

South West Care Homes Limited

Cambrian Lodge

Inspection report

4 Battery Road
Portishead
Somerset
BS20 7HP

Tel: 01275848844

Website: www.southwestcarehomes.co.uk

Date of inspection visit:
30 November 2016

Date of publication:
11 January 2017

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.

People, their relatives and staff said the home was a safe place for people. Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored correctly and securely.

People were supported by a sufficient number of staff to keep them safe. Risk assessments had been carried out and they contained guidance for staff on protecting people. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People were complimentary about the food provided. Where people required specialised diets these were prepared appropriately.

People's rights in relation to decision making were upheld.

Staff had enough training to keep people safe and meet their needs. Staff understood people's needs and provided the care and support they needed. People received support from health and social care professionals.

Staff had built trusting relationships with people. People were happy with the care they received. Staff interactions with people were positive and caring.

There were organised activities and people were able to choose to socialise or spend time alone. People and relatives felt able to raise concerns with staff and the manager.

Staff felt well supported by the registered manager and felt there was an open door policy to raise concerns. People and relatives were complimentary about the manager and deputy and said they had a good relationship with them.

There were quality assurance processes in place to monitor care and safety and plan on-going

improvements. There were systems in place to share information and seek people's views about their care and the running of the home.

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.

People were supported by staff who knew how to recognise and report abuse.

People's medicines were administered and stored safely.

People were supported by staff who had received pre employment checks to ensure they were suitable for the role.

Risks to people were identified and plans were in place to reduce the risks

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received enough training to carry out their role.

People's rights were protected because the correct procedures were followed where people lacked capacity to make decision from themselves.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by caring staff.

People were supported by staff who knew them well.

People were able to make decisions about how they spent their day.

People were supported by staff who understood the importance of privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans included information on how they wanted to be supported.

People had access to a range of activities.

People and their relatives felt able to raise concerns with the registered manager and staff.

Is the service well-led?

Good ●

The service was well led.

People were supported by staff who felt able to approach their managers.

Systems were in place to monitor and improve the quality of the service for people.

People were supported by staff who were aware of the aims of the service.

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 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.

The inspection took place on 30 November 2016 and was unannounced.

The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed 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 improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who also monitored the service provided by the home.

During the inspection we spoke with four people and five relatives about their views on the quality of the care and support being provided. We spoke with the deputy operations manager, the registered manager and four staff members. We also spoke with one visiting health professional during our inspection. We looked at documentation relating to three people who used the service, four staff recruitment and training records and records relating to the management of the service.

Is the service safe?

Our findings

The service was safe.

People told us they felt safe at Cambrian Lodge. One person said, "Oh yes I feel safe and secure" another commented, "I feel safe; I am very pleased to be here." People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said, "I am happy [name of relative] is safe." Other comments included, "Oh yes, I feel [name of relative] is safe here" and "They are safe and that is most important."

Staff also felt people were safe living at Cambrian Lodge. One staff member said "Yes, people are safe here." All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority, the police and the Care Quality Commission. One staff member said, "I would go to the manager and I am happy they would take the right action, if they were implicated I would go to senior managers and CQC." The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "I am aware of the whistleblowing policy and confident to use it. I have never had to here; we have an open culture of reporting incidents". This meant people were supported by staff who knew how recognise and respond to abuse.

People were supported by a sufficient number of staff to keep them safe. People told us they were supported by enough staff to meet their needs. One person commented, "I think there are enough staff." Another said, "I don't use a call bell but I hear others and they are answered well." Relatives also told us there were enough staff available to meet people's needs. Comments included; "We had a few issues with staffing a few months ago but not now, there are no problems with staff now", "There are always plenty of staff when we come" and "There always seems to be staff around and we see the same staff, they seem to keep their staff."

Staff told us they thought there were enough staff available to meet people's needs. However they commented there were occasions when they were very busy due to staff phoning in sick at the last minute and them not being able to arrange cover. One staff member said, "Staffing is good now, it has improved. If we are short staffed because of sickness the laundry and washing up doesn't get done. It can be difficult but we prioritise the care." Staff confirmed at these times the managers would help out and they felt that the staffing levels did not drop to unsafe levels.

