

Angel Care (Orchid Care Homes) Ltd

Cavell Manor

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

About the service

Cavell Manor is a care home providing personal and nursing care to up to 55 people. The service provides support to predominately older people and people living with dementia. At the time of our inspection there were 34 people using the service.

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

People were happy living at Cavell Manor and spoke positively about the care they received and the running of the service. People received their medicines as prescribed by their healthcare practitioner. The home environment was clean and very well maintained.

People told us they felt safe living at the home. Staff were aware of their responsibilities to report any concerns about people's care and safety. Care plans and risk assessments were reviewed and prompt referrals to appropriate agencies were made where required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff on duty at the time of the inspection visit. Safe recruitment checks had been completed prior to the appointment of new staff. Staff were well supported through an induction, ongoing training and supportive supervision.

People's views were sought and used to drive improvement within the home. The registered manager understood the importance of their role and had made all notifications to CQC as required by law.

Systems were in place to ensure the service was monitored and the quality of care people received was maintained. The registered manager and staff team knew people well and engaged with people, their relatives and staff taking any feedback on board proactively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection This service was registered with us on 2 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

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Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cavell Manor

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection site visit was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cavell Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cavell Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who lived at Cavell Manor to seek their reviews of their care and support. Not everyone who used the service were able to tell us about their experience of receiving the service, so observations of care and support were also made. We spoke with 3 people's relatives and spoke with 10 staff members. These included the registered manager, deputy manager, the administrator, a nurse, care staff, activities staff, catering staff, housekeeping staff and maintenance staff. Following our site visit we had email correspondence with a further 2 relatives.

A selection of records were also viewed, and these included the care plans and associated records for 5 people who used the service. The medicines records for multiple people were also reviewed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance/health and safety records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We received some mixed feedback about staffing levels with some people and relatives quoting some delays in call bell response time. Overall, however, feedback was positive that there were sufficient staff to meet people's needs in a timely manner.
- During our inspection we observed a calm atmosphere with call bells, sounding through hand held devices carried by staff, being answered promptly.
- Staff confirmed staffing levels were good and sufficient to meet people's needs in a timely manner. One member of staff commented, "There are enough staff. Mornings can be busy but afternoons we have more time." Another member of staff said, "There are enough staff, we have time to spend with [people]."
- The registered manager told us they were constantly recruiting new staff so they could safely meet people's needs but could also look to increase occupancy gradually and in a safe way.
- The registered manager and provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable were employed to support people. This included checks with the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some staff were recruited from overseas and we saw that relevant legal processes had been followed to ensure this met with immigration rules.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe at the home.
- Staff received training to help them safeguard people from abuse. They knew what signs to look for that may indicate abuse and how to report their concerns to the appropriate person or authority.
- The registered manager understood their responsibility to share information with the local authority safeguarding team and CQC to ensure allegations or suspected abuse were investigated

Assessing risk, safety monitoring and management

- Care plans and risk assessments were clear, detailed and robust and provided appropriate guidance to staff to help them mitigate risks to people.
- Staff understood how to keep people safe. For example, they could confidently describe how often they needed to assist people to reposition in order to reduce the risk of pressure ulcers developing.
- Systems and equipment were maintained and serviced to make sure these remained in good order and safe for use.
- Staff had received training to deal with emergency situations if these should arise at the service.

- People had a personal emergency evacuation plan which showed the support they would need in the event they needed to leave the building in a fire or other emergency.

Using medicines safely

- Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills.
- People's medicines were safely and securely stored within their own individual bedrooms.
- People who required 'as needed' medicines had guidelines in place for staff to know how and when to administer these.
- Staff responsible for administering medicines had received appropriate training and had their competency checked.
- We observed staff administering people's medicines in a respectful and unhurried way, whilst explaining what the medicine was for and providing additional information and reassurance when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance and there were no restriction to visitors at the time of inspection.

Learning lessons when things go wrong

- Staff completed accident and incident records which were reviewed by the registered manager to look for any trends and to assess the risk of a reoccurrence. Any lessons learned were shared with the staff to improve the safety of the service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they were admitted to the home. This was to help determine if the home was suitable and could meet people's individual support needs and preferences.
- Pre-admission assessments explored people's medical, health, social, religious and support needs. People and their relatives were involved in the pre-admission assessments identifying care needs and preferences.

