

Cavendish Close Limited

# The Close Care Home

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated

# Summary of findings

## Overall summary

### About the service

The Close is a residential care home providing personal and nursing care to 65 people at the time of the inspection. The service can support up to 90 people in one adapted building. The accommodation is divided into four areas supporting older people and young adults some living with dementia as well as physical disabilities.

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

This inspection was prompted in part by a notification of a significant incident. The information shared with CQC about the incident indicated potential concerns about the management of risks in relation to blood thinning medicines.

We found, where people were on blood thinning medicines, there were clear processes in place which allowed a multidisciplinary team approach to care. Risks associated with these types of medicines were clearly managed.

We also received information raising concerns about staffing levels and risks for people with percutaneous endoscopic gastrostomy (PEG).

We found the service had enough staff to meet people's needs. During the inspection, call bells were answered in a timely manner and staff did not look rushed. Staff told us there were enough staff to meet people's needs and they never worked when they were short of staff. Records of staff rotas showed planned staffing levels were always met despite the provider using agency staff. The managers told us, and records showed they always used the same agency staff who knew people's needs well.

We found risks in relation to PEGs had been identified and there were management plans in place.

We found people were protected from the risk of acquiring infections and the service was clean. Personal protective equipment was readily available to staff and all staff were following the latest guidance.

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.

### Rating at last inspection

The last rating for this service was outstanding (published 16 January 2020).

### Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not

examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of blood thinning medicines. This inspection examined those risks.

The inspection was also prompted in part due to concerns received about staffing levels and risks for people with percutaneous endoscopic gastrostomy (PEG). A decision was made for us to inspect and examine those risks.

We undertook this targeted inspection to check on a specific concern we had. The overall rating for the service has not changed following this targeted inspection and remains outstanding.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this report.

#### Follow up

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

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

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

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question outstanding. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

### **Inspected but not rated**

# The Close Care Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the specific concerns we had about management of blood thinning medicines, staffing and management of risks associated with percutaneous endoscopic gastrostomy (PEG).

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

This inspection was undertaken by one inspector.

#### Service and service type

The Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 two managers who were in the process of registering with the Care Quality Commission. This means that the provider is 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

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

important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all of this information to plan our inspection.

#### During the inspection

We briefly interacted with three people. We spoke with the two managers, two nurses and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medicine administration records (MAR). We looked at two staff rotas and allocation sheets. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as outstanding. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the specific concerns we had about medicines management, staffing and management of PEGs. We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

- We received a notification of a significant incident which indicated potential concerns about the management of risks in relation to blood thinning medicines. We found, where people were on blood thinning medicines, there were clear processes in place which allowed a multidisciplinary team approach to care.
- For example, one person was on warfarin. The anticoagulation team often carried out blood tests and gave staff a titrated prescription of alternating doses depending on the blood result. This person had a clear risk assessment which identified possible food and other medicines interactions which could affect the effectiveness of the blood thinning medicine.
- Records showed people on blood thinning medicines had body maps in place to continuously monitor their skin for discolorations associated with such medicines.

### Assessing risk, safety monitoring and management

- We had received concerns of poor management of risks associated with percutaneous endoscopic gastrostomy (PEG). A PEG is a feeding tube placed through the abdominal wall and into the stomach which is used for nutritional support and medicines.
- We found risks associated with PEGs were identified and managed safely. People had clear individualised risk assessments and management plans in place.
- For example, one person with a PEG had a risk management plan which guided staff to observe the PEG site for signs on inflammation, leakage or blockage. Staff also had to rotate the tube 360 degrees to ensure patency.
- Staff were knowledgeable and had received training to support people safely.
- The provider had clear processes and procedures which guided staff on how to support people safely from the risk of infection.

### Staffing and recruitment

- We had received concerns there were not enough staff to meet people's needs. During the inspection we observed staff did not look rushed and took time with people.
- Staff told us the staffing levels were enough to meet people's needs. They said, "We have enough staff to give good care. Managers are recruiting more staff" and "Yes, we use agency staff at times but it's always the

same staff. We have never worked short and the managers make sure of it."

- Records showed planned staffing levels were met. The service regularly reviewed staffing levels and adapted them to people's changing needs. The provider was facilitating different staff recruitment drives including looking to recruit internationally.
- We did not look at staff recruitment on this targeted inspection. However, on previous inspections no concerns had been identified in this area

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People were supported to access spacious, communal seating areas, while maintaining social distancing.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.