

Cedar Care Homes Limited

Englishcombe House Residential Home

Inspection report

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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



Overall summary

The inspection took place on 08 December 2015 and was unannounced. The service was last inspected in April 2013 and met with legal requirements.

Englishcombe House is a care home that is registered to provide personal care for up to 20 people. There were 13 people at the home on the day of our visit.

There was a registered manager for the service. 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.

We found that one staff member only had a Criminal Records Bureau Check carried out seven months after they had started employment. This meant there was a lack of assurance for that period that the staff member was suitable.

Summary of findings

One person had been assessed as not having mental capacity in relation to receiving help with personal care. Their care plan explained that 'gentle restraint' might be needed to assist the person safely to bathe. However, there was no restraint policy and guidance in place to help staff to follow the persons care plan safely.

We have made a recommendation about the safe use of restraint.

People said they always felt safe there and that staff treated them properly. Where risks to people were identified suitable actions were put in place to reduce the likelihood of them reoccurring. Staff had been on training to help them to understand what it was and how to report concerns.

People were assisted by enough staff to provide them with safe care. Staffing numbers were increased when it was needed. For example, when people's needs changed due to being physically unwell.

Staff were caring in their manner with people when they assisted them with their needs. One person said "They are lovely". Staff were polite and showed respect to the people they supported people.

People were provided with a varied diet that supported them to be healthy. The menus included likes and preferences of people who lived at the home. People spoke highly of the food that they were served . One person said, "It's lovely food".

The provider had a system in place so that the requirements of the Mental Capacity Act 2005 were implemented when needed. This legislation protects the rights of people who lack capacity to make informed decisions In relation to different aspects of their lives.

People were able to take part in a variety of individual social activities as well as group ones. People told us that entertainers performed at the home regularly and they went out for trips into the local area.

People's care plans explained how to meet their care and support needs. If people wanted to, they were involved in the planning and writing of their care plans. This was to help ensure that people were supported in the way they preferred.

People were supported with their physical health care needs and the staff consulted with external healthcare professionals to get specialist advice and guidance when required.

Staff felt they were properly supported in their work. People who lived at the home and the staff said they felt they could see the registered manager any time that they wanted to talk to them.

Staff had a good understanding of the providers visions and values. They were able to explain that a key value was to treat people as if they were still living in their own home .

There was a system in place to check and improve the quality of the service. Audits demonstrated that regular checks were undertaken on the safety and quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The provider's recruitment system had not ensured that a pre-employment check had been obtained for a new member of staff. This meant the staff member might not have been suitable to fulfil their role.

There was no restraint policy or guidance in place to ensure staff safely supported someone who required gentle restraint when receiving personal care.

People were supported by staff who knew how to keep them safe from abuse.

There was a system in place so that people's medicines were managed safely.

People's needs were met by enough staff who provided a safe level of care.

Requires improvement



Is the service effective?

The service was effective.

Peoples needs were met by staff who understood how to provide effective care.

People enjoyed the meals at the home and they were supported to eat and drink enough to stay healthy.

GP's and healthcare professional's ensured people were well supported with their health care needs.

Good



Is the service caring?

The service was caring.

Staff supported people with their needs with a caring and friendly approach.

People's privacy was respected by the staff who supported them.

Good



Is the service responsive?

The service was responsive

People's preferences, likes and dislikes were known. Staff understood the needs of the people they were supporting.

People were able to take part in a variety of activities both in and out of the home.

People and their relatives had been asked for their views of the service. This feedback was acted upon and improvements were made when needed.

Good



Is the service well-led?

The service was well led

Good



Summary of findings

People told us they felt the home was well run. People had positive opinions of the registered manager who they said was very caring and good at their job.

Staff understood the provider's visions and values. They told us they included treating people as if they were in their own home .

There was a system in place to check the quality of service people received. Action was taken where improvements were needed.

Englishcombe House Residential Home

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.

This inspection took place on 08 December 2015 and was unannounced. There were eleven people at the home on the day of our visit

Before our inspection, we reviewed the information we held about the service. This included statutory notifications. Notifications are information about specific important events that the service is legally required to send to us.

The inspection team consisted of two inspectors. During the inspection we spoke with 7 people who used the service. We also spoke with five members of staff, and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We looked at three people's care records. We observed care and support. We also looked at records that related to how the service was managed.

Is the service safe?

