

Ms Rita Antoinette Lewis

Cara Linn Care Home

Inspection report

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Date of inspection visit:
07 June 2018

Date of publication:
09 July 2018

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

This comprehensive inspection took place on 07 June 2018. We gave the provider two days' notice of the inspection because it is a small service and the registered manager is often out of the home supporting people using the service and we needed to be sure that they would be in to help with the inspection. The last inspection of the service was on 29 July 2015 when we rated it as Good.

Cara Linn is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates three people in a large, adapted residential property. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The provider is also the registered manager of 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.

The provider operated effective systems to keep people safe. They assessed risks to people using the service and took action to mitigate any they identified. People received their medicines safely and as prescribed. People ate a balanced diet, had enough to eat and drink and were able to access the healthcare services they needed. There were infection control policies and procedures for care staff to refer to and staff had been trained in this area.

The provider carried out checks on new staff to make sure they were suitable to work with people using the service.

The provider assessed people's care needs and delivered effective care and support to achieve good outcomes for people. Care staff had the training they needed to support people effectively.

The provider obtained people's consent to the care and support they received and did not restrict people unlawfully.

People using the service, their relatives and health and social care professionals said the registered manager and care staff were kind and caring. People also told us that, as much as possible, care staff supported them to make their own choices and decisions. Care staff demonstrated a good knowledge of each person's life history, significant people, dates and events.

The individualised and person-centred care and support people received had a positive impact on aspects of their lives. The registered manager and care staff placed people at the centre of their care and supported them to develop and grow in confidence. People's care plans emphasised what they could do for themselves and where they needed support.

The registered manager was qualified, experienced and committed to providing high quality care and support to people using the service.

The provider involved people using the service, their families, care staff and health and social care professionals in reviewing and improving the service. The provider also had systems and processes to monitor quality in the service and make improvements.

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.

The provider operated effective systems to keep people safe.

The provider assessed risks to people using the service and acted to mitigate any they identified.

People received their medicines safely and as prescribed.

The provider carried out checks on new staff to make sure they were suitable to work with people using the service.

Is the service effective?

Good ●

The service was effective.

The provider assessed people's care needs and delivered effective care and support to achieve good outcomes for people.

Care staff had the training they needed to support people effectively.

People ate a balanced diet, had enough to eat and drink and were able to access the healthcare services they needed.

The provider obtained people's consent to the care and support they received and did not restrict people unlawfully.

Is the service caring?

Good ●

The service was caring.

People using the service, their relatives and other people said the registered manager and care staff were kind and caring.

People also told us that, as much as possible, care staff supported them to make their own choices and decisions.

Care staff demonstrated a good knowledge of each person's life history, significant people, dates and events.

Is the service responsive?

Good ●

The service was responsive.

The individualised and person-centred care and support people received had a positive impact on aspects of their lives.

The registered manager and care staff placed people at the centre of their care and supported them to develop and grow in confidence.

People's care plans emphasised what they could do for themselves and where they needed support.

Is the service well-led?

Good ●

The service was well led.

The registered manager was qualified, experienced and committed to providing high quality care and support to people using the service.

The provider involved people using the service, their families, care staff and health and social care professionals in reviewing and improving the service.

The provider had systems and processes to monitor quality in the service and make improvements.

Cara Linn Care 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 comprehensive inspection took place on 7 June 2018. We gave the provider two days' notice of the inspection because it is a small service and the registered manager is often out of the home supporting people using the service and we needed to be sure that they would be in to help with the inspection.

One inspector carried out the inspection. Before the inspection we reviewed the information we held about the provider and the location. This included the last inspection reports and statutory notifications the provider sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with all three people using the service, the provider and one member of staff who worked in the service. We also reviewed the care records for two people, the provider's policies and procedures and records related to the running of the service. These included health and safety records, complaints, medicines management records and staff recruitment and supervision records.

Following the inspection we spoke with one relative and received comments from one health and social care professional.

Is the service safe?