During our inspection we observed there were enough staff available to respond to people's needs and call bells were answered promptly. We looked at the staff records and discussed staffing levels with the deputy operations manager. They told us that staffing levels were based on people's individual needs. They showed us a tool they used to determine the support level of each person and their staffing levels were based around this. The deputy operations manager confirmed the minimum staffing levels with us. We looked at

the staff rota for four weeks and saw on two occasions due to staff sickness staff were working with one less staff member on duty. We raised this with the registered manager who confirmed on these two occasions they were short of one carer in the afternoon. However, they informed us this level of staffing was how they had worked previously before a new shift system had been introduced. They went on to say staffing did not drop to this level very often. Records confirmed this.

People told us they were happy with the way staff supported them with their medicines. One person told us, "They help me with my medication and I get it one time" another commented, "I am happy with how they support me with my tablets, I get them on time".

People had medicines prescribed by their GP to meet their health needs. Some people managed their own medicines. We saw there were risk assessments in place to ensure this practice was safe. We observed medicines being administered by staff and this was carried out safely. Medicine Administration records (MARs) included information on why medicines were needed. MARs were accurate and up to date. We found two people's MARs had a staff member's hand written entry for an individual medicine. One of these was a change in dose of the medicine and the other was a medicine being discontinued. We found these records were not signed or countersigned by two staff. This meant there was no clear evidence to demonstrate who had written the record or to check it was an accurate account of the medicines prescribed. We discussed this with the deputy operations manager who was able to demonstrate in daily records that a GP had made these changes. The deputy operations manager told us they would ensure staff were aware all handwritten records on MARs would be signed and countersigned by two staff.

Medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely, including those which required additional security. We checked the medicines stock for three medicines which were accurate. Records confirmed medicines were checked weekly by team leaders and monthly by the registered manager to ensure they were being managed safely.

Staff received medicine administration training and had a competency check before they were able to give medicines to people. The registered manager completed on-going competency checks on staff to ensure they remained competent to administer medicines. This was confirmed in the staff training records.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

People were able to take risks as part of their day to day lives. For example, some people who were independently mobile could walk safely in the home and in the garden. Records demonstrated assessments were undertaken to identify risks to people. They gave information about how these risks were minimised to ensure people remained safe. Assessments covered areas where people or others could be at risk such as managing their medicines, risk of falls, risks of malnutrition and risk of pressure ulceration. The staff we spoke with were aware of these risks and the measures in place to reduce them.

We saw there were also assessments and checks in place relating to the home and environment. These included fire risk assessments, checks on the call bell system, window restrictors and electrical equipment.

At our last inspection we noted the home had a pest problem in some areas of the environment. During this inspection we saw action had been taken to remedy this. For example, the registered manager and provider were working with a pest control company and had treatment plans in place to prevent further issues.

Is the service effective?

Our findings

The service was effective.

People told us they thought staff had the right training to meet their needs. One person told us, "I think they are trained well." Relatives told us staff understood their family member's care needs and provided the support they needed. One relative said, "Staff seem to know what they are doing." Another commented, "They understand [name of relative] needs."

Staff received a range of training to meet people's needs and keep them safe. New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support the people who lived in the home. Staff told us the induction programme was also linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member commented, "The induction was brilliant, I shadowed experienced staff for two weeks and then staff observed me. The managers had an open door policy so I could discuss any queries or concerns with them." Another member of staff said, "I had lots of training and my induction pack was signed off. I shadowed staff for five shifts, it was enough to prepare me for the role and they would have extended it if needed."

