and caring", "we've got a good relationship and have a laugh" and "they're looking after me, the help I get is first class."

People's experiences and level of involvement in planning their care were varied. One person said "staff discuss our needs a lot", whilst other people expressed their opinion

that they did not wish to be involved in the process. We spoke with staff who worked with people living with dementia and they told us that they involved families and relatives in planning the person's care. This would help ensure that care was planned in a way that took account of people's personal preferences.

We read in people's support plans about the ways in which they could be involved in their daily care and routines, for example by being given choices about their meals. We observed that the food available at meal times were presented on a tray to support people to make their choice. Occasions when people had declined aspects of personal care had also been recorded; for example one person was recorded as declining support to go to bed. This showed that people's choices and decisions were respected and their individual routines supported.

Staff told us they had received training in how to treat people with dignity and respect and they were able to give examples such as covering people during personal care. People we spoke with confirmed their privacy and dignity were respected. Comments included; "I've had no problems at all with staff, they treat me with respect" and "they respect my privacy and dignity, very much so".



# Is the service responsive?

## Our findings

People's individual needs were recognised and met by staff in the home. Comments included; "I definitely think staff understand individual needs and preferences. They're all very patient" and "staff know my needs and preferences; I think they're trained to pick up on things".

People's needs were described in their support plans which were evaluated regularly. There were individual plans for various aspects of a person's needs. For example, in relation to medicines and moving and handling. Plans described the contacts that people wished to maintain whilst staying in the home and the support they would need, such as helping to make phone calls. Where people had particular religious or cultural needs, this was recorded. We saw that festivals such as Christmas and Easter were identified as being important for some people.

People had 'life histories' in their care files, which provided important information about their past lives. This information supported staff in understanding people as individuals. From our discussions with staff, it was clear that they understood the importance of treating people as individuals and understanding their particular needs. Staff told us; "staff understand that everyone is individual and has individual needs. For example, people don't have to get up if they don't want to; it's in their care plans if they want to lie in" and "care plans are reviewed monthly. We speak with staff and residents and talk about any changes".

People told us that they had opportunity to take part in a variety of activities if they chose to do so. One person

commented "there are masses of activities but I prefer to stay in my room" and another person said "people can do any activities they want. There are one to one's for people who can't join in group activities, like having their nails done". Staff told us that the activities were currently exploring people's spiritual needs and how these could be met within the home. We were told that a local vicar held a service at the home on a monthly basis.

People had access to activities that met their needs. We saw people who were contentedly listening to music. In an activity arranged by staff, people were given shells to hold or look at and asked about memories of seaside holidays with picture prompts and music. This showed that activities suitable to the needs of people with dementia were offered.

There were systems in place to respond to complaints. There was information displayed in areas throughout the home, so that people had information about how to raise complaints if they had them. A log of complaints was kept and we saw examples of where these had been responded to appropriately, including minutes of meetings held to discuss the concerns.

People had opportunity to take part in residents meetings if they wished to. We saw meeting minutes which showed people had the opportunity to raise any issues or concerns. People we spoke with said they felt able to raise any concerns they had. One person told us; "I know how to make complaints, but I haven't had anything to complain about" and "I tell staff directly if I'm not happy".



# Is the service well-led?

## Our findings

There were systems in place to monitor quality and safety within the home. However, these were not fully effective in identifying breaches of regulations within the service. Prior to this inspection there had been a history of non compliance with a warning notice and compliance action being issued in relation medicines. At this inspection, we found a further breach of regulations in relation to record keeping. This included records relating to medicine management. This showed improvements arising from previous breaches of regulation were not yet fully embedded in to practice in the home.

We received positive feedback about the management of the home. One visitor told us; “I would say the home is well managed. I can talk to anyone about any problems and they’re willing to help” and “residents and relatives have access to the manager when she’s here. She’s very hands on”. All staff we spoke with said they felt supported in their roles and everyone said the registered manager was approachable. Staff said; “you can go to them and suggest something and they’ll listen. If they say no they will tell you why”.

A monthly report was produced which summarised, for example, people’s pressure ulcers as well as anyone who was at risk from poor nutrition. This allowed the manager to monitor whether people’s care needs were being met and take action if required. There was also information recorded about the number of compliments received, and complaints.

Staff were aware of the importance of whistle blowing if they had concerns about practice in the home. Staff told us they were “encouraged” to raise any concerns and they had access to policies and procedures if they needed them.

Staff had opportunities to discuss any issues or concerns they had through staff meetings. We viewed minutes of a recent staff meeting where issues about the level of sickness had been discussed. This showed that staff felt able to raise concerns and that they would be listened to.

We discussed leadership of the home with the registered manager and they had a clear understanding of their role and responsibilities. For example, notifications had been submitted to the Commission in relation to any safeguarding concerns. There was also a regional support manager present at the home during our inspection who provided support for the registered manager. The regional support manager demonstrated they had a clear picture of the performance of the home and told us how they monitored this through regular visits to the home and reporting from the registered manager.

The staff team was structured so there was a lead senior member of staff on each floor of the home. We saw this structure worked well. For example, we observed the senior staff managing their team to ensure that tasks were completed and people’s needs were met. We also heard the senior staff encourage care assistants to approach them if there were any difficulties.

We viewed the system for managing accidents and incidents and saw that information was recorded electronically. The system allowed any trends in the kind of accidents occurring to be highlighted so that appropriate actions could be taken to address them. The registered manager told us how this information might trigger a request for input from other healthcare professionals, for example if a person experienced a number of falls.

The home used surveys to gather feedback from people who used the service. These took place on an annual basis and the last one took place in November 2013. The registered manager gave examples of areas for improvement from the last survey that had since been acted upon.

**We recommend that quality assurance systems within the home are reviewed to ensure that they are effective in identifying breaches of regulations.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>Accurate records relating to people's care were not always maintained</p>