Our findings

People using the service and their relatives told us the service was safe. Their comments included, "Yes, my room is safe. [Registered manager's name] looks after me." A relative commented, "I'm not worried about [person's name]. I know he's safe and well looked after."

The provider operated effective systems to protect people using the service from abuse. We saw they had reviewed their safeguarding adults policy and procedures in January 2018 and care staff working in the service had completed appropriate training. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The provider had assessed and recorded potential risks to people's safety and wellbeing. The assessment information was based on good practice guidance in areas such as epilepsy and asthma which ensured the provider achieved best outcomes of care, treatment and support for people using the service. We saw clear guidance for care staff on how to manage risks in a consistent manner without restricting people's freedom, choice and independence. Care staff had also received additional training on how to keep people safe which included the use of equipment, fire safety, infection control and first aid.

Records showed the provider regularly reviewed and updated the risk assessments and staff guidance in line with people's changing needs. For example, a visiting social care professional had asked the provider to ensure one person was able to manage the stairs in the service safely. We saw the provider had acted immediately to obtain an assessment from a qualified health care professional and update the person's care plan and risk assessments.

We saw the provider had also completed environmental risk assessments in other areas such as fire safety, the use of equipment and the management of hazardous substances.

People were safe because the provider operated effective recruitment procedures when they employed care staff to work in the service. We looked at the recruitment records of two members of staff and found the provider had completed appropriate employment checks before they began working in the service. Recruitment and selection policies and procedures were available. There were sufficient staff and people using the service did not have to wait for staff support. During the inspection we saw care staff responded promptly to people's requests for assistance. People told us there were sufficient staff to keep them safe and meet their care and support needs in a timely way; they made positive comments about the staff team. We looked at the rotas and noted staffing levels were consistent with enough staff available to meet people's needs. The provider told us that they based the rota on people's support needs and more staff were available when people needed support to access community activities.

There were safe processes in place for the receipt, ordering and disposal of medicines and the provider stored all medicines securely in a lockable, metal cabinet. The provider had reviewed their policy and procedures for managing people's medicines in January 2018 and these referred to best practice guidance from the Royal Pharmaceutical Society and the fundamental standards for social care services.

Care staff who were responsible for the safe management of people's medicines had received training and checks on their practice had been completed. The registered manager had completed medicines awareness training in May 2018 and this included an assessment of their competence to manage people's medicines. We saw care staff provided careful, patient and considerate administration of people's medicines. We checked the medication administration record sheets (MARs) for two people using the service and found care staff completed these well, with no errors or omissions. The provider had a system to ensure people's medicines were reviewed by a GP which helped to make sure people were receiving the medicines they needed, safely and as prescribed.

There were infection control policies and procedures for care staff to refer to and staff had been trained in this area. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection.

The provider had arrangements in place for ongoing maintenance and repairs to the building. Records showed they carried out regular safety checks on all systems and equipment. All of the health and safety records we saw were complete and up to date. We also saw the gas safety certificate, portable appliance testing (PAT) certificate and the electrical certificate were all within date. The local authority's environmental services had carried out a food hygiene inspection in January 2016. They awarded the service the highest rating, five stars and commented, "There is excellent implementation of food safety and standards."

We found people's records were stored securely, were accurate and reviewed in line with their changing needs to reflect the care they were receiving. Records in relation to the management of the service were maintained and were accurate and kept up to date.

Is the service effective?

Our findings

The provider assessed people's needs and choices for care and support. Each person using the service had a care plan that the registered manager kept under review to ensure care staff had up to date information about their care and support needs. We looked at the care plans for two people and saw they covered their social and health care needs fully. Where the provider's care needs assessment or risk assessment identified an area where the person needed support, they gave care staff clear guidance on how to provide this. The provider involved people and their families in the review of care plans and ensured they asked people about the outcomes they wanted. The registered manager had reviewed both of the care plans we saw in February 2018.