Staff felt they had enough training to keep people safe and meet their needs and they told us the registered manager provided and encouraged opportunities for their personal development. Two staff members told us how the provider and registered manager were supporting them to complete a level five diploma. This meant the staff were supported to gain relevant qualifications and felt encouraged to develop in their role. One staff member said, "They are very forthcoming with training and support your development." All staff received basic training such as first aid, fire safety, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as dementia care, end of life care and nutrition and hydration. We looked at the provider's training records which identified some staff required updated training in some subjects. The registered manager had dates booked for staff to attend the required training sessions.

Staff told us they had formal supervision (a meeting with their line manager to discuss their work) to support them in their professional development. They told us this gave them an opportunity to discuss their performance and identify any further training they required. One staff member told us, "We have supervision every eight weeks, we can write down any concerns and [name of registered manager] will go through them. They check we are happy with our role." Another commented, "You find out where you could improve and any help they can give you, we look at required training and the last supervision to see what has changed." This meant people were supported by staff who received support from their managers.

The registered manager told us their policy was to provide staff with supervision every eight weeks. However, they told us due to their unforeseen short period of absence some supervisions were held less

frequent than eight weeks. We saw the registered manager and deputy operations manager had an action plan to address this. All of the staff we spoke said they felt supported and able to approach managers at any time to discuss concerns.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA). They knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

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 and found that they were. Where people lacked capacity to make decisions for themselves we saw the principles of the MCA had been followed. Decisions covered included having a movement sensor in a person's bedroom to detect falls and leaving the home. This meant people's rights were being protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection the registered manager had made five applications to the local authority to restrict the person's liberty under DoLS. They told us they were waiting for the outcome of these applications. The registered manager had identified two further people who required applications for DoLS and was in the process of completing these.

People and their relatives told us they were happy with the food provided. One person told us, "The food is very nice and if we don't like what's on the menu we can change it." Another commented, "The food is very good here I have put weight on since being here." Comments from relatives included, "The food is good, [name of relative] always eats it all and there is always fruit available" and "They are always offered fruit and cakes."

The cook was on holiday on the day of our inspection and a staff member was covering in their absence. The staff member told us there were two meal options on offer each day and staff spoke to people on a daily basis to ask them what they would like from the options available. They said if people did not like what they had on the menu they would cook an alternative. One person confirmed this commenting, "I get a choice of food and if I don't like what's on the menu they offer other things." People's nutritional needs were identified and monitored as part of the care planning process. There was a list of people's likes, dislikes, preferences, allergies and dietary needs available in the kitchen. Staff told us this was documented when people moved to the home. This meant people's preferences and dietary needs were considered.

We observed the lunchtime meal in the dining room. The atmosphere was calm and relaxed and people had condiments available on the table if they wanted them. People who required support with eating their meal were assisted by staff in a discreet and unhurried way.

People's health care was well supported by staff and by other health professionals. People's care records showed referrals had been made to appropriate health professionals when required. When a person had not been well, we saw that the relevant healthcare professional had been contacted to review their condition. One person told us, "They will get the Dr if you are unwell, I didn't feel well a few weeks ago and they arranged for the Dr to come." A relative commented, "They are quick to call the GP if [name of relative]

needs it." This meant people's healthcare needs were being met.

We observed there were areas of the environment in need of updating for example, the carpets on the ground floor and first floor were looking worn. We discussed this with the deputy operations manager who showed us the refurbishment plans for 2017. We saw dates were set for replacements of the carpets. The refurbishment plans also demonstrated the work the provider had already completed on the home that included updating flooring in the lounge and dining room.

Is the service caring?

Our findings

The service was caring.

People told us the staff at Cambrian Lodge were kind and caring. Comments included; "They are very caring, they cannot do enough for you", "The staff are very nice" and "The staff are very helpful." Relatives also commented positively about the staff, their comments included; "The staff are ever so nice here", "The staff are very friendly" and "The staff are really kind."

Throughout our inspection we observed staff interacting with people who lived at the home in a kind and caring way. There was a good rapport between people and staff. Staff talked positively about people and were able to explain what was important to them such as people's past life history, staff working in an unrushed manner when supporting them and people's family members. One relative told us they thought staff knew their family member well commenting, "They know and understand [name of relative]." People's care plans included a 'This is me' document. This provided personal information relating to the person's life history including their previous occupations and family details. Information such as this is important when supporting people who might have dementia or memory loss. The staff we spoke with had a good knowledge of this information.

