

Canbra Care Limited

Elizabeth House

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 29 February 2016. We had previously inspected this service in November 2014 when we found it was meeting the regulations.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because recruitment procedures were not sufficiently robust. You can see what action we have told the provider to take at the back of the full version of the report.

Elizabeth House is registered to provide accommodation for up to 18 older people who require support with personal care. At the time of our inspection there were 18 people living in the home.

Systems for recruitment of staff were not always safe. In three staff files we found full employment history's had not been recorded. Where gaps in staff previous employment history had been identified there was not a written explanation of the reason, as required by law. This meant people were at risk of being cared for by unsuitable staff.

Staff felt supported and had received the induction, training and support they needed to carry out their roles effectively.

There was a registered manager in place at Elizabeth House. 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.

People told us they felt safe at Elizabeth House. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor practice to people.

People were receiving their medicines as prescribed. We saw there were safe systems in place for managing medicines.

During our inspection we observed that there were sufficient staff to meet people's needs and requests for support were answered promptly. We found that staff received the induction; training and support they needed to ensure they had the necessary skills and knowledge to carry out their roles effectively.

People's care records contained sufficiently detailed information to guide staff on that they needed to do to support people. Risks to people's health and well-being had been identified and plans were in place to reduce or eliminate the risk.

We found the communal areas, toilets and bedrooms were clean and free from offensive odours. Since our last inspection the home had been re-decorated, the kitchen work surfaces had been replaced. New non slip flooring had been fitted in the communal areas and the kitchen. The bedrooms we looked at were spacious and contained lots of personal belongings and photographs. The home was clean and equipment was serviced and maintained appropriately. Procedures were in place for preventing the spread of infection. Systems were in place to deal with emergency's that could affect the provision of care.

People's rights and choices were respected. We found the provider was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). These provider legal safeguards for people who may be unable to make their own decisions.

Systems were in place to ensure people's nutritional needs were met. People told us they enjoyed the food. The cook and staff had good knowledge of people's likes and dislikes.

Peoples health needs were assessed and monitored. They had access to a range of health care professionals and any advice was documented and acted upon.

The staff and managers knew people well. They spoke fondly about people who used the service.

People who used the service and their relatives spoke positively about the care and support staff provided. They told us it was homely and people described it as, "Like a family."

All the people we spoke with were positive about the registered manager, deputy manager and how the service was run. Staff told us they felt supported and enjoyed working for the service.

People told us they enjoyed the activities that were on offer in the home. We saw that events to mark special occasions were organised within the home and that relatives and friends were made to feel welcome.

We found there was a good system of quality assurance. There were a number of weekly and monthly checks and audits. People told us they could raise any issues with the registered manager and deputy manager. The service had a system in place for dealing with complaints and recording any actions taken.

The registered manager was starting to use a new system for gathering people's views on the service. This showed a commitment to listening to people and involving people in how the service was run and improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Recruitment processes were not sufficiently robust to protect people from the risk of being cared for by unsuitable staff. Full employment histories and gaps in staff member's employment history had not been recorded; as required by law.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practise) policy, and how to raise any concerns

Medicines were managed safely and people received their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff felt supported in their roles. They had received the induction, training and supervision they required to ensure they were able to carry out their roles effectively.

People's rights and choices were being respected. The provider was meeting the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Systems were in place to ensure people's nutritional needs were met. People told us they enjoyed the food.

Good ●

Is the service caring?

The service was caring.

People who used the service and their relatives spoke positively about the care and support staff provided. They told us it was homely.

The staff and managers knew people well. They spoke fondly about people who used the service. We saw staff listened and

Good ●

responded to people and provided support in an unhurried way

Is the service responsive?

Good ●

The service was responsive.□

Care records were detailed and contained good information about people's support needs and preferences. People and their relatives had been involved in planning the care.

People told us they enjoyed the activities that were on offer in the home. We saw that events to mark special occasions were organised within the home.

Is the service well-led?

Good ●

The service was well-led.

All the people we spoke with said the service was well –led. People said the registered manager and deputy manager were approachable, caring and nice.

There was a good system in place for assessing, monitoring and reviewing the quality of the service. People told us they felt listened to.

Elizabeth House

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 was an unannounced comprehensive inspection which took place on 29 February 2016. The inspection was undertaken by one adult social care inspector.

Prior to our inspection we looked at information we received via the Care Quality Commission 'share your experience' forms and notifications we had received about the service. A notification is information about important events which the provider is required to send us by law. We contacted the local authority safeguarding, commissioning and quality team and Bury Health watch. They raised no concerns about the service.