Training records showed that care staff and the registered manager had completed training the provider considered mandatory. The registered manager told us they had recently purchased a new training package for care staff that met the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The records showed care staff had completed training including person-centred care, safeguarding adults, medicines management, food hygiene, health and safety and first aid. We saw evidence that care staff had completed a competency assessment following each module of the training and the registered manager told us they sent these to the training provider for marking and awarding of certificates.

People told us they enjoyed the food provided in the service and we saw their care plans included information about allergies and food likes and dislikes. Care staff were able to tell us about what foods people preferred to eat for their meals.

The registered manager and care staff worked with other agencies, social and health care professionals to make sure they met people's needs. We saw evidence they worked with the Court of Protection to manage one person's finances and healthcare professionals and the local authority's learning disability team to meet people's social and healthcare needs. Care staff kept a good record of healthcare appointments and the registered manager made sure they amended people's care plans and risk assessments, if required following these appointments. All three people using the service were registered with local GPs, dentists and an optician. We saw evidence of regular appointments with these professionals, as well as hospital appointments.

The provider had completed a 'Hospital Passport' for each person using the service. They told us this would accompany people if they needed to be admitted to hospital and we saw it provided important information for doctors and nurses about the person, their medical history and medicines.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The registered manager understood their responsibilities under the MCA and they told us that if a person lacked capacity to make a decision about their care, they worked with them, their families and health and social care professionals to agree decisions that were in their best interests. We saw that one person's care records included assessments under the MCA and DoLS and these showed they had the capacity to make decisions about specific aspects of their care and support.

The registered manager ensured there were sufficient staff to support people to access community activities and we saw that, although there were restrictions on people to ensure their safety, they were not deprived of their liberty unlawfully.

Is the service caring?

Our findings

People using the service, their relatives and other people said the registered manager and care staff were kind and caring. Their comments included, "I like [registered manager's name] and [care staff member's name]. They are my friends," "We would like to thank you for the care and love you gave [person's name], above and beyond what would have normally been expected," "I couldn't be happier he is now in a lovely family home and I know he is comfortable and relaxed," "I have never doubted he is receiving the best care possible in a really caring home" and "[Registered manager's name] and her staff continue to give a very good quality and varied week to week programme."

A healthcare professional commented, "The home is always welcoming and well organised. The residents are cared for with the utmost compassion and their individual needs are met."

During the inspection we saw the registered manager and care staff chatted with people and spent time engaging with them socially as well as meeting their personal care needs. We also saw that people felt free to interact with staff and the registered manager. A member of staff told us, "We know everybody who lives here really well, we are like a family. People always want to chat about their day and we make the time."

People also told us that, as much as possible, care staff supported them to make their own choices and decisions. One person told us "I tell [registered manager's name] what I want to do. I go to drama and on holiday." Throughout the inspection we saw people making decisions for themselves such as whether to go out, where they wanted to sit and what activities they wanted to join in with.

Care staff told us they knocked on people's doors before entering their room and we saw that when people were receiving personal care or having a private discussion staff encouraged them to do this in private. Throughout the day, care staff spoke to people in a caring way that maintained their dignity. They took time to explain to people the support they were providing and ensured they offered them choices about what they wanted to do and what they ate at lunchtime.

Care staff demonstrated a good knowledge of each person's life history, significant people, dates and events. They were able to tell us about people's family members and how they supported people to keep in touch with relatives. We also saw they had supported one person to use a tablet computer to call and speak with family members.

Is the service responsive?

Our findings

Care and support were individual to each person using the service, and people and their relatives were involved in their care as much as possible. Staff had a good understanding of the needs of the people they were supporting, and clearly wanted to help people achieve as much as they could. One staff member said, "We support people to do what they want, it's not up to us to make choices for people. We help them to make their own choices, for example where they go on holiday."

The individualised and person centred care and support people received had a positive impact on aspects of their lives. For example, the registered manager and care staff had supported one person to learn how to use a tablet computer to keep in touch with family members using video calls. Care staff also supported a second person to make sure their mobile phone was charged so that they could keep in contact with relatives and friends.

The registered manager and care staff we spoke with were clearly proud of the people using the service and what they had accomplished. They were committed to ensuring that people felt a part of their wider community and encouraged them to feel proud of their achievements.

