

Hamra Associates Limited

Cana Gardens Residential Home

Inspection report

174 Scraptoft Lane
Leicester
Leicestershire
LE5 1HX

Tel: 01162413337

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Cana Gardens is a care home providing personal care for up to eight people with a learning disability and/or autistic spectrum disorder. At the time of the inspection there were two people using the service.

Why we inspected

This was a planned inspection based on the previous rating. We have used the previous ratings to inform our planning and decisions about the rating of this inspection.

People's experience of using this service and what we found

We found insufficient improvement had been made to move the service out of special measures.

The provider continued to have ineffective systems to ensure people consistently received good quality outcomes. The management team appointed to oversee the day to day management of the service did not have the resources or authority to bring about improvement. This meant there were no plans to improve the environment, nor was there a planned programme to develop, support and manage care staff through on-going training and assessment of their competence.

People had their medicines safely when they needed them, however staff had not updated their training in medicine management. People's safety was promoted, staff were aware of how to minimise risk to people's by following their individual risk assessments and care plans. People were supported by sufficient numbers of staff.

Staff had a system of cleaning in place, using products which were stored securely. However, a malodour remained in a specific area of the service, which could only be addressed through maintenance and refurbishment, there were no plans at the time of the inspection to make the necessary improvement.

Improvement was needed to ensure referrals were made to appropriate services, where people required support with individual needs, which affected their day to day lives. Staff did refer people to health care services, where they had concerns for their physical health and well-being.

Opportunities were available for people to take part in grocery shopping, and their nutritional and dietary needs were met. However, the outcomes for people did not fully reflect the principles and values of Registering the Right Support for people for the following reasons, people's goals and aspirations were not sought, and therefore plans to support people to achieve and develop new skills within the service were not in place.

People's capacity to make informed decisions was assessed, and people were supported in the least restrictive way possible, which was reflected in people's records and kept under review by independent organisations.

People were supported by staff who knew them well, and people and family members we spoke with were positive about the staff and the care and support provided.

Rating at last inspection

The last rating for this service was requires improvement (published 29 April 2019), where two breaches of the regulations were found. The service remains in special measures, as the rating of the key question is the service well-led, continues to be rated as inadequate.

Services in special measure will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not, enough improvement is made within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to be the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be more than 12 months. If the service has demonstrated improvements when we inspect, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Enforcement

We have identified breaches in relation to the provider's oversight and governance of the service, and the environmental maintenance of some areas within Cana Gardens Residential Home.

Please see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Cana Gardens Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cana Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as one single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission packages of care with the service. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met and spoke with one person who used the service. However, they were unable to fully comment upon their care at Cana Gardens. We met and spoke with two family members of one person, using the service. We spoke briefly with the registered manager by telephone. We spoke with the care manager and consultant manager at the service, and two members of the care staff team.

We reviewed a range of records. This included two people's care and medication records. We looked at a variety of records relating to the management of the service, which included, audits, policies and procedures, and minutes of staff meetings.

After the inspection

We spoke with a professional involved in the commissioning of a person's care.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure adequate systems were in place to prevent and control infection, and to ensure cleaning products were stored and use safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- The provider had a policy for infection control in the service, which was implemented. For example, a cleaning schedule was in place. Staff signed the cleaning schedule on a daily basis to confirm the cleaning tasks had been completed.
- Products for cleaning were stored in a locked cupboard in the kitchen, and each product had a data information sheet relating to how the chemical was to be safely stored and used.

Using medicines safely

- Systems to ensure staff were competent, and had the necessary training to ensure medicine was managed safely were not effective. For example, the training staff had undertaken in the management of medicines had not be reviewed, and therefore the provider could not be confident staff were administering and managing medicines safely.
- People were supported with their medicines in a safe and timely way, medication administration records were signed and audits were undertaken on medication stocks.
- People's care plans detailed the prescribed medicine, and people's medicines was kept under review by health care professionals.

Learning lessons when things go wrong

- Accidents and incidents were recorded, which included the action taken to ensure the person's safety. However, there was no evidence to show that these were reviewed by the registered manager, as the manager section of the reports had not been completed. This meant the registered manager was unable to demonstrate they had oversight of all incidents at the service.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse. Staff training was supported by their

competency being assessed to ensure they understood the providers policies and procedures and local safeguarding protocols.