During our inspection we spoke with four people who used the service, two relatives, a district nurse and a community arts teacher. We also spoke with the registered manager, deputy manager, homes co-ordinator, three care workers and the cook. The day after our inspection we spoke with two relatives by telephone to ask their opinion of the service

As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We carried out observations in public areas of the service. We looked at three care records and twelve medication records. We also looked at a range of records relating to how the service was managed including; three staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed

Our findings

We found that the system for recruitment of staff was not always safe. We saw policies and procedures on staff recruitment, equal opportunities, sickness and disciplinary matters were in place. We looked at three staff personnel files. The staff files we looked at contained application forms, two written references and copies of identification documents. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. However we found that the application forms in the three files we looked at did not detail a full employment history, including a written explanation for any employment gaps. This is required by law. This meant people were at risk of being cared for by unsuitable staff.

This was a breach of Regulation 19 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

People we spoke with told us they felt safe at Elizabeth House. One relative told us "I don't worry, [resident] is very safe here."

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding and were able to tell us signs of abuse, what they would do if they suspected abuse and who they would report it to. Training records showed that all staff had received training in safeguarding. Staff we spoke with told us they were confident they would be listened to and that the registered manager and deputy manager would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with were aware of the policy.

We looked around the home and found the communal areas, toilets and bedrooms were clean and free from offensive odours. Since our last inspection the home had been re-decorated, the kitchen work surfaces had been replaced. New non slip flooring had been fitted in the communal areas and the kitchen. The home was well decorated and bright. Furnishings were in good condition. The registered manager told us all bedrooms had an en-suite toilets. The bedrooms we looked at were spacious and contained lots of personal belongings and photographs.

Everyone we spoke with told us there were sufficient staff to ensure people received the support they needed. One staff member told us "We have time to sit down and talk to people."

During our inspection we saw sufficient staff were available to provide the care and support people needed in an unhurried and relaxed manner. Call bells were answered promptly and staff responded in a timely manner to requests for support. Staff we spoke with told us cover for sickness and leave was usually provided by permanent staff completing extra hours. Examination of the rotas showed us staffing levels were usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff.

We looked to see if people received their medicines safely. We found that people were receiving their medicines as prescribed. We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and action to take if someone refused to take their medicines. We found that protocols were in place to guide staff on administration of "as required" medicines.

During our inspection we observed medicines being given by a senior member of staff. We saw an explanation was given to each person; medicines were given appropriately and with a drink.

We looked at twelve medicines administration records (MAR). They all contained a photograph to help staff identify people. We found that all records were fully completed to confirm people had received their medicines as prescribed. Records showed that all staff responsible for administering medicines had received medicines management training. The registered manager told us that part of the training included a test of competency. We saw that three of the four staff currently administering medicines had undertaken a further competency assessment in the last four months. We were told that a competency for the fourth person who had completed the training within the last year was planned for the following week.

We found that medicines, including controlled drugs were stored securely and only authorised and suitably qualified people had access to them. A record was kept of medicines returned to the pharmacy. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly.

We looked at three people's care records. We found that these records identified the risks to people's health and wellbeing including falling, bathing, manual handling, the prevention of the formation of pressure sores and eating and drinking. Guidance for staff to follow about how to manage identified risks in order to promote people's safety and independence was also included in the care records.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. These included electrical appliances and beds, hoists, medicines, chemical and cleaning products, window restrictors and legionella.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The plan informed managers and staff what to do in the event of such an emergency or incident and included; loss of gas, electricity, heating, water, breakdown of essential equipment, catering disruption and severe weather.

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

We saw there was a 'job' book that was used to report repairs or maintenance that was needed within the home. We saw that notes were made in the book when repairs had been completed.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and Personal Emergency Evacuation Plans (PEEPS) had been completed. Records showed that all staff had received training in fire safety awareness. We found an oxygen cylinder was stored in a cupboard that should have been locked, but had been left open. This presented a risk to people's health and safety. The registered manager told us the cylinder is no longer needed and was waiting to be returned. The registered manager has since confirmed the cylinder had been returned.

We saw that the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how any incidents should be recorded. Records we looked at showed us accidents and incidents had been recorded and a deputy manager reviewed them regularly look at action taken and identify lessons that could be learned.

We saw that the service had an infection control policy and procedure. This provided guidance for staff on how to prevent the spread of infection including; effective hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff we spoke with told us PPE was always available and used. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that all staff had received training in infection control.

Our findings

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. When they lack mental capacity to make 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 when it is in their best interests and legally authorised. The application procedures for this 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. We found the service was working within the principles of the MCA.

