Larchwood Care Homes (South) Limited

Cavell House

Inspection report

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16 June 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

The inspection took place on the 15th and 16th June 2016 and was unannounced. Cavell House is a care home with nursing. The people living there are mostly older people with a range of physical and mental health needs. Some people living at the home were people living with dementia. Cavell House is a modern building with two downstairs wings and a first floor area. The service is registered to provide support for45 people. On the day of our inspection there were 40 people living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was away on the days of our inspection.

We carried out a previous inspection of Cavell House on 15 and 16 June 2015. Breaches of legal requirements were found and we identified two breaches of regulation in relation to consent and complying with the Mental Capacity Act 2005 (MCA) and the provision of meaningful activities. The provider wrote to us to say what they would do to meet the legal requirements in relation to these areas.

Following this we undertook a comprehensive inspection on 15 and 16 June 2016 to follow up whether the required actions had been taken to address the breaches identified and to see if the required improvements had been made. The report covers our findings in relation to those requirements. We found improvements had been made in both areas and the breaches of regulation had been met. However further areas needing improvement were identified.

People told us that they felt safe living at Cavell house and this was in relation to areas that included being at ease and comfortable with staff, receiving medicines safely, cleanliness and hygiene and moving around freely and safely. One person said of staff "They will always do their best to sort out anything they can for you. If you ask [the registered manager] and she can't she'll find someone who can and [deputy manager] you can speak to either of them". However we observed that people's access to call bells and the allocation of staff to meet people's needs in a timely way was not always consistent and we have identified this as an area that needs improvement.

Improvements had been made in adhering to the MCA and where needed peoples capacity had been considered and recorded in people's records. Where needed a best interests decision was made and recorded. Staff were trained in this area and were knowledgeable. The principles of MCA were displayed in staff areas to raise awareness.

We observed lunch, people had enough to eat and drink. They were given choices of food from a menu. Drinks were available throughout the day. One person told us "We get regular drinks all day". People were encouraged and supported to eat and drink enough to maintain a balanced diet. Staff monitored people's

weights and recorded how much they ate and drank to keep them healthy. People were supported to access health care professionals when needed and the optician and the dietician were visiting during our inspection.

Staff received training that was relevant to their roles and received specific training around areas such as supporting people living with dementia and end of life care. Staff were supported through regular supervision with a manager which ensured they were able to discuss any areas for development and identify training needs.

People told us that staff were kind, caring and approachable. One person told us about staff "They're very kind and do their best". A relative told us "The carers are very, very kind in all respects".

The complaints policy was available to people. There had been no formal complaints responded to since the last inspection. There were relatives meetings and we were told that information was shared with people and staff by the registered manager. One person said of these "They have meetings. I asked for Horlicks on the evening trolley and it's now there I've noticed. Yes you do feel they listen to us".

People and relatives told us the home was well led. They said that the home had a friendly and homely atmosphere. One relative said "I can come and visit anytime and I'm here every day. It's like a hotel absolutely perfect me and X have no complaints. Its friendly and you always get a warm greeting from everybody managers and cleaners alike". There was a range of audit tools and processes in place to monitor the care that was delivered and the registered manager worked in partnership with visiting professionals to 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?

Requires Improvement

The home was not consistently safe.

Access to call bells was not always consistent and the allocation of staff across the home did not always meet people's needs in a timely way.

People were supported by staff that recognised the potential signs of abuse and knew what action to take. Staff had received safeguarding adults at risk training. Medicines were managed, stored and administered safely. The environment was clean and hygienic.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately
The home was not consistently safe.

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Is the service effective?

Good

The home was effective.

People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet. They were asked for their views about the food. People had access to, and visits from, a range of healthcare professionals.

People's consent to their care and treatment was assessed. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA).

Staff had access to a wide range of training and new staff completed a comprehensive induction programme.

Is the service caring?

Good

The home was caring.

Staff knew people well and friendly, caring relationships had been developed.

People were encouraged to express their views and how they were feeling and were involved in the planning of their care. People were treated with dignity and respect.

Is the service responsive?

Good

The home was responsive.

There was a range of activities available for people to engage in at the home.

Care plans provided detailed information about people so that staff knew how to care for them in a personalised way.

Complaints and concerns were listened to, investigated and acted upon.

Is the service well-led?

Good

The home was well-led.

People were asked for their views about the home. Relatives were also asked for their feedback.

The registered manager had created a transparent open culture that placed the person at the centre of their care.

Quality assurance systems were in place to enable the provider to continually monitor all aspects of the home.

