

Cavista Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cavista Limited is a residential care home providing personal care for up to 20 people who require nursing or personal care. At the time of our inspection there were 15 people using the service.

The care home is situated close to the city centre and is a large detached property on a quiet road with suitable ramped access.

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

Not all of the environment was well maintained, most of the fire doors had closures that were broken and failed to keep the door closed.

Staff competency was assessed and most of the staff training was up to date. However, there were not enough competent trained staff on nights who were trained in giving medication to people. The registered manager had staff training arranged after the inspection had taken place.

People told us that their health was well managed, and staff had positive links with professionals which promoted wellbeing for them.

Staff had a good knowledge of how to keep people safe from avoidable harm. People told us that they felt safe living at the service. Staff received regular formal supervisions and felt well supported by the registered manager.

People were supported to take their medicine in a safe way, and medication was checked monitored and managed.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. People were observed to have good relationships with the staff team.

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.

Records showed that when people became unwell or required additional support they had access to a range of health and social care professionals in respect of their wellbeing.

### Rating at last inspection

The last rating for this service was requires improvement but since the last inspection the provider has changed and the new provider has a plan for improvements at the service.

### Why we inspected

This was a planned inspection based on the previous rating. Since the home was last inspected, the provider of the service has changed and improvements to the service have been planned and some had been implemented.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor intelligence we receive about the service until we return to re-visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always Safe.

Details are in our Safe findings below

### Is the service effective?

Good 

The service was Effective.

Details are in the 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.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always Well-Led.

Details are in our Well-Led findings below.

# Cavista Ltd

## 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 two inspectors and an inspector from the hospitals directorate supported the inspection.

#### Service and service type

Cavista Limited 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 had a manager registered with the Care Quality Commission. This means that they and the provider 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with

five members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 for this newly registered service. This key question has been rated requires improvement. 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.

Preventing and controlling infection.

- We saw daily audits regarding the cleanliness of the home which showed that this was monitored and managed. However, we saw that there was a bin in a toilet which was not a pedal bin in line with best practise guidelines.
- The dining chairs had food spillage over the legs some of which had been there for some time. The walls also had splashes and spills which had not been cleaned up. This should be carried out after mealtimes to ensure that there is no build-up of bacteria.
- There were several out of date food items in the fridge and dry food store in the kitchen. The temperature of the fridge had not been taken for three days there was no guideline for staff to state what the temperature range should be. When the fridge thermometer was placed correctly, the fridge reading was too cold and we saw that some items at the back of the fridge had frozen.
- Staff were trained in infection control. However, the training was not put into practise and the dining area was unclean and the out of date and contaminated items in the kitchen posed a risk of infection.
- We observed that personal protective equipment (PPE) was available and staff regularly changed gloves and aprons when delivering personal care

Assessing risk, safety monitoring and management

- Most of the fire doors had closures that were broken and failed to keep the door fully closed. This posed a risk to people if there was a fire at the home, the fire doors would not fully close automatically.
- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- There was no ownership of duties allocated in the kitchen as there was no cook employed and staff heated pre-prepared meals. This meant that stock did not get rotated effectively and both upright freezers were badly iced inside which posed a risk to food being affected. Food that had been frozen on the day of purchase had not been labelled as to when it had been frozen.
- Risk assessments were in place within people's care planning, staff understood where people needed support to reduce the risk of avoidable harm.
- Staff we spoke with knew about people's individual risks in detail and could tell us how risks were managed and monitored.

Staffing and recruitment

- The number of staff on duty was not always sufficient to meet people's needs. For example, at lunchtime there were three members of staff on duty and all three were in the kitchen and serving meals. This posed a risk to people as at times, there was no staff monitoring the communal areas.

- The registered manager told us that they would be looking to recruit someone to be in charge of the kitchen which would ensure that there were enough staff to support people through mealtimes. They were also planning to recruit an activities co-ordinator which would keep people better occupied and stimulated.
- Staff recruitment was safe. Pre-employment checks were carried out prior to a staff member starting in post to ensure that they were suitable to work with vulnerable people.

