

Cascade Care Limited


Cascade 4 - Newick Road

Inspection report

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London
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Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Inadequate	
Is the service responsive?	Inadequate	
Is the service well-led?	Inadequate	

Overall summary

We carried out an unannounced comprehensive inspection of this service on 3 December 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to people's safety, nutrition, infection control, care and welfare, quality monitoring, medicines management, notifications, respect and consideration, consent and staff training and support.

We undertook this focused inspection to check that the provider had followed their plan in relation to the more serious breaches that related to safety, nutrition, infection control, care and welfare and quality monitoring and to confirm that they have now met legal requirements. This report only covers our findings in

relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk.

Cascade 4 Newick Road is a care home providing 24 hour care, support and accommodation for up to five people with mental health needs. The provider has a number of other care homes in the local area. At the time of our inspection there were three people using the service, this was because the home was preparing to close and alternative suitable placements were being sought for people to move on to.

This focused inspection took place on 19 March 2015 and was unannounced. Since our last inspection the registered manager had left and an interim manager had

Summary of findings

been appointed by the provider. 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 and associated Regulations about how the service is run.

During our last inspection we found that people were not kept safe as risks posed by visitors and behaviour that challenged the service were not managed appropriately. At this inspection we found that steps had been taken to manage risks such as smoking, the impact of visitors to the service and monitoring people's mental health and wellbeing. We found that safeguarding incidents were been appropriately reported and addressed.

Previously we found that standards of cleanliness were poor and systems were not in place to control and prevent the spread of infection. In particular the kitchen was unclean. We found that cleaning schedules had been introduced to address this and saw that standards of cleanliness had improved which people we spoke with confirmed.

During our last inspection we found that there was not enough food available to support good nutrition and people were restricted from accessing the kitchen at night which meant they were unable to make snacks or drinks without asking for staff permission. Since our last inspection changes had been made to improve the quantity of food available. We found that there was a good selection of food including fresh fruit and

vegetables and snacks that people could help themselves to. People told us that they had been involved in cooking sessions and confirmed that there was more food available.

Previously the provider had failed to assess, meet and review people's needs appropriately. Care plans were incomplete in that they did not fully outline people's current needs and the action staff should take to meet these. However, during this inspection we found that people's care plans had been updated and were being reviewed at regular intervals. We saw that people had been involved in this process and contributed their thoughts on the support they felt they required.

We found that staff had begun to explore people's leisure interests to support their engagement in the community and a weekly in-house 'cinema night' had been introduced which people told us they enjoyed.

At our last inspection we found that quality monitoring systems were ineffective as they did not always identify or address issues. During this inspection we found that more robust quality assurance systems had been introduced which had supported some improvements to the service.

At our previous comprehensive inspection on 3 December 2014 we also found breaches of legal requirements relating to medicines, staff training, consent, notifications of significant events and respecting people that use services. If the service does not close as planned we will carry out another unannounced inspection to check on all outstanding legal breaches.

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?

We found that action had been taken to improve the safety of this service. Risks were being managed in a way that helped to keep people safe.

Safeguarding concerns were reported to the relevant authorities as required.

There were systems in place to prevent and control the spread of infection and we observed satisfactory standards of cleanliness.

We could not improve the rating for safe from inadequate because to do so requires consistent good practice over time and compliance with the outstanding breaches identified at our comprehensive inspection on 3 December 2014. We will carry out a further inspection to review the outstanding breaches.

Inadequate



Is the service effective?

We found that action had been taken to improve the effectiveness of this service. People's nutritional needs were being met and there were good supplies of food including fresh fruit and vegetables available.

People told us they were able to access the kitchen at all times and prepare snacks and drinks.

We could not improve the rating for effective from inadequate because to do so requires consistent good practice over time and compliance with the outstanding breaches identified at our comprehensive inspection on 3 December 2014. We will carry out a further inspection to review the outstanding breaches.

Inadequate



Is the service responsive?

We found that action had been taken to improve the responsiveness of this service. People's needs were assessed and care plans had been updated to ensure that they contained accurate information about people's needs and the actions staff should take to meet these.

We could not improve the rating for responsive from inadequate because to do so requires consistent good practice over time. We will carry out a further inspection to review this.

Inadequate



Is the service well-led?

We found that action had been taken to improve the leadership of this service. Quality assurance systems had been improved and action had been taken to improve the service.

There was a new manager in post at the time of our inspection.

We could not improve the rating for well led from inadequate because to do so requires consistent good practice over time and compliance with the outstanding breaches identified at our comprehensive inspection on 3 December 2014. We will carry out a further inspection to review the outstanding breaches.