People's care records contained evidence that the service had identified whether the person could consent to their care and was following correct procedures when applying for DoLS authorisation. At the time of our inspection an authorisation for DoLS was in place for 12 people who used the service. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. The registered manager told us that applications for DoLS had been made for another three people who used the service. Prior to our inspection we looked at our records and found that the service had notified CQC of the authorisations, as they are required to do. Records we looked at showed us all staff had received training in MCA and DoLS. The registered manager and staff we spoke with demonstrated an understanding of MCA and DoLS.

Care records we reviewed contained information about each individual's capacity to make particular decisions. We saw that where appropriate relatives had been consulted about people's wishes. Where necessary we noted that multi-disciplinary best interests meetings had taken place.

During our inspection we looked to see if staff had received the induction, training and support they needed to carry out their roles effectively.

The registered manager told us new staff completed the 'Care Standards Certificate'. This was a twelve week induction which included information about the individual staff member's role as well as policies and procedures. During the induction staff were required to undertake all mandatory training courses and to complete a work book to demonstrate their knowledge and understanding. One staff member we spoke with said of their induction "I loved it."

The homes co-ordinator told us they kept a training matrix. We saw this was a record of all the training staff had received. This included; emergency first aid, food hygiene, dementia awareness, end of life care, equality and diversity, health & safety, moving and handling, good record keeping and person centred care. Staff we spoke with told us about the training they had received. Staff personnel files we saw contained certificates for the training they had completed.

We asked the deputy manager what systems were in place to ensure staff received the support they needed. They told us that staff received supervision three times per year and an annual appraisal. Staff meetings were arranged if needed. Records we looked at showed us that staff had undertaken an appraisal and staff were receiving regular supervision. We saw that a team meeting had been planned for the week of our inspection. Staff we spoke with felt supported in their roles. One said "There is always a manager or senior to talk to."

We looked to see if people were provided with a choice of suitable and nutritious food. People we spoke with told us they enjoyed the food. One person who used the service said the food was "Very good." Another said "I don't go hungry." There was a three week rolling menu. We found there were sufficient supplies of fresh, frozen and dried goods. We observed breakfast and lunch time meals. People were told what food was on offer and invited to choose. At lunch time one person did not want what was being offered and we heard staff offer an alternative. We found the meal times were unhurried and saw staff provided appropriate support where required. We saw that people were encouraged to eat their meals independently where possible.

We found the kitchen was clean and tidy. It had received a 5 star rating from the national food hygiene rating scheme in October 2014 which meant they followed safe food storage and preparation practices. We saw the cook had recently received training in food hygiene. Checks were carried out to ensure food was stored and prepared at the correct temperatures. We found the cook had good knowledge of people's likes and dislikes and details of people's food allergies or special dietary requirements. We saw that people's preferences were respected. One person preferred a light lunch and larger evening meal, the cook arranged for this each day.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores.

Care records we looked at showed that people had access to a range of health care professionals including; doctors, chiropodists, district nurses and an optician.

A visiting health care professional told us they had no concerns about the service. They said that when the service had concerns about people's health they referred them through in a timely manner and any advice given was followed. They said the service was "very good" at documenting people's medical conditions and any changes following treatment.

The care records we looked at included a hospital transfer form. This included important information about the person's medical conditions and was given to health care professionals if the person needs to go to hospital. We found this was detailed and contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care and support the person in the way they preferred.

Our findings

All the people we spoke with during our inspection spoke positively about the staff and the care and support they received.

One person who used the service said "Staff are very nice" and another said "I have no complaints." A staff member was described by one person who used the service as "A little princess." People told us their choices were respected. One person said "You can get up when you want and go to bed when you want."

Relatives we spoke with said of the service; "It's personal", "It's warm and friendly", "It's a home from home" and of the staff "They treat everyone like family." We were told "We love coming, we are putting our names down." Another relative said "They staff are very good; they are responsive, respectful and thoughtful." Another said, "They are warm and caring; everyone is looked after as an individual." One relative told us that "When my [relative] was in hospital the managers visited [relative] there."

During the inspection we spent time observing how staff interacted with people who used the service. We saw positive interactions between staff and people who used the service. We found staff were caring and took time to listen to people, they spoke fondly about people who used the service. We saw staff respond to people in an unhurried manner. One staff member told us " It's really nice, homely, not clinical; the residents have a laugh"

The staff and registered manager knew people well and had a good knowledge of people's likes and dislikes and their care needs.

The registered manager told us the home had an open door policy to people's visitors. Relatives we spoke with said they were made to feel very welcome.