#### Using medicines safely

- Medicines were not always administered in a safe way. One of the staff members who works on nights had not had recent medication training or had their competency assessed, therefore should not have been responsible for medication until these had taken place. However, the registered manager had organised the training at the time of our inspection and the training took place two days later.
- Medicine administration records were all signed for when medicine had been given and there were no missing signatures. People received their medicine when prescribed and there was a system in place for ordering repeat medicines.
- Regular audits of medicines were carried out and the senior had a good understanding of the checks and audits required to keep medicines safe.

#### Systems and processes to safeguard people from the risk of abuse

- One person told us that they felt safe at the home, "They look after us and make sure we are safe."
- Staff were trained in safeguarding and knew how to recognise the signs of abuse. Staff we spoke with said they wouldn't hesitate to challenge anyone who they felt were not behaving appropriately towards a person and they would also report this to the registered manager or deputy.
- Staff were aware of the whistle blowing policy. This allowed staff to raise concerns anonymously when they had concerns about anything they felt was not right about.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, and the information collated and analysed and used to inform measures to prevent incidents reoccurring.
- Feedback was sought from people and their relatives and then this was acted upon. The registered manager was working on surveys for people and their relatives so that they could give feedback which they could use to make improvements where needed.



# 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.

Staff support: induction, training, skills and experience

- Most staff were well trained and had the skills and competency to support people living at the service. However, one staff member who had been off should have received refresher training before returning to work. This was carried out following the inspection.
- Staff had received an induction to the service and training suitable for their roles.
- Staff told us that they felt supported and had regular supervisions with the manager. One staff member told us "I have regular supervision and find the manager really approachable."
- Staff meetings were carried out regularly and relevant information and updates were included in their discussions.

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

- People's needs were assessed before they moved in to make sure that the service was suitable for them. We saw that support planning was clear and regularly reviewed when people's needs had changed.
- The staff worked in partnership with other healthcare services to provide a holistic approach to assessing, planning and delivering people's care and support. We saw the staff worked closely with GP's, and health care specialists to ensure people's ongoing health needs could continue to be met. People were satisfied with the care and support they received, and we saw staff provided care in line with best practice.

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

- People were supported to receive meals which suited their dietary requirements. People told us that they liked the food.
- We observed people having lunch and staff were interacting with people appropriately and asking if they had everything that they needed.
- The registered manager explained that people liked to eat in different areas of the home and this was accommodated.
- People had their weights monitored regularly and they were encouraged to eat a healthy balanced diet.

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

- Staff arranged timely referrals to a variety of different healthcare professionals. One staff member told us that they knew when people needed to see a healthcare professional and would refer them on.
- We spoke with a community nurse who told us that they attended the service daily. They told us "the manager asks how people are doing and they seem well cared for, I have no concerns about the service."

- We saw that there were completed grab sheets for hospital admissions and these were kept up to date.

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

- The service was accessible for people who lived there, there were some corridors which were narrow as well as doors which would not be accessible for wheelchairs. However, these were used by people who were mobile and people who used walking aids were allocated to rooms which were more accessible.
- The interior of the property required refurbishment but the new provider had recently taken over and had plans for improvements throughout the service.

#### 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. At the time of our inspection all of the people using the service had a DoL's applied for. The registered manager told us that all of the people living at the home at the time of our inspection were living with dementia. We saw that best interest meetings had taken place and the information was held in care plans.

# 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

- One relative told us "Staff are really good and keep [name] happy."
- People had a life history section in their care planning which gave staff some valuable information to help build positive relationships with people.
- Staff received training on equality and diversity and the service is looking to develop this further. The registered manager told us, " We have people of different cultures and we are happy to accommodate anyone's needs, we had one person who required halal food which we organised."
- We observed that people were treated with kindness and were positive about the staff's caring attitude.