- A family member told us their relative was safe, as staff understood their needs.

Assessing risk, safety monitoring and management

- The assessment and monitoring of risk promoted people's safety. Risk assessments based on people's individual needs were undertaken and regularly reviewed, which included protocols for staff to follow when people accessed the community. Measures to reduce potential risk were did not unnecessarily restrict people's choice and freedom.
- Personal emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely in an emergency.

Staffing and recruitment

- There were sufficient staff to meet people's needs. The staff rota identified the number of staff on duty and referred to the allocated hours for each person. People received additional funding to provide staff to support them to take part in activities within the service or community to keep them safe.
- The provider had a policy for the recruitment of staff, no additional staff had been recruited since the previous inspection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- There were shortfalls in the maintenance and décor of the service. For example, a bedroom on the first floor had a very strong odour of urine. The wall and skirting board was damaged by fluid. The floor covering was not secured to the floor and was torn and significantly stained. The care manager told us no plans were in place to bring about improvement to the person's room. The Care Quality Commission made a safeguarding referral to the local authority.
- The care manager informed us they had made the registered manager aware of the environmental condition of the bedroom, however they said no action had been undertaken and there were no plans to bring about improvement.
- The carpet on the stairs and landing was stained, and the external rendering to the front of the property was damaged.

People's accommodation was not well maintained or clean. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found no evidence that the provider had made a referral to seek support and guidance from an external source, to support a person with a specific behaviour they demonstrated. There was limited evidence to show alternative solutions had been considered. This meant the person slept in a bedroom which was poorly maintained.
- We found timely reviews were made where people's physical health changed. For example, when a person's level of mobility changed.
- People's records evidenced their needs were reviewed annually by the learning disability team, and people attended routine appointments with health care professionals, which included doctors, dentists and chiropodists.

Staff support: induction, training, skills and experience

- Staff training records showed that whilst staff had undertaken training, there had been no additional training in key areas in 2019, with the exception of training in data protection delivered by the consultant manager. This was confirmed by staff we spoke with.
- Staff confirmed they were supervised by the care manager, which provided an opportunity to discuss people's care and any challenges. Staff said, they discussed training, however no additional training had

been made available.

- The care manager confirmed no additional training had been scheduled, for themselves or staff.

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

- People's needs were kept under review by commissioners and health care professionals, and any changes were documented within people's care plans by the consultant manager.

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

- People's dietary needs were met, which included specific dietary requirements relating to people's culture, religious beliefs and the texture of food. A family member told us, they were happy with the food provided, which met their relative's needs.
- Staff followed people's care plans and encouraged people to be involved in grocery shopping and the preparation and cooking of snacks, where appropriate.
- People's weight was monitored, and records showed people had maintained their weight.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found DoLS conditions were being met, which were monitored by an independent person, appointed by the authority who had authorised the DoLS, known as a Paid Person's Representative.
- People's capacity to make informed decisions about their health, care and welfare were assessed. Where assessments had identified people did not have the capacity to make an informed decision, a best interests' decision was made on their behalf. Best interests' decision meetings involved health care professionals, staff from the service and family members. A family member told us they had been involved in a best interests' meeting, with regards to proposed dental treatment.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- A person's dignity was compromised as their bedroom was not well-maintained, staff regularly cleaned the room, however the malodour was noticeable within the room and in other areas of the service.
- Staff recognised the need to support people's independence and staff encouraged people to perform tasks of daily living for themselves, for example making snacks in the kitchen. However, there were no care plans linked to setting measurable goals, to increase people's independence and develop new skills.
- The staff rota was developed to reflect people's needs, and support them in accessing community-based activities.
- Staff had received training on data protection, and had their competency assessed to ensure documents and information were stored securely.

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

- Staff were seen to treat people kindly, asking them what they wanted to do, and supporting them as they requested. Staff's knowledge of people's needs meant they were able to respond when people became distressed, by using known techniques to reduce anxiety, for example by using positive body language to show the person they were confident and interested in what they were doing.
- Staff followed people's care plans, which provided information about their preferences, for example, preferred daily routines. This showed people's decisions and choices were respected.
- A person told us staff were kind to them and that they were happy living at the service.
- A family member told us their relative was treated well by staff, who were kind and caring, and that staff were welcoming towards them when they visited.