Inadequate



Cascade 4 - Newick Road

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Cascade 4 Newick Road on 19 March 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 3 December 2014 had been made. The team inspected the service against four of the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? Is the service well-led? This is because the service was not meeting some legal requirements that are required under each of these questions.

The inspection was unannounced and was undertaken by an inspection manager and inspector. During our inspection we spoke with, the manager, deputy manager, a service manager and two out of the three people using the service.

We looked at the care records for the three people using the service, incident records, quality monitoring reports, complaints, staff training records, cleaning schedules and other records related to the management of the service.

Since our comprehensive inspection on 3 December 2014, we have remained in contact with the local authority to share feedback about the service and progress made against service improvement plans.

Is the service safe?

Our findings

At our previous inspection we found serious shortfalls that compromised the safety and care of people who used the service. There had been a number of incidents that posed a risk to people's safety and risks to individuals were not proactively managed to ensure steps were taken to minimise these and protect people from harm and abuse.

During this inspection we found that steps had been taken to manage the identified risks to people's safety. For example, risk assessments had been reviewed and updated. People's care plans included risk assessments relating to drug and alcohol use, self-administration of medicines and physical health conditions.

Other steps had been taken to help protect people from harm. For example, steps had been taken to closely monitor visitors to the service to ensure people were kept safe and systems had been implemented to monitor smoking and reduce the risk of people smoking in their bedrooms which posed a fire hazard. Staff told us that this remained a challenge but smoking risk assessments had been updated so that staff knew the action to be taken to minimise the risks and senior staff told us that staff were expected to be vigilant and monitor smoking more closely.

Since our last inspection two people using the service had moved to alternative placements. This had led to a reduction in the number of significant incidents that had put the safety of people using the service and staff at risk, as staff were unable to safely manage the risks posed by behaviour that significantly challenged the service. During this inspection people made comments such as, "You can relax here now," "I don't have to worry about people taking stuff" and "It feels safer now." The manager told us, "Since [person] went, people are much calmer. We haven't called the police since. No notifications to CQC since. Surprisingly it's stopped drastically."

During our last inspection we found that staff were failing to identify and respond appropriately to safeguarding

concerns. At this inspection we found that steps had been taken to ensure that staff were aware of their responsibilities in relation to safeguarding people from abuse. We noted that there were contact details for the local authority safeguarding team and the Care Quality Commission on the noticeboard in a communal corridor that staff and people using the service had access to.

At the previous inspection we found that standards of cleanliness and systems for preventing and controlling the spread of infection were inadequate. The cleanliness of the kitchen was of particular concern. During this inspection we found that cleaning schedules had been introduced. Systems had been put in place to clean the kitchen every night and there were checks completed each morning to ensure this was completed. People made comments about the cleanliness of the service such as, "It's a bit more tidier," "The place is cleaner" and "I do cleaning sometimes. I sometimes clean the kitchen myself. There isn't a cleaner here. It's clean. The sink is lovely and clean. I keep my room tidy. It's a mess now because I'm getting ready to move on." Our observations confirmed what people told us as the kitchen was clean.

During our last inspection we noted that some of the kitchen surface tiles were cracked which could have posed a risk of infection as these would be difficult to clean properly. At this inspection, these tiles had not been repaired, however, the deputy manager told us that the work had been arranged to take place the following week and provided us with documentary evidence of this.

Although we found that serious concerns had been addressed, work was still in progress and sufficient time had not passed to assure us that these improvements could be sustained. In addition there was an outstanding breach of regulation with regards to medicines that was not assessed during this inspection. Therefore we have been unable to change the rating for this question. If the service does not close as planned a further inspection will be planned to check if improvements have been sustained and to check medicines management.

Is the service effective?

Our findings

At our previous inspection we found serious shortfalls in relation to how people's nutritional needs were met. The service was not effective in meeting these needs as there was insufficient food available and people's individual dietary needs were not appropriately considered or met. For example, one person was not being supported to manage their diabetes and there was a lack of nutritious food available to provide a balanced and nutritious diet. In addition, people were unable to help themselves to suitable snacks in between meals.

During this inspection we found that the provider had taken steps to ensure that there was an adequate supply of food for people. People's comments about food included, "There's a bit more food. It's different, you can get a banana when you want," "There's always something in the fridge now" and "Me and [person using the service service] cook sometimes."

We checked the fridge, freezer and dry food storage in the kitchen. There were sandwich fillings, milk, yoghurts, bacon, coleslaw, sausage rolls and salad in the fridge and a selection of frozen goods including meat and fish. There was a good selection of fresh fruit available for people to help themselves to including mango, kiwi fruit and pineapple.

The deputy manager told us that a large food shop was completed monthly and that further fresh supplies were replenished at local shops throughout the week as needed.

