

Karenza Limited

Canonbury Residential Home

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

About the service: Canonbury is a residential care home in Gloucestershire that provides personal care for up to 13 older people, some of whom are living with dementia. At the time of our inspection 7 people were using the service.

People's experience of using this service:

People continued to be supported by an established team of staff who provided kind and personalised care to people living in the home. Safe recruitment of staff ensured people were supported by staff of good character.

Staff understood how to communicate with people effectively to ascertain and respect their wishes.

Care plans provided staff with information about people's preferences and ways in which staff could support people emotionally and with the activities they enjoyed.

People were protected from abuse and harassment.

People received appropriate support to take their medicines safely as and when required.

The provider arranged training for staff that met the needs of people using the service. Staff competency was assessed which helped to ensure they were safe to work with people.

People were empowered to decide how and when their care was provided and had their capacity assessed.

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

People, relatives and health professionals told us the care provided was effective and people experienced positive outcomes.

A range of quality checks and audits were undertaken to monitor the service provided and systems were in place to manage and respond to any complaints or concerns raised.

Rating at last inspection: We last inspected on 15 September 2016. At the last inspection the service was rated Good (this report was published on 3 November 2016). At this inspection the overall rating for the service has remained as Good.

Why we inspected: This was a planned inspection based on the previous Good rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is at the CQC website at www.cqc.org.uk

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 in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details in our Well-led findings below.

Canonbury Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Our inspection was completed by one inspector.

Service and service type: Canonbury Residential Home is a 'care home' that provides care for a maximum of 13 older people. At the time of the inspection 7 people were using the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the site visit: We reviewed the information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the site visit: Inspection site visit activity started on 1 May 2019 and ended on 17 May 2019. On the 1 May 2019 we visited Canonbury and spoke with two people who used the service, the registered manager,

the deputy manager and a member of staff. We observed staff interacting with people throughout the day, including preparing and supporting people with their meals. We reviewed a range of records. This included five people's care records, three staff recruitment files and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service.

On 2 May 2019 We made telephone calls to people's relatives and staff and visited the service to provide feedback to the registered manager.

Following the site visit: We sought feedback from a local authority commissioner and on 17 May we telephoned the provider to seek further information and to conclude the inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they felt safe. One person said, "I have been here for 3 years and have always felt safe."
- Relatives were confident that people and their belongings were respected and safe when being cared for by staff.
- People were protected from the risk of abuse and harassment. Staff knew what action to take if they suspected abuse or poor practice. They were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Using medicines safely:

- Staff who administered medicines had received training and their competency was checked. Good medicine practice was followed, and records confirmed people had received medicines as prescribed. Staff had information to guide them in giving 'when required' medicines, in response to people's varying needs.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.
- Staff checked people's prescribed medicine stocks daily. This enabled them to identify any medicine errors quickly, to maintain people's wellbeing. The registered manager told us there were rarely any errors.
- The home had good links with the local GP practice and pharmacy which meant that urgent medical advice could be sought, and any prescribed medications could be collected quickly.

Staffing and recruitment:

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed and the provider took into account any known risks identified through their recruitment process before staff started work at the service.
- All new staff worked a probationary period and their performance was monitored to ensure the provider's expected standards were met.
- People told us there were enough staff to support their needs.

Assessing risk, safety monitoring and management:

- People and their relatives had no concerns about their safety. They told us the staff understood their needs and supported them to be safe when providing care.
- Care records included people's risk assessment and risk management guidance. Staff were aware of people's risks and the strategies used to keep people safe including the management of people's falls, diabetes, skin integrity and physical health.
- When people's health deteriorated or they fell, there were clear systems to monitor and communicate the agreed emergency response or medical treatment when required. The registered manager ensured post falls management was effective and people's risk assessments were reviewed to minimise risk of further falls.

- Staff had received training and followed safe moving and handling techniques. People were assessed for the safe use of equipment and equipment was well maintained.
- The registered manager ensured there was access to contractors to respond to any environmental or equipment breakdown. For example, the registered manager had a contract with a local plumber, gardener and maintenance service. Environmental checks had been completed and people were protected from the risk of fire and waterborne bacteria.