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

- People were offered options and supported to make choices over their daily lives at the service.
- One person told us "We are always asked about things to do with the home, I am happy to talk to the manager, [name] always listens."
- There was no advocacy service available at the time of our inspection. An advocate is a person independent from the home and can come in to support a person to share their views and wishes if they want support. The registered manager told us that they were sourcing a suitable service under the new provider. The registered manager told us that in the past they had used an advocacy service from a charity and would signpost to them if required.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully, we saw staff knocking on doors before entering.
- Staff maintained confidentiality and records were kept safe. People's right to privacy and confidentiality was respected.
- One staff member told us, "The residents are lovely and we always promote their independence."

# 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 were person centred and contained relevant and in-depth information on people living at the service.
- People were involved in decision making regarding all aspects of their care and support. Regular meetings took place for people and their relatives, this was to gain their views on all aspects of the home and the care they provided.
- Staff were knowledgeable about people's needs and preferences, they talked to us about people's needs and what activities they liked to do.

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.

- Information was available in accessible formats when people needed it. For example, larger print or pictorial format.
- People were given information in a format which suited their needs and staff knew how people preferred information shared with them.

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

- One staff member told us, "They all like to do different things, we have a bingo machine and do singing and dancing."
- Visitors could see people at any time and they were encouraged to where possible.
- There was no activities co-ordinator and staff did not always have time to provide activities. The registered manager had bought some entertainment in from a private company but acknowledged that they would benefit from someone delivering regular activities which were person-centred and gave people choice. However, people told us that they enjoyed the activities and one person said "Staff always paint my nails and we go on outings and then there's church." People were given a choice and this was accommodated wherever possible.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed to. People told us that they were comfortable talking to the registered manager or staff if they were unhappy.

- There was a clear procedure in place for complaints and this was followed through to a resolution including any lessons learned.
- People were given opportunities to share their views and opinions with staff and others living at the home.

#### End of life care and support

- We observed that some people had end of life care planning. This needed to be developed into more detailed plans which held relevant information.
- The registered manager told us that they would be developing this further so that everyone using the service had a plan for end of life care. This included preferences relating to protected characteristics, cultural and spiritual needs.

## 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had started when the previous provider owned the service, there was a clear vision of planned improvements. Since the new provider had taken over, they had started to make plans to develop and improve systems and processes. However, these were not fully operational or effective. For example, infection control, maintenance and medication audits were not effective at the time of our inspection.
- The registered manager had identified that additional support was required with administrative and governance tasks, plans were in place to increase the hours of the deputy manager to give the registered manager the support they needed. The deputy manager shared the vision and goals to make improvements.
- During the inspection we pointed out areas which required improvement which the registered manager acknowledged. They understood that improvements were required and wanted to use the inspection as a baseline to work from.
- Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people.

The systems to monitor the service that assess, monitor and mitigate the risks to people had not been fully implemented or sustained to protect people's health, safety and welfare. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us that they felt listened to and that the registered manager and provider were approachable.
- The provider and manager showed a commitment to providing good quality, person-centred care and support.
- The registered manager and deputy manager positively encouraged feedback from people regarding the service and listened to what they wanted to support improvements.

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 was very open and honest regarding areas which required developing and shared their vision for the service.
- The registered manager understood their regulatory requirements and consistently ensured that they

notified us about events that they were required to by law.

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

- At the time of our inspection there was limited interaction with the local community. The registered manager acknowledged this and was working on strengthening links with local community groups such as schools.
- The service involved people and their relatives in day to day discussions about their care in a meaningful way. This encouraged people to be involved in choices about both their environment and the care they received.

Continuous learning and improving care

- The provider told us that they were keen to make improvements and were keen to engage with other services for the benefit of people there.
- The staff we spoke with said that they would feel confident to report accidents and incidents and that learning or recommendations from incidents were shared with them. We observed this in staff handover.

Working in partnership with others

- The provider told us that they had good relationships with visiting health professionals. They also looked to forging local relationships with services and groups which would benefit those using the service.
- The registered manager was keen to further develop partnership working whilst making improvements to the home. This could be better achieved under the new provider who was supportive of the improvements the registered manager had planned to achieve.

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 17 HSCA RA Regulations 2014 Good governance  Lack of effective management systems and processes to mitigate risk.