People chose what they wanted to do and how and where to spend their time. Some people chose to stay in their rooms; others chose to spend time in the lounges. One relative told us, "[Name of relative] chooses to spend time on their own." A staff member commented, "People can choose what they want to do. [Name of person] chooses if they want to come up for lunch or have it in their room. They can choose to spend the afternoon in their chair or have a rest on their bed. They let us know what they want and it's their choice."

People told us staff respected their privacy, one person told us, "They always knock on my door when they want to come in." We observed staff treating people with dignity and respect. For example, ensuring they were on the same eye level as people when they were talking to them and knocking on bedroom doors before entering. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and explaining what they were doing. One staff member said, "I know how people liked to be supported, however I still ask them if they want my help or if they want someone else. I ask them what they want help with and what they want to do themselves and explain what I am doing." Another staff member said, "We ask people's permission to support them and talk through what we are doing." Staff had an understanding of confidentiality; we observed they did not discuss people's personal matters in front of others.

We looked through a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included, 'Many, many thanks for your kind, caring and professional care of [name of relative]. Thank you also for always being so welcoming' and 'Thank you for looking after [name of relative] so kindly, all the staff are super'.

Each person who lived at the home had a single occupancy room where they were able to see personal or

professional visitors in private. One relative told us how the service considered their family member's preferences by asking them about the colours they liked before their family member moved in. They told us their relative's room had been decorated and furnished in their chosen colour and they felt the home had made, "A real effort."

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One person told us, "My relatives can come whenever they want." One relative commented, "I can come whenever I like, I am like part of the furniture." Another relative said, "I come most week days, we can visit whenever we like." During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was in the building in case of an emergency.

Is the service responsive?

Our findings

The service was responsive.

People received care and support which was personalised to their needs and wishes. Each person had a care and support plan that included details about their specific needs and how they liked to be supported. Staff had a good knowledge of the people who lived at the home and they were able to tell us information about how they liked to be supported and what was important to them. The service was in the process of transferring their care plans to an electronic system. Staff told us they thought the electronic system was, "Accurate" and good at highlighting what support people needed. The deputy operations manager told us training had been arranged for staff to use the system to enable staff to be involved in reviewing the care records.

People and their relatives told us they were involved in developing the care plans. One person told us, "I review my care plan and make suggestions and they change it." We saw care plans were signed by people and their representatives to acknowledge their agreement. We received mixed feedback from relatives about being involved in care plan reviews. One relative said, "I am happy with the care plan, I haven't looked at it for a while but agreed it initially." Other comments included, "I was involved in the care plan, I haven't seen it but I could ask" and "I know I have access to the care plan, but I haven't had a one to one with anyone about it for a long time." We discussed this with the deputy operations manager who told us as part of the new care planning system relatives would be asked how often they would like to be involved in care plan reviews and this would be arranged in line with their choice.

We received mixed feedback from people about the activities available. One person told us, "I do get bored sometimes" and another said, "The days can be the same here, I have communion every Friday morning and it's the highlight of my week." Other comments from people included, "We have two very nice activity ladies who come in, we have made lavender bags and collages. Staff take us out for outings, we have been to a local rose garden in Portishead" and "Staff did my nails last week, I take part in as much as I can and there is enough going on." The relatives we spoke with were happy with the activities on offer. Comments included, "They do a lot of activities here" and "The staff do activities such as nails and styling hair." We saw the events timetable for the month of November and this included music and movement, Zumba, flower arranging and celebrations for firework night and remembrance Sunday. We saw there were four or five events arranged each week and staff told us they spent time in the afternoons with people having a chat, singing and painting people's nails if they wanted to. During our inspection we saw staff sat with people on a one to one engaging people in activities.