We saw records that confirmed this. He also told us that staff had received diabetes awareness training so that they were able to help manage one person's blood sugar effectively through their diet.

Staff told us that one hot meal was prepared daily and that people could help themselves to snacks throughout the day. One person said, "There is always something downstairs to eat now. I cook things like West Indian food. Normally it's me and [another person]. If you want something to eat then you go shopping. They give you the money...They ask you what you want."

During our last inspection the kitchen was locked at night and this meant that people had to ask staff to let them in to make a drink or snack. Staff told us that this practice had stopped and the people we spoke with confirmed this.

Cooking activities had also been introduced since our last inspection to support people with meal preparation skills to increase their independence. People told us they enjoyed this.

Although we found that serious concerns had been addressed in relation to meeting people's nutritional needs there were two outstanding breaches of regulation relating to staff training and consent that were not assessed during this inspection. Therefore we have been unable to change the rating for this question. If the service does not close as planned a further inspection will take place to check if improvements have been sustained and to check if improvements have been made in relation to staff training and consent.

Is the service responsive?

Our findings

At our last inspection we found that people's needs were not appropriately assessed and met. For example, the provider was failing to keep the premises drug and alcohol free which was impacting on people's mental health.

During this inspection we found that the provider had taken steps to minimise this risk by monitoring people more closely and working with people around their drug and alcohol use. Some of the issues had been resolved as a result of people moving on to alternative placements.

At our last inspection we found that people's support plans were not reviewed at regular intervals to ensure that their needs were met. This was a particular concern in relation to people's mental health needs. During this inspection we found that arrangements had been made to review the needs of the three remaining people using the service and contact with the appropriate community mental health teams had been made. This had included some consultation around the proposed closure of the service.

We found that care plans had been updated and there was evidence that people had been included in this process in the records we saw. The care plans used pictures and symbols to support people's understanding and the 'Recovery Star' tool had been completed in more detail to enable staff to understand people's individual support needs. This included information about who to contact if there were concerns about an individual's mental health and also details of relapse indicators so that action could

be taken promptly to address any deterioration in a person's mental health. We saw that monthly evaluations were taking place and people had signed their agreement to the content of their care plan.

At our last inspection we found that people had limited opportunities to develop their independent living skills and engage in social and leisure activities. During this inspection we saw that staff had introduced a 'movie night' which people told us they enjoyed. This had been particularly successful for one individual who had previously been very reluctant to participate in any group activity. One person told us, "I go twice a week to Church. Sunday and Wednesday" and talked about how much they enjoyed this activity. The deputy manager told us that there were plans to extend the activities available but this had not yet happened.

We saw records relating to three meetings that had taken place with people using the service since our last inspection to allow them to share their views and experiences. One of the meetings had focused on the closure of the service. Other discussions had taken place about the food and people had been reminded about how to make a complaint.

Although we found that serious concerns had been addressed in relation to responding to people's individual needs this was an on-going process and we could not be assured that improvements would be sustained. Therefore we have been unable to change the rating for this question. If the service does not close as planned a further inspection will be planned to check if improvements have been sustained.

Is the service well-led?

Our findings

At our last inspection we found that systems to monitor and assess the quality of the service were inadequate to ensure that the service met people's needs and kept them safe. Incidents were not being appropriately reported and the provider did not have a system in place to review incidents and put action in place to reduce the risk of reoccurrence. For example, audits were ineffective as they failed to identify and address issues around the operation of the service and the care and support people received. In addition lessons were not learned from incidents as action was not taken to analyse these and improve the service.

During this inspection we found that quality monitoring systems had improved. The manager told us, "We've restructured our whole filing system. Head Office helped us to implement a new monitoring system." The service manager told us that quality assurance visits had been undertaken on a regular basis since our last visit. We saw reports from four visits that had taken place and these included actions to be taken by staff which were checked and followed up at each subsequent visit to ensure that improvements were made. Weekly medicines checks had also been introduced to check that people were receiving their medicines safely.

The deputy manager told us that changes had been made to help motivate staff and support them in understanding their role more fully. This had included training and monthly evaluations to ensure staff were meeting agreed targets. Staff had also been consulted about the planned closure of the service. We saw records that confirmed this which included daily shift planners informing staff about who was responsible for particular tasks and any planned appointments. The deputy manager told us that regular staff meetings had also been held and we saw meeting minutes that confirmed this.

Although we found that serious concerns had been addressed in relation to quality monitoring, this was an on-going process and we could not be assured that improvements would be sustained. In addition there was an outstanding breach of regulation relating to notifications of significant events that was not assessed during this inspection. Therefore we have been unable to change the rating for this question. If the service does not close as planned a further inspection will be planned to check if improvements have been sustained.