

# Corvell Health Care Limited

## Cavell Lodge

### 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

Cavell Lodge provides care and accommodation for up to 36 older people who may be living with dementia. There were 25 people living in the service during our inspection.

At the last inspection, the service was rated requires improvement in Safe and Well Led domains. At this inspection, we found the service had made improvements and the service was now rated Good in all questions.

The service was safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. The service had a good management and monitoring structure in place for medication.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well-led. The new manager had initiated the process to register with the Commission having applied for the necessary checks to commence their registration. Staff, people and their relatives spoke very highly of the new manager and how they informed to be very supportive and worked hard to provide an exceptional service since coming into the service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The new manager informed that current systems and processes were being updated and improved. Manager's registration is yet to be received by the commission however they have started the process.

## 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 felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Risk to people living in the service was well managed and people free from risk and harm.

Medication was managed well and stored safely.

### Is the service effective?

Good ●

The service remains Good.

Management and staff had a good knowledge of Mental Capacity Act 2005 and Deprivation of Liberty, which helped to ensure people's rights were protected.

Staff received a suitable induction. People were cared for by staff that were trained. Staff felt supported in their role.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

### Is the service caring?

Good ●

The service remains Good.

Staff treated people kindly and respected people's privacy.

We found staff be knowledgeable of people's individual care.

### Is the service responsive?

Good ●

The service remains Good.

People were engaged in meaningful activities and supported to pursue pastimes that interested them, particularly for people living with dementia.

People's care records were sufficiently detailed and accurate.

Arrangements were in place for the management of complaints.

**Is the service well-led?**

**Good** ●

The service was Well Led.

The new manager had initiated the process to register with the Commission having applied for the necessary checks to commence their registration.

There was good managerial oversight of the service.

The quality assurance system was effective and had identified the areas of concern.

# Cavell Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection, which means we looked at all the fundamental standards of care.

The inspection took place on 28 and 29 June 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service including previous inspection reports and notifications. Notifications are important events that the service has to let the Care Quality Commission know about by law. We also reviewed safeguarding alerts and monitoring information had received from the local authority. Prior to the inspection we held several conversations with the local authority due to concerns that had been raised by the new manager when they first took over the service. The provider was aware of the concerns that had been raised was working with the manager to make improvements.

As part of the inspection we spoke with 5 people who used the service, four sets of relatives and eight members of care staff, deputy manager, manager and provider. Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff and relatives, reviewing care records and other information to help us assess how people's care needs were being met. We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed seven people's care records. We looked at the recruitment and support records for four members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records.

# Is the service safe?

## Our findings

At the previous inspection the service was rated requires improvement as they had failed to act promptly and appropriately as to safeguard people using the service. At this inspection we found the service had learnt from its past experiences and there had also been a change in management.

People living in the service told us they felt safe. One relative informed us, "A lot has changed since the new manager has come in and I can honestly say I feel more reassured that my loved one is safe at all times." Another relative added, "Staff are very proactive in making sure everyone is safe, I always see them checking on everyone and there is always a member of staff observing people." Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. One member of staff informed, "Since the incident that happened in the home a year ago, we are much more aware about what to do in the event of us witnessing suspected abuse". One member of staff informed us, "As you are aware there has a lot of stuff said in the newspapers about the care home, but as staff we always do our best to care for the people". Staff also informed us that the registered manager always discussed possible abuse scenarios with staff at team meetings. The manager added, "Since the incident all staff have had formal and informal refresher training on safeguarding and we are continuously discussing types of abuse in team meetings". Staff informed us that this helped them to have a good understanding of the types of abuse. Staff felt reassured that the management team would act appropriately in the event of any concerns.

People living in the service told us they felt safe. One relative informed us, "I have a sense of relief knowing that my relative is safe and well looked after by staff who are always willing to go the extra mile to ensure people's safety." Another relative added, "My relative has not been here for long but when I am not here with them I can rest easy knowing they are safe and in good hands." Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. Staff felt reassured that the management team would act appropriately in the event of any concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Information was also available to people and relatives should their wish to raise concerns externally.

Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. The manager informed us that staffing levels at the service were based on people's individual needs. This was confirmed by our observations of the care people received and the records reviewed.

People received their medications as prescribed. We observed staff administering medication, our observations showed that staff done so in a dignified and respectful manner. For example, staff communicated directly and privately with the person being given medication. In addition staff administering medication only focussed administering medication and did not carry out other tasks whilst doing so. All staff administering medication had been trained and had their competencies reviewed on a regular basis. Records we reviewed confirmed this.

# Is the service effective?

## Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

Staff told us they had attended training when they first started work and also attended refresher courses as and when required. The management team kept a record to ensure all staff kept up to date with their training and that they understood their role and could care for people safely. Records we reviewed confirmed this. The new manager informed that the service was continually looking at ensuring that all staff had received appropriate training to carry out their roles. They added since taking on the role as the manager of service, they had been actively seeking training opportunities for all staff as this had been an area they had identified as requiring improvement.

We noted that since the new manager had started working in the service staff had not received regular and recorded supervision. This was discussed with the manager who informed that they were aware of this and had been added to actions they needed to complete. Staff informed that they held several informal conversations with the manager and at present this gave them the support and assurance they needed until a point at which the manager is fully up and running. Staff also added that several team meetings had been held with the new manager and this gave them the opportunity to air their views.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The 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. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision within the person's best interests.

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the day we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. We noted that people were supported to attend doctors and hospital appointments. When required, the service liaised with people's GP, community nurses to ensure all their healthcare needs were being met.



# Is the service caring?

## Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service. People and relatives we spoke to informed that the care provided in the home was very good and all the staff and manager were very caring and always looked at doing what's best for all them.

People and their relatives were actively involved in making decisions about their care and support. Relatives added they had been involved in their relative's care planning and would attend care plan reviews. The manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. Advocates were mostly involved in decisions about changes to care provision.

## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. The service encouraged people to have choice and control in relation to their individual preferences.

The management team met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service before moving in, this would allow them to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan was then put in place before they came to live at the service. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. The manager and staff used the information they gathered to plan people's support. Support plans were reviewed and changed as staff learnt more about each person change in needs, for example when a person's mobility reduced the care plan were changed to reflect how the person's needs would be best met.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needs, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service also encouraged people to access activities in the community. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. However during the inspection we observed a lack of continuous and meaningful social activities, Relatives we spoke to also added that over the last few months they had noticed that the home was not doing as many activities as in the past but most relatives we spoke to put this down to the changes that had been occurring in the home. One relative informed, "I would like the staff to take my relatives to the local shops or park, but we understand until the home has a driver for the minibus this may not be possible". This was highlighted to the management. In response, the manager informed that up until two weeks prior to the inspection the service had an activities co-ordinator who left suddenly without any warning. The service was currently in the process of supporting one of the current care staff to take up the role as their already hold the licence to drive the minibus.

The service had policies and procedures in place for receiving and dealing with complaints and concerns

received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

# Is the service well-led?

## Our findings

At this inspection we found that the service was managed well. The new manager had initiated the process to register with the Commission having applied for the necessary checks to commence their registration.

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.

During the inspection we spoke to the new manager and provider. The new manager informed that they had been in post for roughly four months after the previous manager had left the service. They added since the last inspection there had been several managerial changes and the home was finally starting to get some stability, but said they were aware of the changes and improvements that needed to be made.

The manager told us that since they had commenced their role as the manager they had been given a lot of support by the provider. They had regular telephone conversations to discuss any issues that may have arisen within the service. The provider also visited the home every week and spent time with the manager discussing the progress of the home and how the manager was settling into their role.

People benefited from a staff team that felt supported by the manager. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. This enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. They had held meetings with relatives and the people using the service to ensure they captured everyone's view. This gave the service an opportunity to identify areas of improvement and gave relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure

that information were kept safe.