People said they would feel comfortable raising a concern if they needed to. One person told us, "[Name of registered manager] is lovely and I would speak to them if I needed to." Another commented, "I haven't had to complain but I would speak to the manager if I needed to." We received mixed feedback from relatives about the service responding to concerns. One relative told us how they had had raised concerns about the tidiness of their family member's bedroom. They went on to say following them raising this, action had been taken and they hadn't had any further concerns. Another relative however said they had concerns about the

tidiness of their family member's room, they had raised this with staff but nothing had been done. We raised this with the deputy operations manager following our inspection who told us they were aware of the concerns and action had been taken to address them.

There had been three formal complaints received by the service in the past year. Records demonstrated complaints were responded to and action was taken to rectify issues where concerns were raised. For example, one person had been given a call bell pendant in response to a family member raising concerns and another person had a new carpet fitted in their bedroom.

Residents and relatives meetings were held to discuss topics relating to the home and for people to give their feedback. We saw records of these meetings and they covered items such as activities, menus, laundry and the environment. Annual satisfaction surveys were also undertaken to receive feedback from people using the service. The survey included people's views on areas such as involvement in care planning, staff respecting dignity and privacy, catering and the environment. We saw the results from the latest survey carried out in 2016. The registered manager had identified areas to improve from the feedback received and had an action plan in place. This included giving individual feedback to people around informing them they could choose where they ate their meals and giving people information about the training staff had received.

Feedback surveys had also been given to visiting professionals in 2016. We saw positive feedback had been received that included, 'Friendly staff, aware of people's needs' and 'kind, caring, responsive to residents needs'.

Is the service well-led?

Our findings

The service was well led.

There was a management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service.

There was a registered manager in post. One staff member described the registered manager as "Brilliant and approachable." Another commented, "[Name of registered manager] is supportive and you can approach them." The registered manager had recently returned from a period of absence, during this period the provider's deputy operations manager and operations manager were covering the home. Staff told us during this time deputy operations manager and operations were regularly present at the home. One staff member said, "I feel supported [name of deputy operations and operations managers] were amazing, it was nice to have them coming in nearly every day to help out."

The registered manager told us they kept themselves up to date with best practice by attending training and the North Somerset provider forums. They described how they had found the provider forums a good source of information. The registered manager told us they promoted an open door policy for staff to approach them. They said they also worked alongside staff to support their development and ensure they were working in line with best practice.

Staff commented positively about the team culture at Cambrian Lodge. Comments from staff included; "Everyone is happy here, it's a lovely atmosphere and that comes from management", "We are a good team, nice to work with and we work together" and "I enjoy my work, it's a lovely home and we are like one big family."

We spoke with the registered manager about their vision for the service and they told us this was "To provide a high standard of residential care for both the elderly and for people with dementia, with an approach centred on the individual person rather than on what is easiest for us. We strive for a warm, friendly and relaxed environment where professionalism is low key, quality is high, but warmth affection and friendliness are more noticeable." Staff told us the vision for the service was, "Good quality care, happy residents focusing on wellbeing" and "To deliver a high standard of care, working closely with families." This meant staff shared the vision for the service.

Records showed staff meetings were held to address any issues and communicate messages to staff. Staff told us they felt able to voice their opinions during staff meetings. One staff member told us, "We are due for one; [name of registered manager] has been away. You can say what's on your mind and the manager listens and acts." They gave an example of how they had suggested new chairs being purchased for the home and this had been arranged. Another staff member said, "Staff meetings are held monthly, you can voice your concerns and managers listen." Meeting minutes demonstrated areas covered in the meetings included; shift patterns, staffing and feedback from medicines audits.

The service had quality assurance systems in place to monitor and improve the quality of the service.

Records showed the audits covered various aspects of support which included medicines, records, training, infection control and health and safety. The audits identified shortfalls in the service and the action required to remedy these. Significant incidents were recorded and where appropriate were reported to the relevant statutory authorities. All incidents were recorded and reviewed so that any traits or concerns could be identified. For example, falls were monitored for trends and themes and action was taken to reduce further incidents. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.