The registered manager and care staff placed people at the centre of their care and supported them to develop and grow in confidence. Staff demonstrated good relationships with people, spoke knowledgeably about their individual care and support needs and understood what caused each person stress or anxiety. Care staff developed ways to work with people to overcome these barriers and help people progress.

Care plans reflected people's likes, dislikes and preferences. The care plans we looked at were detailed and gave a clear picture on the support needs of each individual. The care staff we spoke with were confident the care plans were reflective of people's true needs and preferences. One staff member said, "We know a lot about people but it's useful to have the care plans to refer to when things change."

People's care plans covered areas that included health care, contact with family members, activities, spiritual needs, finances, nutrition, personal care and medicines. The care plans emphasised what the person could do for themselves and where they needed support. Care staff completed a daily record of the support they gave each person and this showed that people received the care and support they needed, as detailed in their care plan. For example, one person's daily care notes showed staff regularly encouraged and supported them to carry out tasks in the kitchen so that they maintained their independence.

People's relatives told us they knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted on by the provider, registered manager and care staff. One relative told us they had not had to make any complaints but would do so if needed. We saw the provider had reviewed their complaints policy in January 2018. The policy included clear guidance for staff on supporting people to comment on the care and support they received.

Is the service well-led?

Our findings

The provider was a qualified nurse and midwife with an additional qualification in mental health nursing. They told us they had worked in a variety of health and social care services before setting up Cara Linn to provide care and accommodation for three people they worked with when their previous care home closed. The provider had registered with the Care Quality Commission (CQC) as the registered manager of the service. They told us they kept up to date by completing training, reading social and health care journals and magazines and using websites such as NHS Choices, the CQC and the National Institute of Health and Care Excellence (NICE).

A relative commented, "[Registered manager's name] is a wonderful manager. She monitors the health and wellbeing of her residents with meticulous care and always shares concerns."

The provider's statement of purpose says, "We work to maintain our residents' place in society as fully participating and benefitting citizens." Care staff were able to tell us about the ways they worked to enable people to access activities and opportunities in the local community and how this had benefitted individuals. There was an open and transparent culture in the home. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of their registration. The provider had appropriate policies and procedures in place and they ensured they reviewed these annually to make sure care staff had up to date information to enable them to provide high quality care and support.

Care staff were positive about the support they received from the management. The service had a small care staff team and the registered manager also worked directly with people using the service to provide care and support. Care staff told us they felt they could raise concerns, make suggestions on improvements and felt supported in their role. Staff records we reviewed during the inspection showed that care staff had regular supervision with the registered manager. The records showed they were able to discuss their work, personal development and training needs and any other issues. During supervision the registered manager also assessed staff members' competency to carry out specific duties, after they had completed the provider's training.

During our inspection staff were relaxed, confident and happy working in the home. There was a good relationship between care staff and the registered manager and they supported each other to make sure people received the support they needed. One staff member told us, "I enjoy working here with the people we look after. It's so relaxed and homely. It's their home and our job is to help them make their own choices".

The provider and registered manager had systems in place to monitor quality in the service and make improvements. These included audits of medicines, health and safety and care plans. Where issues were identified, remedial action was taken. The registered manager maintained a visible presence in the home and had regular discussions with the staff team about any improvements or changes that might be needed.

The registered manager involved people using the service, their relatives and health and social care professionals in reviewing the care and support people received and ways to improve service delivery. We saw they had surveyed people in March 2018 and asked them about staffing in the service, the support they received, healthcare, food and choices. All of the responses we saw were very positive.

The registered manager also surveyed people's relatives and representatives in December 2017. Completed surveys included positive comments about the service and one relative said, "[The registered manager] goes the extra mile to make sure [person's name] attends classes and groups which keep him in touch with his friends."

Care staff working in the service completed a survey in March 2018 and all commented positively on the support they received and the service. One member of staff said, "I find as a support worker any concerns I have are resolved and I am always listened to."