Cavell House

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 15 and 16 June 2016. The inspection was unannounced. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in June 2015 had been made. The inspection team consisted of one inspector, a specialist advisor who had expertise in nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had sent us an action plan following the last inspection and we used this to guide our inspection. We also checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the home is required to send to us by law. We also spoke with a representative from the local authority. We used all this information to decide which areas to focus on during our inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the home does well and improvements they plan to make.

On the day of our inspection, we spoke with nine people living at the home and three relatives. We spoke with the deputy manager, two nurses, six carers, two chefs and three members of the domestic staff. We looked at nine people's care records, four staff files, medical administration record (MAR) sheets and other records relating to the management of the service. We contacted local health professionals who have involvement with the service, to ask for their views. 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.

Requires Improvement

Is the service safe?

Our findings

The people we spoke with gave us consistent feedback of feeling safe at the home. This included such areas as being at ease and comfortable with staff, receiving medicines safely, cleanliness and hygiene and moving around freely and safely. One person said of staff "They will always do their best to sort out anything they can for you. If you ask [the registered manager] and she can't she'll find someone who can and [the deputy manager] you can speak to either of them". Relatives told us they thought their family members were safe living at Cavell House.

At our last inspection we made a recommendation that the provider review their equipment and supplies in relation to infection control. At the last inspection staff told us that they often ran out of personal protective equipment (PPE) such as gloves and wipes and had to go to the supermarket to replace these. At this inspection staff told us that they now had access to this equipment at all times. At the last inspection we identified that the sluice rooms were open and the home was awaiting a redesign in relation to these to ensure that there was adequate space to store clean and dirty items separately. At this inspection we saw that sluice rooms were locked but that in one sluice room it was difficult to identify clean and dirty items. By the end of the day the deputy manager had placed signs on the wall to clarify where dirty and clean items should be placed to ensure the control of the potential spread of infection. The general environment was clean and tidy and we observed domestic staff cleaning throughout the days of our inspection. One person told us "They're always cleaning the floors and it doesn't smell, they move things out to get into all the nooks and crannies"

On the first day of our inspection we saw that some people did not have access to their call bells. Some of these people were cared for in bed and it was important that they were able to call for help when needed. Without being able to use their care bells people were at risk of not receiving care and support when needed and of feeling isolated. When access to call bells was pointed out to staff this was rectified immediately and on the second day of the inspection all people in bed had access to their call bells. The deputy manager was disappointed when this was addressed with them and they told us that on the first day of our inspection there was a shortage of staff due to people requiring support with the visiting optician and a person needing to be accompanied to a medical appointment. The deputy manager told us, as did the registered manager, that following the inspection staff were reminded at each handover to ensure people had access to their call bells.

The deputy manager also told us that four of the staff on duty on the first day were new to the home. We observed that at lunch time people in their rooms received their lunch later than those in the dining room. Some people were asking for their lunch and waiting for more that thirty minutes for their lunch and for support to assist them with this. One person did not have their lunch until 2.30pm. Delays in people having their lunch can cause them to be hungry and distressed. There were enough staff to respond to people in a timely way on the second day of our inspection and no one was put at immediate risk of any harm on the first day. From the rotas we looked at and the dependency tools in people's files there were enough staff on duty to meet people's needs. Organising the staff on duty to provide consistent, timely care is an area we have identified that needs improvement.

People told us that their medicines were managed safely. One person said "I'm epileptic and I have a lot of medication so it's good to know they know what they're doing". We observed medicines being administered and saw that this was done methodically and safely. This was carried out by a member of the nursing staff. Medicines were signed for when given and there were no gaps in the MAR charts that we looked at. Medicines were prescribed by the GP. A local pharmacy delivered medicines on a four weekly basis in blister packs. Medicines were stored in a locked room and transferred to a lockable trolley to be administered from. This trolley was locked when unattended. The staff member wore a tabard to indicate that they were administering medication and were only to be approached if really needed. This ensured that the risk of being interrupted and making a mistake was minimised. There were systems in place for returning medicines that hadn't been used. Medicines that needed to be refrigerated were stored in a fridge for which the temperatures had been recorded. A member of the management team carried out audits of medicines on a monthly basis and the management team demonstrated a clear oversight in relation to good practice in managing medicines.