Our findings

When we checked the provider's recruitment procedures, we found that a suitable police check had not been obtained for a new member of staff for seven months after they had first started work at the home. This meant the staff member might not have been suitable to fulfil their role. It also meant people were at risk during this time, as the person's suitability to work at the home had not been properly checked.

Staff recruitment records for the other staff demonstrated prospective staff members' employment histories had been reviewed in detail as part of the recruitment process. Disclosure and barring service checks had been completed before the remaining staff were appointed to positions within the home.

When we looked at care records we read one care plan that explained that one person may need 'gentle restraint' when being assisted with personal care. However, there was no restraint policy or guidance in place to ensure staff safely supported the person when receiving personal care. The staff had different interpretations of the person's care plan. Some of the staff said they never needed to use gentle restraint at all. This showed that there was a risk the person may be unsafely restrained.

Everyone we spoke with said they felt safe living at the home. Examples of comments people made included "I feel safe" and "The staff are all lovely and kind". When people approached staff, they looked relaxed and settled in their company.

Staff told us they had attended training about safeguarding adults. Staff told us that safeguarding people was also discussed with them at staff supervision sessions. This included making sure that staff knew how to raise any concerns. Staff said they had received training on how to protect people from the risk of harm or abuse. Through scenario-based questions, staff demonstrated their knowledge. All staff were able to explain how they would report any concerns about abuse.

Staff understood what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported suspected wrongdoing at

work and had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could safely contact.

A copy of the provider's procedure for reporting abuse was displayed on a notice board in a communal area in the home. The procedure was written in an easy to understand format to help to make it easy to follow. There was also other information from the local authority advising people how to safely report potential abuse.

The people we spoke with told us they thought there was enough staff on duty to care for them. The registered manager had recently recruited three new staff to increase the numbers. The registered manager told us the numbers of staff needed to meet the needs of people at the home were increased when they needed to be. For example, when people were physically unwell and required extra care. The numbers of staff needed to provide each person with their care were worked out based how much support each individuals required from staff.

Our observations showed there was a sufficient number of staff to safely meet the needs of the people at the home. This was seen in a number of ways, staff were able to provide one to one support to people who needed extra prompting with eating and drinking. Staff were readily available when people needed staff to help them with their mobility needs. Staff were able to sit with people and engage them in social conversation when they were not providing them with their care. Staff said they did not use equipment such as hoists for transferring people, because people using the service were able to mobilise independently. We observed people walking around the building using their walking aids. Staff sometimes assisted people to stand, or walked alongside people, but generally people moved around independently. There was enough staff on duty to meet the needs of people at all times during our visit. During the afternoon, staff sat with people talking, reading or looking at photographs. All of the staff said they felt there were enough of them on duty, although one said "If we get more residents, we will need more staff, but at the moment it's fine".

Incidents and accidents in the home were properly evaluated and actions put in place to ensure people were safe. The records we looked at showed staff recorded what they had done after an incident and occurrence to keep people safe. Risk assessments had been updated after any

Is the service safe?

incident where a risk was identified. For example, one risk assessment had been updated after one person had experienced a fall. Actions taken to support to person to move safely were clearly explained in their risk assessment. The registered manager looked into each incident and occurrence to look for patterns and trends and better ways to reduce risks to people. This showed they were monitoring people safety effectively.

All of the care plans we looked at contained risk assessments that covered areas such as moving and transferring and falls. Falls prevention management plans were in place, and of the plans we looked at, nobody had fallen in recent months, indicating that the prevention management plans were working.

Medicines were managed so that people received them safely. We observed part of a medicines round. Medicines were administered safely, people were asked if they required any pain relief, were given drinks with their tablets and were not rushed. Medicine administration records (MAR charts) were signed and up to date and contained details of people's preferences in relation to how they wanted to take their medicines; for example in one record we looked at it was documented that the person 'will normally ask what the tablets are for' and 'likes medication to be given in a pot'. The records also contained photographs of people for identification if needed.

Nobody was self-administering their medicines. One person was receiving their medicines covertly. All of the documentation to support this decision was in place.

Staff were knowledgeable about their role in the prevention of infection. There was personal protective equipment such as gloves and aprons available for staff to use and staff confirmed they knew when and why to wear it.

The premises looked safely maintained in the areas we saw. Potential environmental health and safety risks were identified and suitable actions put in place to reduce likelihood of harm and to keep people safe. For example, there was guidance in place that was prominently displayed about how to keep bathrooms safe for use.

Regular checks were undertaken and actions put in place when needed to make sure the premises were safe and suitable. Checks were carried out to ensure that electrical equipment and heating systems safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked. Maintenance staff were checking the fire alarms on the day our visit.