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

- People were offered the opportunity to take part in their care reviews. Records of reviews showed when people had chosen not to take part, and the reason why had been recorded.
- A family member told us, they were kept fully informed as to their relative's needs, and they attended meetings to discuss significant aspects related to their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were offered the opportunity to be involved in the review of their care plan, however records showed people had chosen not to contribute. A family member told us they were aware of the care and support provided to their relative, and that they were consulted and kept informed.
- People's care plans provided information about the promotion of independence. For example, a person making snacks in the kitchen or taking part in household chores. However, they did not include information as to people's aspirations or goals, and therefore no achievable goals had been set to support people's in developing new skills.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Opportunities were available to increase people's socialisation and education within the community. One person attended college to develop key skills and attended a day centre. In some instances, people had additional staff to support them to access community services safely. Records showed people accessed a range of activities, which included pub lunches, the cinema, walks in the park and shopping.
- Staff encouraged people to maintain relationships. Family members were seen visiting people at the service, and we saw people going out to visit family members at their home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included pictures to support them in understanding their care plan, and the complaints procedure had been produced in picture easy read format. However other key documents were not available in a format to support people's understanding, such as the fire evacuation plan.
- People's care plans included information about their communication needs, for example their preferred style of communication, and how staff were to effectively communicate with people. For example, using positive body language, or using short sentences. Staff were observed supporting people in a way that was consistent with people's communication care plans.

End of life care and support

- People did not have the capacity to fully understand the concept of advance end of life care planning. Therefore, the views of close family members were sought. Taking into consideration people's cultural

beliefs and values, as to how they would want their end of life care provided.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints. The complaint policy and procedure required updating to include the role and contact details of the local authority and local government ombudsman. We also advised the information about the Care Quality Commissions (CQC) role needed amending, to clarify that CQC does not have the statutory powers to investigate complaints. The consultant manager told us they would amend the policy and procedure.
- The provider had not received any concerns or complaints since our previous inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to ensure adequate systems and processes were in place to ensure good quality outcomes for people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider, who was also the registered manager did not manage the service on a day to day basis. The day to day management of the service was undertaken by a part time care manager, together with a consultant manager who worked one day a week and an administrative assistant.
- Members of the management team continued not to be supervised by the registered manager to support an effective system of oversight and governance. The day to day management team did not have the resources or authority to bring about improvement.
- Several audits were undertaken, and the care manager told us the provider was informed of areas for improvement. For example, issues relating to the maintenance and upkeep of the service. However, we were told no plans had been put in place to address the issues identified.
- We found no evidence to support that the provider kept up to date with current good practice guidance, to share with staff and improve quality outcomes for people. The care manager confirmed no refresher training had been planned.
- The provider was not at the service when we inspected, they contacted us by telephone during our visit. We asked them what actions they had taken to address the breach of regulation 17 found at the previous inspection. They informed us no changes had been made, as in their view the governance systems were effective.

The provider did not have an effective system of governance to ensure good quality outcomes for people. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us of their plan to close the service. They had informed family members and the local

authority, and commissioners were actively seeking alternative placements for people. They told us they were committed to ensuring people continued to receive the care and support they required in the interim.

- The culture of the service was kept under review by the care manager who supported staff through meetings and supervision. Staff told us they felt supported by them, and they were available to deal with day to day queries with regards to people's needs and care.

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

- The management team had specific areas of responsibility, the care manager provided support to staff, and liaised with health and social care professionals. The consultant manager, supported staff, reviewed people's care plans and risk assessments. Audits were undertaken by the administrative assistant, and systems were in place for the management team to share information.
- Since the last inspection audits had been introduced in relation to medicines, the reviewing of people's care plans and cleaning schedules.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views about the service were sought on a daily basis, with regards to day to day living, decisions and choices. Family members were kept informed about key issues with regards to their relative, which included their involvement in finding alternative accommodation and care.

Working in partnership with others

- Commissioners from the local authority continued to monitor the service and were working with the provider and management team, to find suitable alternative placements for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were not provided with suitable accommodation to meet their needs and promote their dignity.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found the regulated activity continued to be carried on otherwise that in accordance with the following relevant requirements. The service remains in Special Measures, due to poor governance and effective quality assurance systems to ensure good quality outcomes for people.</p>

The enforcement action we took:

Notice of Proposal to cancel registration of provider.