Accidents and incidents were recorded and copies were kept in people's files. The management team had oversight of these and signed the accident and incident forms with any actions recommended. They analysed these every month in order to identify any trends or patterns for example if someone had been falling more regularly and needed specialist input regarding this. Incidents and accidents were also inputted onto an electronic database that senior managers had oversight of. The regional manager who was present on the first day of our inspection told us that they checked this regularly and showed us the graphs on the system that identified numbers and patterns of accidents and incidents so they also had oversight of these and could pick up any trends if these had been missed. Care plans were updated as needed following an incident or accident to reflect any changes in care and support.

Staff told us that they had been trained in safeguarding adults and were able to give us clear examples of signs that might indicate that someone was experiencing abuse. Staff were clear that they would need to report any concerns to a manager immediately. One staff member said "I would report it to the manager or above". Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. The registered manager had a copy of the local authority's updated policy and procedure to hand which they used to inform them and staff of the up to date processes around safeguarding adults. They committed to working in partnership with the safeguarding investigation process. Where needed safeguarding referrals had been made. Staff had received training in safeguarding adults and this was refreshed regularly.

Risk assessments regarding people's need for different types of care and support were carried out. For example a risk assessment was carried out regarding the care of people's skin. These risk assessments calculated a score and identified the care and support required to minimise the risk of damage. This included the need for equipment such a specialist mattress and cushion and need for regular treatment with the application of creams. Where someone was at risk of falling out of bed risk assessments were carried out regarding the need for bedrails. For example where it had been identified that someone was at risk of falling out of bed but that bedrails would not be safe for that person the use of a crash mat and regular check calls had been identified.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for five staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. On one file we couldn't locate a copy of the DBS check. However this was subsequently found and we saw a copy. An action on the service improvement plan was to go through the recruitment files and ensure all relevant documentation

was on file and easy to view. There were also copies of other relevant documentation including character references, job descriptions and interview notes in staff files.

Good

Is the service effective?

Our findings

At the last inspection in June 2015 we found that the provider was in breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the Mental Capacity Act was not being adhered to and peoples consent was not sought in line with this legislation. At this inspection we found the provider had followed their action plan and that this breach had been addressed. The improvements had been embedded and sustained since the last inspection.

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. At the last inspection we found that assessments of capacity had not been carried out regarding people's ability to consent to decisions such as receiving medicines and having bed rails in place. Risk assessments and best interest decisions had been recorded in relation to these which ensured that people's rights were respected when they were unable to consent to care and support provided. Staff had received training in MCA and DoLS and were clear that they needed to gain people's consent before giving care and support. They were also aware that when people lacked capacity to make decisions best interest decisions needed to be made. Where people needed advocacy around their mental capacity and best interest decisions this had been accessed. We saw on one care record that an Independent mental capacity advocate (IMCA) had been involved with decision making. Information regarding MCA was available on the walls of the staff room and staff offices reminding staff of the principles of MCA. The deputy manager told us that raising awareness with staff about MCA and DoLS was ongoing and refresher training was being provided alongside discussions in staff meetings.

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). The registered manager had made referrals to the local authority and people living at the home were in the process of receiving assessments. Where authorisations had been granted these were contained within the care records. Information regarding MCA and DoLS was available in an easy read version for people and staff to access if needed.

People told us that staff were well trained and competent to do their jobs. One person told us of the staff's skill when moving them in a hoist. They said "When they're hoisting me they always have two people. I can't say I like it but I feel completely safe with them and they do it gently and carefully. I have complete trust in them". Relatives told us that staff were skilled in ensuring their family members care and support needs were met.

Staff undertook essential training in areas such as safeguarding, first aid and infection control. Additional training was available for staff and staff had undertaken National vocational qualifications or diplomas in health and social care. Staff told us that when they started working at the home they received an induction which supported them to get to know their role, the layout of the home and the needs of the people living

there. This induction consisted of training and shadow shifts where new staff worked alongside established staff to learn from them. New staff undertook the Care Certificate. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us they received enough training to carry out their roles and responsibilities. Staff told us that they had received training in supporting people living with dementia and that this had helped them to provide better support. One staff member said "I understand more why people are repeating themselves and how to calm someone down". Staff told us that they would like more training in this area. The regional manager told us that following the change of company overseeing the set of providers that included Cavell House there was new training available. A member of staff from a sister home was booked to provide training in dementia in July. The registered manager told us that the Dementia in- reach team which are a local multi-disciplinary care and support team for people living with dementia were running a training session for the staff team in October. Nursing staff received training that supported them to maintain their nursing skills. The nursing team had recently received training in Percutaneous endoscopic gastrostomy (PEG) feeding which is a system for feeding someone directly into their stomach. This had been identified as a training need when someone came to live at the home that needed support with this feeding system. Nursing staff were supported to maintain their registration with the nursing and midwifery council (NMC). The NMC are the professional body that make sure that nurses and midwives keep their skills and knowledge up to date and uphold professional standards.