We recommend that the service consider current guidance on the safe use of restraint and take action to ensure their practice is up to date.

Is the service effective?

Our findings

People who we spoke with were positive in their views of how they were being supported at the home. One person told us “They are absolutely marvelous, all of them are lovely”. Another person told us “They are all very good at what they do”.

The staff provided people with suitable support with their care needs. Staff helped people with their mobility in a safe way and talked to people they were assisting. Staff made sure people were sat in a comfortable position before they had lunch. We also saw staff assisted a person who was in bed. The staff spent plenty of time with people encouraging them to eat and drink enough.

Staff we spoke with understood the needs of people they were looking after. The staff were able to explain to us about people’s individual preferences and daily routines. These included when people liked to get up and how they liked to spend their day.

Every person we spoke with had a positive view of the meals they were served at the home. Examples of comments people told us included “The food is lovely”, and “I love the food here”. People told us other choices were always available if they did not want the main meal option. We saw that when lunch was served people were talking and laughing together. This showed that mealtimes were a relaxed and informal experience. People told us that they could choose what to eat from a choice of freshly prepared food.

Care records contained guidance about how to support people with their nutritional needs and provide them with effective support to eat healthily. One person required a special diet for their specific health needs. The person was assisted with their nutritional needs in the way that was explained in their care plan at lunchtime and were offered a sugar free meal. Where people had specific nutritional needs an assessment had been completed. This was to identify if people were at risk of malnutrition or obesity. The staff training records showed that staff had been on a training course to help them to support people effectively with nutrition.

Staff were able to tell us about The Mental Capacity Act 2005 and confirmed they had attended training. The Mental Capacity Act 2005 aims to protect people who may not be able to make some decisions for themselves. It also

enables people to plan ahead in case they are unable to make important decisions for themselves in the future. The staff told us how the principles of the Act included respecting the right of people in care to make unwise decisions and assuming they had capacity unless they had been assessed otherwise. Staff asked people what time they wanted to get up, and where they wanted to sit for lunch for example. Care plans contained signed mental capacity assessments that related to people’s needs.

Staff understood about the Deprivation of Liberty Safeguards (DoLS) and how these applied to the people they supported at the home. DoLS are put in place to try and make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure a person is only deprived of their liberty in a safe and correct way, and only when it is in the best interests of the person. We saw that where applications for DoLS had been made and the records confirmed that best Interest meetings were held.

People saw a GP at the home when required. One GP who was seeing people on the day of our visit spoke positively to us about the care and service people received at the home. The care records also showed that a GP carried out regular health checks with people to review their physical health care needs. Dieticians, a physiotherapist and a chiropodist also provided assistance and guidance when required. Records were kept of visits from other health professionals and other social care professionals were in people’s care plans. The records showed staff contacted medical professionals and other professionals promptly if they were concerned about people’s health and wellbeing. Care plans had also been updated to reflect changes required based on health care professionals’ advice.

Staff told us they took part in regular training and learning opportunities to help them to support people effectively. Staff spoke positively about the training they were able to do in a number of subjects relevant to people’s needs. The training records showed staff had attended training in dementia, health and safety matters, safe moving and handling, first aid, infection control and medicines management and administration.

Is the service effective?

New staff completed an induction-training programme to help to ensure they were competent and skilled enough to care for people. The induction programme covered a range of areas including how to support older people with their care needs and safeguarding adults.

Staff received regular one to one supervision and they said these meetings were useful and helped them to support

people more effectively. Staff told us they felt well supported by the registered manager and this helped them to feel confident to effectively support people with their needs. Supervision records confirmed staff were being regularly supervised in their work and overall performance.

Is the service caring?

Our findings

Staff were kind and caring to people. They knew people well, and called them by their first names. They were gentle and patient. People were laughing and joking and there was a pleasant atmosphere. Staff assisted people in a way that demonstrated they were caring. For example, staff used a kind approach and a friendly manner with people who were anxious. They also used gentle humour and encouragement to motivate people to get up. People responded to staff when they used this approach in a way that was positive in manner.

All of the interactions we observed between staff and people using the service were positive and friendly. The atmosphere was pleasant and calm and people were laughing and interacting with staff. Christmas music was put on after staff asked people what they wanted to listen to. Staff and people sang songs together.