We saw that all bedroom doors were decorated to resemble a front door and had a door number and a letter box. Each door was painted in a colour of the person who used the service had chosen. We saw that outside each bedroom there was a photograph of the person and their name. This helped people recognise which their room was theirs and also helped to make the room feel more personal.□

The registered manager told us the home was part of the "Six steps" approach to end of life care. Care records we looked at showed that people had discussed their wishes about how they wanted to be cared for at the end of their lives. We saw that where appropriate relatives had been involved.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.



Our findings

A relative told us they were happy with how their relative was supported by the service, "[Relative] loves it, we never thought [relative] would settle"

The registered manager told us that prior to someone starting to live in the home a pre-admission assessment was completed. This meant the service could ensure people were suitably placed. The care records we looked at contained a pre-admission assessment which had been completed before people starting to live at the home. We saw that the information was detailed and was used to develop care plans and risk assessments to guide staff on how best to support the person.

We looked at the care records of three people who used the service. We found the records were detailed and person centred. The records included a picture of the person and details of the person's life history. They included important information about the person's health conditions and allergy's. They informed staff of people's social history, personal preferences, likes and dislikes interests and hobbies in order to promote person centred care. The records we looked at were sufficiently detailed to guide staff on how to provide the support people needed.

We found that care records had been reviewed and changes were made when people's support needs changed. The care records we saw contained evidence that people and their representatives had been involved in developing the care plans and risk assessments. Relatives told us "They involved me right from the start."; "They spoke to me at great length about the care plans." One said "They let you know if anything happens." Another told us "They tell me how [relative] has been."

We were told that staff were made aware of changes in peoples support needs during the handover that happened each morning. We saw that records were kept of the handover. There was also a communication book which was used to inform staff of important daily events and appointments for people who used the service.

We asked the registered manager about the activities available for people who used the service. We were told activities included; bingo, quizzes, arts and crafts, singalongs, jigsaws and beauty treatments. There was a hairdresser who came every week and a singer that came every four weeks. The service also organised parties and events for specific festivals and celebrations. We saw that these had included Mother's day, Easter, Christmas and a summer fete. We were told that the service was planning a "Pub lunch" to celebrate St. Patrick's day.

One staff member told us they used memory cards and go through reminiscence books with people. These contained pictures of people and events that had occurred when the people were younger and are used to prompt people to remember and talk about past times.

People we spoke with told us they enjoyed the activities. Relatives we spoke with told us they looked forward to the social events and were encouraged to join in. One said of the variety of activities, "They are enough for my [relative]." Another said of the staff "They are always dancing and singing with [relative]."

The registered manager told us the home had links with a local school. Each week a teacher and children from the local school came and did art and craft activities with the residents. They were visiting on the day of our inspection. We saw that people who used the service enjoyed the activities and enjoyed chatting with the children. We saw that the children had been given prompt cards that gave them ideas of things to talk about with people. We were told the school choir had also performed at the home at Christmas.

We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also told people what they could do if they weren't happy with how the service had dealt with their complaint. We saw this was displayed in the entrance area and throughout the home. Records we saw showed that there was a system for recording complaints and any action taken.

Our findings

The service is required to have a registered manager in place. There was a registered manager in place at Elizabeth House. A registered manager is a person who has registered with the CQC 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.

People we spoke with said the registered manager was approachable. One said "You can talk to her at any time." One relative said of the registered manager "She's lovely", another said "She's like family, she's down to earth."

People we spoke with were positive about the registered manager and deputy manager. They said they were "Open and honest." A relative we spoke with said "They are so busy but they always make the time.", "They go the extra mile." Another said "You could not wish for a better service." Staff said of the managers "They are really nice; they help out when we need it." Another said "They are professional, but they are friendly as well." and "They are always looking at different things for the residents."

Staff we spoke with were positive about working for the service and felt supported in their work. One said "I enjoy my job"; "It doesn't feel like coming into work", "It's like a home from home." They told us, "It's a nice place to work" and said, "It's a good fun place to work."

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of accidents, incidents, safeguarding allegations and DoLS applications. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We found there was a good system of quality assurance. There were a number of weekly and monthly checks and audits including; cleaning, health and safety, medicines, care records, daily recordings and charts. Policies and procedures were developed for the service by an external company and we saw they were reviewed and updated regularly.

The registered manager told us they had given out a satisfaction survey to find out what people thought of the service and how it could be improved. They had only received four completed forms, 98% of answers had said the service was good. The registered manager told us that they had now purchased a new

electronic system that would make it easier for people to give their views. This would be placed in the entrance hall so that everyone could access it and would ask questions on different aspects of the service each month. We were told that this information would then be used to guide improvements and action would be fed back to people.

The registered manager also showed us that they use social media to inform relatives about important events and developments within the service. The home was also a member of an online site that allowed people to review care homes and the service they provided.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating from the last inspection in the reception area and on the service website.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.