Staff told us that they received regular supervision and we saw that there were schedules that the registered manager had devised that organised staff's supervision dates and identified which staff member was the supervisor. We saw that supervisions took place. Staff also valued the team meetings and handovers they attended that ensured that communication regarding carrying out their roles effectively took place.

People told us that that they had enough to eat and drink. People said the food was good and they were happy with the choices available. "At breakfast I like porridge but some people have poached eggs or even bacon and egg". Another person said of staff "They're pretty good and make sure you have drinks. We get regular drinks all day". The dining area was pleasantly presented, with tablecloths, cutlery, placemats, condiments, glasses and there was a menu board displaying today's meal which was roast chicken although this wasn't easily visible for everyone to read. People were supported into the dining area and some were asked if they required an apron.
Staff served meals politely and forewarned people to be careful as the meal was hot. People were served with a choice of juices and one person was asked "Would you like your glass of coke with your lunch?" Which we observed them to have.

People had help in relation to their needs. For example one to one support in order to eat, meals that were pureed had each part of their meal separated on their plate, various drinking vessels were provided and staff offered help for meals to be cut up where needed. In the dining area this support was provided sensitively and people had consistent staff members to support them. Staff asked what people would like, checked they were ready for the next mouthful and were calm and unrushed in their manner and offered fluids throughout the meal. On the first day of the inspection some people commented that the size of their meals was too large and that they wanted smaller portions, this was fed back to the deputy manager who reassured us that the chef was aware of people's chosen portion size and on the second day of our inspection the chef informed us that they knew who required which size portion and staff asked people if they were happy with the amounts on their plate. Staff told us that they were aware of people's dietary needs and people's particular preferences in relation to food and nutrition. People's weights were monitored and food and fluid charts completed where needed. People's weights were monitored and audited to check for any losses or gains in weight. A dietician was needed referrals for this expertise were made and a dietician was visiting on the day of our inspection supporting and advising around people's

dietary needs.

People told us that they had access to the health services they needed. One person told us "My legs have been a complete mess but they've been good at making sure they're being treated and they've improved a lot". Another person said "Yes I saw the Doctor because I was losing weight". On the days of our inspection we saw that the optician was visiting as well as the dietician. One person was being supported by a member of staff to visit the hospital for an appointment. We saw from people's records that people were referred to the relevant professionals when needed. External professionals were happy with the care and support people received at Cavell House. One professional said "I am happy when my patients move to Cavell that they get good care." A Tissue viability nurse told us staff were committed to ensuring people got the care and support they needed. They said of staff "They afforded the time to discuss the person's needs, had good insight into the person's mood and are good advocates for the person's needs".

Good

Is the service caring?

Our findings

We were given consistent feedback from people and relatives who told us that Cavell House was a caring home with caring staff and our observations also reflected this. One person told us about staff "They're very kind and do their best". Another person said "I've been in some other places but this is much more caring here". A third person said "The carers are 100%". Relatives told us that staff were caring. One relative said "The carers are very, very kind in all respects". We observed that interactions between staff and people were gentle and supportive.

We observed staff to have a cheerful and approachable disposition. Staff reassured and spoke to people in a kind calm manner using good eye contact and getting down to people's level when seated. One person returned from a hospital appointment with a staff member and as it was halfway through lunch staff were very welcoming and attentive to integrating the person back. "Hello [the person] are you alright..? Would you like your lunch its ready for you if you want it? Are you feeling alright?"

We observed another interaction when someone became distressed and was reassured by a staff member who offered the person a cup of tea and asked "How can I help you, do you want a cardigan?" The staff member went and fetched a cardigan and said "There you go [the person], does that feel better?" and the person smiled and looked visibly happier. We observed staff use touch as a way of connecting with people and reassuring them. On several occasions where we observed people look a little unsure or confused staff held people's hands. For example we saw a staff member holding someone's hand saying "Would you like another cup of tea?" and another staff member holding someone's hand and saying "Don't worry [the person] let me see what I can do to help".