Preventing and controlling infection:

- Staff received training in infection prevention and control. They understood how to prevent potential infections and followed the provider's policies to prevent cross contamination when handling soiled laundry. We saw they used their personal protective equipment and followed good hand hygiene.
- The registered manager was clear about their role in preventing flu outbreaks and the processes to follow should an outbreak of flu occur. There had been no recent infection outbreaks at the service
- Staff completed food hygiene training and the food standards authority inspected the home in August 2016 and rated it as "Very Good".
- The home had effective systems in place to ensure it was clean and infection free. A person told us "staff keep the home clean and tidy."

Learning lessons when things go wrong:

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Learning identified through such investigations was used to prevent similar incidents occurring in future.
- The registered manager had notified CQC of any significant event such as serious injuries or safeguarding concerns.
- Where required, disciplinary procedures were used to ensure staff met the requirements of the service and maintained high levels of care and support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were fully assessed with ongoing involvement of their close relatives and reviewed by a range of health and social care professionals. People had access to information to help them understand their care and treatment and promote a good quality of life.
- People's support, for example in relation to their relationship needs and behaviours that might challenge, was planned and delivered in accordance with recognised and approved national guidance.
- The provider had ensured that policies included up to date national guidelines and legislation for staff to reference.
- Staff were quickly able to identify people's changing health needs and seek rapid support where required. For example, where a person had developed a foot injury, prompt advice and guidance was sought from the GP and the person's family informed.

Staff support: induction, training, skills and experience:

- The registered manager had identified and completed regular staff support meetings.
- People were supported by staff with the appropriate skills, knowledge and experience to meet their needs. For example, one staff record we reviewed demonstrated how the management team had identified the staff members skills and areas to develop and described how they were valued as a member of staff at the service.
- New staff received a comprehensive induction to ensure they understood the provider's policies. All staff completed mandatory training and refresher courses such as infection control, fire, safeguarding and moving and handling.

Supporting people to eat and drink enough to maintain a balanced diet;

- Staff understood people's dietary needs and preferences, and these were recorded in people's care plans.
- People's risks in relation to eating and drinking had been assessed and reviewed.
- People had access to a weekly menu which they helped choose. They were encouraged to eat a balanced diet which included a variety of fresh fruit and vegetables. People could choose who they sat with to enjoy their meal. One person told us "Food is good. I like Faggots." The registered manager explained that this particular meal was specifically provided to the person in addition to the planned menu as they enjoyed eating them.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Staff worked with a variety of health and social care professionals to manage people's health needs. The registered manager ensured there was an ongoing sustained relationship with the GP practice to ensure

people's health needs continued to be met and explained how this joined up working had benefitted people.

- Each person had a health record where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded. This included appointments with doctors, dentists and diabetes professionals.
- People were satisfied with how staff had managed their pain and commented on the prompt response and action taken by staff when they were experiencing pain.

Adapting service, design, decoration to meet people's needs:

- The homes gardens had not been well maintained. We discussed this with the registered manager who told us action would be taken to improve these areas.
- People's bedrooms had been fully refurbished in 2018. They reflected individual's needs, preferences and interests. People had items which were important to them, such as pictures of their family and friends which they could look at and enjoy.
- The home had supportive rails for those who needed support to walk safely.
- The design and décor of the building met people's needs. There were communal areas of the home where people could socialise if they chose to. This included a small lounge area and a dining room.

Ensuring consent to care and treatment in line with law and guidance:

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 Act 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.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training in the MCA. The principles of the MCA were understood and the MCA Code of Practice followed.
- Staff obtained consent from people before providing care and support. Support plans were sufficiently detailed to assist staff to support people in the least restrictive way. Where people could sign their own consent forms this had been arranged.
- The registered manager had ensured that each person's capacity had been assessed in relation to making the decision to live in the home. At the time of our inspection none of the people had an authorised Deprivation of Liberty Safeguard (DoLS). People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us they were well cared for. One person told us, "Care staff are very nice, they look after you well."
- People and their families told us staff were kind and caring in their approach. One family member told us "[name of person] is well cared for."
- We observed friendly and caring interactions between staff and people. For example, staff greeted people with warmth and compassion when people had sought staff support.
- Staff had a good understanding of people's needs and spoke about people with kindness and compassion. Staff we spoke with knew people's preferences and used this knowledge to care for them in a person-centred manner.