Staff had knowledge about people's personal life histories. For example, one member of staff said, "I know what

people used to do for a living so I try and talk to them about that". Staff also knew how to protect people's dignity. For example, staff said, "Personal care is always done behind closed doors" and "I make sure I offer people a choice whenever I can with their clothes for example."

Each person had their own single room, which helped to give people privacy. We saw rooms were personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room personal and homely for the person concerned. There was a garden where people could walk safely. There were quiet rooms and different lounge areas. People were able to sit in different communal areas in the home. This showed people were able to have privacy when they wanted it.

Information about local advocacy service was available in the home. Advocacy services support people to have their views and wishes properly heard and acted upon when decisions are being made about their lives.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. For example, people chose when to get up or if they wanted to stay in bed. People were offered a choice of what type of help they wanted with their personal care. For example, did they want a shower or a bath. People were asked by staff what they wanted to do during the day. Staff asked people where they wanted to have their lunch, and did they want to have a protective apron on.

People were supported to take part in a variety of social and therapeutic activities. The activities provided for people were varied and included one to one activities and group events. On the day of our visit a regular afternoon trip to a local pub took place. A number of people went and they said they did this regularly.

We observed activities including staff decorating a Christmas tree with one person, and another person was helping to put the lights on the tree. During a quiz, one person was having problems with their hearing aid. One member of staff used a microphone attached to headphones so that the person could hear the questions. During the quiz, there was lots of interaction between the activities co-coordinator and people. For example, after a question about a foreign country, people were asked if they had ever visited that country and a discussion would then begin about that.

Care plans contained information and guidance to staff. Other plans provided staff with more information about people, and about their lives before they moved to Englishcombe House. For example one plan said that the person, 'likes her hair looking tidy and likes to wear makeup and jewellery'. Staff knew the person well and told

us "the person used to work in fashion; they like to look nice, and so we help them to wear clothes and jewellery that match". The same person's plan also informed staff that the person experienced sleep disruption. The plan showed the various steps staff had taken to improve the person's sleep pattern and the plan guided staff on creating a calm and quiet environment for them to wind down at the end of the day to aid sleep.

People, their families and professionals involved in their care were invited to take part in an annual survey to give their views of the service. The registered manager and senior management reviewed the answers people gave. Examples of the areas people were asked for feedback about included their opinions of the staff team and approach, were they involved in planning their care, what activities there were and the menu options. When people had raised matters of actions were identified to address them satisfactorily. For example, menus had recently been reviewed and updated.

The people we spoke with said if they were to have a complaint they could easily raise the matter with the staff and the registered manager. One person said, "I would speak to any of the staff ". Another person told us "I would see the manager".

People were given a copy of the information brochure about the home. This included a copy of the complaints procedure about the service. This was set out in an easy to understand format. It clearly explained how people could make complaints if they had them. Each person was given a copy of the home's service user guide. This contained information about the organisation and their visions and values , useful phone numbers, and safeguarding contact details.

Is the service well-led?

Our findings

Staff told us they liked working at the home and caring for the people who lived there.

The staff and people spoke positively about the registered manager who they said was approachable and very committed to managing the home well.

The registered manager told us they kept up to date with current matters that related to care for older people by going to meetings with other professionals in social care. They told us they shared information and learning from these meetings with the staff team. They also told us they read online articles and journals about health and social care matters.

Regular meetings were held with people and their relatives to discuss the quality of the care. We saw that improvements to care were made because of these meetings. For example, we saw that suggestions for Christmas events and activities had been acted upon because of feedback from people and their relatives. Staff meetings also took place regularly and staff were able to make their views known to the registered manager. Minutes showed that staff also discussed the needs of the people they supported.

There were quality systems in place to properly monitor the care and overall service provided. Checks of medicines management, care records, incidents, weights, pressure

area care and wellbeing. These checks were regularly completed. For example, medicines people were prescribed were regularly reviewed to help to properly monitor people's health. If there was an increase in people, taking anti-biotics this was reviewed to make sure people were receiving the right care.

Health and safety audits and quality checks on the care people received were undertaken regularly. Actions were implemented where risks and improvements were needed. For example, an assessment of bathrooms and the kitchen had been carried out to ensure they were safe.

The staff understood the provider's values and philosophy. One of the service's values was making people feel that they were living in their own home. The staff we met showed they were aware of these values.

The registered manager followed their responsibilities of registration with us. They promptly reported significant events to us, such as safety incidents. This was in accordance with the requirements of their registration as manager of the service.

The staff were invited to take part in a staff survey where they were asked for their views about the organisation and about what it was like to work at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.