Staff support: induction, training, skills and experience

- There was an induction programme in place, which new staff were required to complete before working on their own.
- Staff received regular supervision and an annual appraisal and felt supported to undertake their job role. A member of staff said, "I have completed the Care Certificate since working here, the last place I worked at didn't offer us that." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager regularly monitored staff training to ensure staff were up to date with courses the provider considered mandatory.
- Staff had received relevant training to carry out their roles effectively. Staff completed training in various areas including safeguarding, moving and repositioning, first aid and equality and diversity.

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

- People were supported to eat a nutritionally balanced diet and to stay hydrated. The menu was varied and nutritious. People were offered snacks in between the three main meals.
- People were positive about the meals provided. One person told us, "I have my breakfast in my room with lunch and my evening meal in the dining room. There are good choices of home cooked nourishing food. I enjoy a varied diet." Another person said, "I had soup, cottage pie and crumble and custard today. I like my breakfast in my room, and lunch and tea in the dining room. I'm happy with that."
- Catering staff were knowledgeable about people's nutritional needs, telling us about any allergies, specific needs and individual food preferences.
- People had their nutritional support needs documented in their care plans. For example, one person's care plan stated, they required 'bite sized' food and that staff should assess if the person had any fatigue before choosing the meal type to ensure their safety.
- People were assessed regularly for the risk of malnutrition and referred to the GP or other healthcare specialists if necessary.

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

- People were supported with their healthcare needs and to access healthcare as needed.
- Relatives told us they were confident their relative received the healthcare they needed. A relative said, "They always get in touch with [family member's] doctor when needed and then update me with the outcome too."
- A health professional told us, "Cavell Manor is a welcoming place, for [people] and for visitors. There is the feeling that they know [people] well which is encouraging. Staff are very keen to do things right and respond well to feedback. Both manager and deputy manager are available, helpful, committed and enthusiastic."

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

- People's care and support was provided in a safe, clean, well equipped and well-maintained and safe environment. There were rails along the walls to help people mobilise safely and a built-in acoustic monitoring system designed to ensure that those people unable to use a call bell, could make their needs known and seek assistance in a timely manner.
- The home was purpose built and designed to meet people's needs. There were multiple communal spaces for people to meet with friends and family, have their meals and take part in activities should they have wished to.
- People's bedrooms were spacious and bright, and many people had personalised them with their own belongings.
- There was a passenger lift, which people were able to use to move between basement, first and ground floors. People could also access the garden, which was well kept and nicely maintained.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and any conditions relating to DoLS authorisations were being met.
- The service had carried out mental capacity assessments and best interest's decision-making for people where this was appropriate.
- People and relatives confirmed staff obtained consent before giving care. Comments included, "No restrictions for me, I can go out when I like, and I get up and go to bed in my routine." and "I do things when I want."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Conversations between people and staff were warm and friendly. Staff were respectful when talking to people. They listened to what people had to say and responded in an appropriate way.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded in their care records so staff had access to information about how people should be supported with these.
- Relatives gave positive feedback about staff. Comments included, "I have full confidence in the staff." and "The staff are so good, they are such good fun as well." and "The staff are friendly and efficient. Nothing is too much trouble."
- We observed all staff, regardless of their role, took the time to have a chat and spend time with people and to make sure nobody was overlooked. There was a calm and friendly atmosphere in the service throughout the inspection visit.
- Staff spoke positively about providing high standards of care. They supported people as individuals and respected their choices and preferences.