Supporting people to express their views and be involved in making decisions about their care:

- We observed staff giving people opportunities to express their views and be involved in making decisions about their care. For example, some people within the home choose to spend large amount of time in their bedrooms. Staff understood this but continued to check on their well-being throughout the day.
- Staff spoke to people patiently and allowed people the time to express themselves. Staff responded appropriately and respectfully to people who took time to fully converse. They observed people's body language and actions to help them understand people's needs or requests.

Respecting and promoting people's privacy, dignity and independence:

- Staff we observed and spoke with showed genuine respect for people. They were keen to ensure people's rights were upheld and to provide care in a non-discriminatory manner.
- Staff understood the importance of respecting people's privacy and dignity. For example, staff knocked on people's doors and waited to be invited in. They explained to the person why they needed to enter their bedroom, such as supporting them with their medicines, or bringing them a meal.
- The registered manager gave us examples of working well with relatives and other health care professionals to provide care in an integrated way. For example, how they worked with the local GP and other professionals to meet peoples changing health needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care records were regularly reviewed and were person-centred. Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Records included important information about the person, such as next of kin and GP contact details, medical history, life history and preferences with regard to their care and support.
- Staff gave people information in a way they could understand and support plans described the level of support they required with their communication needs.
- Staff encouraged people's friends and relatives to visit and to take people out into the community.

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint. Information relating to the complaints procedure was accessible in the foyer of the home. One person told us they would readily approach the deputy manager if they had a concern or complaint.
- The service had not had any complaints in the last 12 months. The registered manager explained how complaints would be handled in accordance with the provider's policy, within the provided timescale and used to improve the quality of care.
- The provider was taking steps to ensure that people's care would be uninterrupted if the legal work status of any of their staff were to change.

End of life care and support:

- Where the service was supporting people with end of life care there was evidence of routine involvement of people and their families. Staff ensured advanced care planning was promoted and that there were conversations held around decision making and people's resuscitation wishes.
- The wishes and needs of people and family were included in care plans; this included discussion about people's preferred place of care at the end of their life.
- The home had good links with relevant health professionals to ensure support would be available to manage people's symptoms and ensure people's advanced wishes would be respected.

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. The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- The leadership for the service was the responsibility of the registered manager and provider. The registered manager and their team showed a commitment to providing people with a good standard of day to day support for people.
- A member of staff told us "The managers are very approachable. They tell me to call them if there are any problems and I feel that I can do this." They also told us they had opportunities to feed back to the registered manager during 1 to 1 discussions with them.
- During our inspection we observed the deputy manager contacting a persons family member to inform them about a health concern. Relatives described the leadership as being open and felt managers shared information with them as required. One person's relative told us "I'm confident that they look after [name of person] well and keep me informed."
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The registered manager could explain duty of candour and understood their responsibility to be open and honest with people and their family when something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The service was led by a manager who had registered with the Care Quality Commission. They were clear about their responsibilities for reporting to the CQC and the regulatory requirements. We had received notifications about events that occurred within the service and the rating from the last CQC inspection was displayed as required.
- Care staff were clear about their roles and responsibilities within the service. They gave us detailed descriptions about what their role involved and the main purpose of their jobs.
- There was a governance structure in place. The management team completed a wide range of audits to assess, monitor and improve the quality of the service. These included environmental audits, reviews of peoples care records and a regular review of people's needs. This ensured the provider had a clear oversight of the service.

- Policies were in place, and staff were aware of emergency planning procedures and systems of escalation for immediate and long-term management of major, unplanned incidents with the least disruption to people's care.

Continuous learning and improving care; Working in partnership with others:

- Support plans had been reviewed monthly to ensure staff had the correct information to support people. This demonstrated that the quality monitoring systems in place were effective in identifying areas where improvements were needed.
- There was a positive and motivated culture within the service and staff worked well together. One staff member said, "It's a lovely place to work." One person's relative told us "They (staff) go the extra mile."
- Due to changes occurring within the local GP service the home was working with senior staff at that service to improve consistency in GP support for people's continuing healthcare needs.
- The management team worked in partnership with commissioners and the local authority safeguarding team to ensure people received the care and support they needed.