People told us that staff were respectful and treated them with dignity. One person gave us an example of this by telling us that staff called them by their preferred name "I like to be called [preferred name] so that's what everyone calls me". We observed staff knocking on people's doors and closing them and placing a sign on the door when people were receiving personal care. Staff told us about the ways in which they treated people with respect and dignity. One staff member told us about giving personal care "Make sure you close the doors and put the sign on the door saying not to come in". Staff told us about how they involved people in their care and support. They told us that they always asked people whether they wanted help and what they wanted doing. One staff member said "Talk to the person first and ask, would you like us to help you?" Another staff member said "I explain to the person what I am doing and I always ask them would you like to have a wash". Staff also told us how they offered people choices when supporting them and encouraged them to be as independent as possible. Staff gave examples of the choices they gave in relation to the person receiving personal care, what clothes they wanted to wear, what food and drinks they wished to have and what activities they wanted to participate in. One staff member said "If I was to be old I would still want people to ask me what I want to wear". Staff also gave examples of how they encouraged people to be as independent as possible for example if someone liked to wash their own face, brush their hair or be given a tissue to blow their nose.

We observed staff involving people in their care and support and offering them choices throughout the days

of our inspection. This was in relation to where someone wanted to sit, what drink they wanted to have and whether they wanted to participate in an activity.

Staff were trained in end of life care. There was someone receiving end of life care on the day of our inspection and we observed that this was delivered with sensitivity as family spent long periods of time with their relative and staff offered on-going emotional support.

Good

Is the service responsive?

Our findings

At the last inspection in June 2015 we found that the provider was in breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there were limited social activities for people to participate in. At this inspection we found the provider had followed their action plan and that this breach had been addressed. The improvements had been embedded and sustained since the last inspection.

People told us that there were enough activities available for them to participate in. One person told us "We have exercises and bowls of fruit on the tables in the small lounge. It's great I love nibbling on the grapes". Another person said of the range of activities "It's very good I like the bingo and the singers and we have regular exercise classes". A third person told us how the provision of activities had improved " We said we'd like some bingo so with a bit of help I got them to order the wipe clean bingo boards, we got large numbers so people could read it and we do it after lunch in the dining room on a Tuesday usually. We started with about ten then it was twelve and then it's been sixteen at a time and they look forward to it. We have games and things like that too. There's been lots more to do". One person told us about a recent baking group they had participated in, they said "I enjoyed that activity, that was good fun". We met with the activities co-ordinator who told us about the work they had been doing with formulating and providing activities. They told us about the regular activities schedule that was in place and the resources they used to support them to plan and come up with ideas. The activities co-ordinator spent time getting to know people and what they were interested in. they spent time with people individually. People who were unable or chose not to participate in activities were supported to identify activities to do on their own or with a member of staff such as reading, completing puzzles, having a hand massage. We observed activity sessions that included singing and exercises and later a session where some people were having a reminiscence session and identifying famous people from pictures and others were chatting to staff or carrying out some art work. We also observed people pursuing their own interests such as doing a puzzle, watching a chosen television programme or sitting outside in the courtyard garden having a cup of tea and a chat with someone.

Entertainers also visited the home which people told us that they enjoyed. Singers and musicians came to perform for people. Sussex caring pets visited the home once a fortnight with a range of animals for people to pet. Sometimes people went out for lunch to a local pub or restaurant supported by staff and there had also been some cinema trips. There had been a recent coffee afternoon celebrating the Queen's ninetieth birthday which had included some ballroom dancing.

Staff told us about what person centred care meant. One staff member said "Every individual is different and has different interests, we find out what they're interested in and what would suit them. Another staff member talked about giving people choices and told us about the individual likes and dislikes of people that they provided care and support to for example for one person the fact that they liked to drink lemonade and that they their relative visited them every lunchtime. Another staff member told us about someone who liked knitting and sewing and they often helped the person with this. They knew about their practical care needs and the things the person could do for themselves. At the inspection we saw other examples of this such as people having their preferred daily newspaper, their chosen hairdresser visiting to do their hair and

people having their chosen drinks at lunchtime such as a glass of wine or a glass of coke.

People told us that their preferences and choices were respected. For example one person told us "I like to go to bed about 11.00pm that what suits me". Another person said "I have a shower every other day and you can ask for one whenever you like". We observed that people's rooms were personalised to their own taste. People said they were happy with their rooms, that their beds were comfortable and they got the rest they needed. People said they had everything they needed in their rooms and we observed that people's rooms contained personal memorabilia and photos.

From the care records we looked at people's assessments of need and care plans to meet these needs had been completed and addressed. Records were legible, relevant and up to date. They contained detailed information about people's care needs, for example, in the management of mental health, moving and handling, and nutritional needs. The care plans also contained information about personal histories and likes and dislikes. People's choices and preferences were documented. The daily records showed that these were taken into account when people received care, for example, in their choices of activities. Care planning and individual risk assessments were reviewed monthly; we found evidence of people or their representatives' involvement in this.

People's needs were assessed appropriately and how to meet these was reflected in their individual care plans. For example for someone who was at risk of falls we saw that a clear plan was in place regarding use of equipment and the need to be checked. We saw at our inspection that this person had a sensor mat in place at all times and staff maintained checks on this person. We also saw that it was written that when communicating with the person staff needed to speak 'loudly and clearly'. We observed staff communicating with this person effectively. For another person who needed ongoing close management of their pressure care this was clearly documented and reviewed regularly.

People and relatives told us that they felt confident to raise a concern regarding any issues that were worrying them and that they would be listened to. One person said "Yes and they will always do their best to sort out anything they can for you. If you ask (the registered manager) and she can't she'll find someone who can and (the deputy manager) you can speak to either of them".
The complaints procedure was available to view in the entrance hall and there was a book for comments where people signed into the building when they entered. There were notices informing people of residents and relatives meetings and people and relatives told us that these took place. One person gave us an example of action that had been taken following a suggestion. "They have meetings. I asked for Horlicks on the evening trolley and it's now there I've noticed. Yes you do feel they listen to us". The deputy manager told us that there had been no formal complaints responded to since the last inspection.

Good

Is the service well-led?

Our findings

People and relatives told us that they thought Cavell House was well run and managed and that the management team were approachable. A relative told us "[the registered manager] does a good job as does the [deputy manager]; my relative is well cared for". Staff told us that they felt supported by the registered manager and deputy manager. One staff member said "The home is well managed and I am happy with [the registered manager] as a manager". Another staff member said of the management team "They ask us how we are; there is an open door policy". A third staff member said "I like my manager, they are very understanding, they listen and talk to me".

Staff described the culture and atmosphere of the home as being family orientated. One staff member said "People are well looked after here and treated like family. Another staff member said 'If I was unable to care for my Mum full time I would be happy to bring her here to be cared for by my colleagues even if I myself was not working in the service'. Relatives we spoke with told us that they were included in their relatives care and that staff were very considerate to their relative but also to them as family members. A visiting professional also commented on the inclusive nature of the home and the staff's consideration of family members and the impact of people's health and social care needs on them. They told us "I was really touched by the staff's caring attitude and their sensitivity." We observed that many family members were visiting on the days of our inspection and were involved with their relatives care and were included in the running of the home.

The registered manager was away on the days of our inspection but the deputy manager was available on both days. The regional manager also attended on the first day. The deputy manager told us that they were a cohesive staff team that worked hard and cared about the people living at Cavell house. They told us "We are a very close team; we know our strengths and weaknesses and support each other". When we spoke with the registered manager after the inspection they told us that at the last inspection when they had been relatively knew in post but they now felt that the staff team and the home was "A lot more settled". The regional manager said that Cavell House had a "Brilliant team with proper teamwork". We observed that the home had a relaxed, homely feel and that people and staff seemed happy.

There were systems and processes in place to monitor the quality of the care and support provided. These included active forums such as residents and relatives meetings. We saw that these meetings had been amalgamated following discussions at a meeting and the meetings addressed issues such as activities, menu choices, any changes to the home and inspection by CQC. Staff meetings were held for specific groups of staff such as nurses or housekeeping staff to discuss role specific issues and then a larger staff meeting was also held to discuss wider issues across the team. Staff told us that they valued these meetings as a good way of sharing information and communicating. Questionnaires were also carried out with people, visitors and staff and the results from these were collated and analysed, there was an action plan in place that addressed any issues raised.

Audits were carried out that identified areas of practice that needed to be improved. For example we saw audits of pressure care, skin tears, falls management, weights and medicines. Where we identified issues for example around the temperature in one of the medicines storage rooms air conditioning had already been

ordered. Where someone had been identified as losing weight a weight loss action plan was put into place. The regional manager who we spoke with on the day of our inspection told us that there was a new system of auditing in place following the new company Healthcare Management Solutions taking over the group of providers that included Cavell House. The regional manager carried out a monthly audit of practice and the new company were due to start carrying out an impact audit which would be carried by a representative from their quality assurance team once every six months. We saw that an initial audit had been conducted and there was a development plan in place that identified areas needing actions. This plan recorded what had been completed and what was still outstanding and dates to work towards completing actions.