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

- People were supported to express their views and be involved in decision-making about their care.
- Staff supported and involved people in making decisions each day such as what they wanted to wear and how they wanted to spend their time. One person told us, "They asked me what I wanted and that's what they do!"
- Relatives were kept updated on their relative's wellbeing. One relative told us, "I've had a review of [family member's] care plan, informally. The home always rings me if [family member's] medicines are changed by the GP or if there's anything I need to know."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and that their independence was promoted. One person said, "The staff encourage me to move around and keep active. They do help me with a bath every day." Another person commented, "Staff are always polite and respectful, they listen and are mindful of your privacy."
- People's right to privacy was respected. People could spend time alone in their rooms and staff did not enter people's rooms without seeking their permission first. We observed staff knocked on the door before entering people's bedrooms.
- Care records containing people's confidential information were being stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans had been developed for each person. Information in care plans was detailed and person centred and included information about people's life history, their likes and dislikes and specific health and emotional needs.
- Any changes in people's needs were recorded and discussed during staff handovers and during daily 'heads of department' meetings. This helped to ensure staff had up to date information about the people who used the service.
- Staff were knowledgeable about the people they supported, and we heard them talking to people about their interests and families and things that were important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with them effectively.
- Information could be produced in different languages and formats to accommodate communication needs if required.

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

- People spoke positively about the activities offered. Comments included, "I like the historical lectures. Local stuff as well as broader topics. We read the newspapers and they have singers who come to entertain who are quite good." and, "I like the singers and the lectures. I listen to music [genre] in the dining room."
- Relatives were also positive about the opportunities for their family member to take part in activities and their hobbies. One relative commented, "Oh [family member] loves to join in. [Family member] particularly enjoys it when the singer comes. I've got a photo of [family member] doing crochet in a group, they like to keep occupied. Christmas was superb."
- We observed people participating in activities which they appeared to enjoy by the interactions and smiling. The two activities co-ordinators showed enthusiasm as they encouraged people to join in and promoted an enabling and social culture.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's concerns and formal complaints.
- The registered manager and provider managed complaints and concerns appropriately. They had a detailed policy which gave clear guidance how to handle any complaints.
- People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

End of life care and support

- Some people's wishes and preferences for their end of life had been discussed with them and their families and recorded. Further work was in progress to ensure this was in place for all people where this was their choice.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff focused on delivering care that took account of people's individual needs and preferences. One person told us, "This is a place where people care." Another person's relative commented, "Coming here [Cavell Manor] has been a real delight. Not because of the décor, it's beautiful, but more than that it's the caring attitude from everyone. Nothing is too much trouble. Whatever the [person] wants, they get. The staff team have got to know my [family member] so well in such a short space of time."
- Staff told us they worked well together as a team and felt respected and supported by the registered manager. A staff member told us, "[Registered manager] is visible and approachable. We all work really well as a team and there is a good communication."
- The manager led by example, creating a positive, open and inclusive culture. There was a tangible atmosphere within the service of respect and friendliness.

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

- The provider and registered manager were aware of their responsibilities under the duty of candour. They worked openly and transparently in response to incidents and significant events.
- A relative said, "It [Cavell Manor] is calm, clean, orderly, welcoming, warm and responsive." Another relative told us, "No one minds you asking anytime, I never feel a nuisance. It doesn't matter what the question is, they always come back and ask you and will find out the answer if they if don't know."

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

- The provider maintained a system of audits and checks to monitor and review the safety and quality of the service. These helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The registered manager had the skills, knowledge and experience to perform their role with a clear understanding of people's needs and an oversight of the service.
- The registered manager and staff understood their roles and the importance of complying with regulatory requirements.

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

characteristics; Working in partnership with others; Continuous learning and improving care

- People were offered the opportunity to be involved in the home and attend regular meetings where they were asked if there was anything different they wanted or any changes necessary to make life better for them. One person told us, "There was one meeting I went to. I suggested a jigsaw and when I went into the lounge later there was a jigsaw – very responsive! " Another person told us, "The [people] here are most definitely listened to."
- People were supported to achieve their goals and aspirations. A wishing tree was in place at the service so people could record their wishes and goals. The registered manager told us, "We have a wish tree and every month we organise a person's wish. This month a person whose dream has always been to go and watch a football match, is going to watch the football. Another relative has donated tickets for 2 people and 2 members of staff to go. This gesture has fetched a smile to everyone."
- The provider and registered manager were committed to continuous improvement. The registered manager was open and responsive to any feedback.
- The registered manager and care team worked effectively with a range of healthcare professionals involved in people's care and support. They acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing.