

The Sheffield Royal Society For The Blind Cairn Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out this inspection on 9 August 2016. The inspection was unannounced. This meant no-one at the service knew that we were planning to visit.

Cairn Home was last inspected by CQC on 13 May 2014 and was compliant with the regulations in force at that time.

Cairn Home is a purpose built residential home that is registered to provide accommodation for up to 30 older people, some of whom may have visual impairments. It is located in the Crosspool area of Sheffield and is close to local amenities and bus routes. On the day of our inspection there were 29 people using the service.

There was a manager at the service who was registered with CQC. 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. The registered manager and the senior assistant manager had both worked for the service for over 20 years.

People living at Cairn Home and their relatives told us they thought the service was very good. Comments from people included, "I feel safe and secure" and "I would never be anywhere else." Recent questionnaires completed by friends and relatives held only positive comments about Cairn Home.

All staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by management

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

The service had a safe and effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were sufficient numbers of staff employed in order to meet the needs of the people who used the service. We saw staff had some time to spend chatting with people during the day.

Staff were suitably trained to carry out their job roles effectively. All staff had training in understanding and supporting people with visual impairments.

Staff told us and records showed that they received regular supervisions and appraisals. Staff told us they found these meetings useful and they felt supported by management.

People living at Cairn Home told us they enjoyed the variety of food and drinks available to them. We saw there were different options available at every mealtime, and drinks and snacks were served throughout the day.

We saw the home was clean and freshly decorated. People told us the cleaners were good and came every day. People were also very complimentary about the laundry service.

There was a range of activities on offer to people living at Cairn Home. The service had its own mini bus so staff were able to take people out on trips to local amenities and further afield.

People who lived at Cairn Home, and their relatives, were aware of how to make a complaint. However there had been no formal complaints recorded at the service.

Processes were in place to monitor the quality and safety of the service. The registered manager had taken action where appropriate to resolve any issues raised effectively and in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People living at Cairn Home told us they felt safe.

We found systems were in place to make sure people received their medicines safely and that they were stored securely.

Staff told us they had safeguarding training and understood what they needed to do to if they suspected a person may have been abused.

Staffing levels were appropriate to meet the needs of people who used the service and the service had an effective recruitment and selection procedure in place.

Is the service effective?

Good ●

The service was effective.

People told us they enjoyed the food and drinks at Cairn Home. They told us the food was good and there were plenty of options.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to a wide range health and social care services and received on-going support to access these services.

Is the service caring?

Good ●

The service was caring.

People living at Cairn Home and their relatives told us that the service was caring.

Staff knew what it meant to treat people with dignity and respect and we saw people had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

There was a range of activities available to people to join in if they wanted to. Staff also had some time to spend talking, reading and playing board games with people.

People's care records were up to date and regularly reviewed. They reflected the person's current health and social care needs.

The service had a complaints policy and procedure in place and people knew how to make a complaint if they need to.

Is the service well-led?

Good ●

The service was well-led.

People living at Cairn Home and staff working there told us the registered manager and the management team were approachable and supportive.

People living at Cairn home, their relatives and friends, and staff working at Cairn Home were regularly asked for the views. We saw that any concerns and suggestions were considered and had been acted upon.

The service had quality assurance systems in place and up to date policies and procedures which reflected current legislation and good practice guidance.

Cairn Home

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 inspection took place on 9 August 2016 and was unannounced. The inspection team was made up of two adult social care inspectors.

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service. They told us they had no concerns about this service.

During the inspection we spoke with five people who lived at the service and four relatives or friends who were visiting during our inspection. We spoke with two visiting health professionals. We met with the registered manager and senior assistant manager. We spoke with an additional five members of staff. We spent time looking at written records, which included four people's care records, four staff files and other records relating to the management of the service. We spent time observing the daily life in the service including the care and support being delivered by staff. We checked the medication administration records for people living at Cairn Home.

Is the service safe?

Our findings

People living at Cairn Home told us they felt safe and secure. One person told us, "[Staff are] good, honest and trustworthy. It feels safe."

One relative said, "It's absolutely safe. I have never seen anything of concern. [Staff have] welfare of residents at heart."

We checked whether medicines were stored safely and at the correct temperatures to ensure optimal effectiveness. We saw that medicines were stored securely in a locked room. Some people supported by the service were prescribed medicines referred to as controlled drugs (CD). CDs are controlled under the Misuse of Drugs legislation. We saw these were stored separately in a locked cupboard in the medicines room. Each person prescribed CDs had their own record book and we found they were fully completed, up to date and stock balances were accurate. We saw that temperatures were recorded each morning for the medicines room and fridge. They were within safe limits. There was a gap in recording for the three days prior to our inspection, however temperatures had been recorded again on the day of our inspection. Overall, this meant people's medicines were stored safely and securely.

We checked whether people were given their prescribed medicines at the right time. We looked at Medication Administration Record (MAR) charts and observed some medicines being administered at lunchtime. There were no signature gaps in any of the charts we looked at. The meant senior members of care staff had signed to say they had given a person their medicines and they had taken them. Some people living at Cairn Home took responsibility for taking their own medicines and we were told these were stored securely in a locked drawer in the person's room. Other people chose to take their medicines away after meals to take in their rooms, when this was the case it was recorded as the medicines were made available to the person as it wasn't possible to record whether they had taken them or not.

Boots pharmacy provided prescribed medicines to the service. They undertook audits every six months to check medicines were stored properly, administered correctly and disposed of appropriately when no longer required. Their most recent audit had identified that the service didn't have a process in place to ensure on-going competency of staff with regard to the administration of medicines. The registered manager told us the service did have a rigorous process in place for checking staff competencies, namely that weekly audits were completed internally with any errors investigated and if appropriate the staff member concerned being retrained. These audits were all documented. However, because the medicines administration staff were long serving, experienced staff there were very few errors to investigate.

The service had an up to date safeguarding policy and a whistleblowing policy. Whistleblowing is when a member of staff raises a concern about wrongdoing at their place of work. Staff we spoke with knew this and were confident any concerns they had would be taken seriously by management. Staff told us they had received training in safeguarding vulnerable adults from abuse. The training records we were shown confirmed this. All staff we spoke with were able to tell us what abuse was and how they would recognise it. Again they were confident their concerns would be taken seriously by management.

The service also employed a part time member of staff specifically to lead on safeguarding and mental capacity issues. This member of staff met separately with every person living at Cairn Home every three months to discuss any safeguarding concerns they may have. We saw completed forms recording these discussions on people's care records. We were told there were no records of any recent safeguarding concerns at Cairn Home and our checks with the local authority safeguarding team confirmed this was the case.

We asked the registered manager how they calculated how many staff were required on each shift to meet the needs of the people who lived at Cairn Home. We were told there were usually six care staff employed during the day including one team leader. In addition there were two cleaners, a laundry assistant, a cook and kitchen assistant employed each day. The managers were supernumerary (in addition) to the care and ancillary staff. The registered manager told us they employed staff based on the current level of needs of the people living at Cairn Home and this was reviewed every month at the manager's meeting. We saw written evidence of this.

We saw there were enough staff to meet people's needs. At times they were busy, but no one was left waiting, call bells were answered promptly. People told us there was enough staff to meet their needs. Staff we spoke with agreed there was enough staff and they confirmed they did have times when they could sit and talk with people or play board games.

Risk assessments were in place for people living at Cairn Home. Those seen described potential risks and the safeguards in place to reduce the risks. Risk assessments were personalised to each area of identified need, for example 'mobility' and 'general health.' This meant the service had taken seriously any risks to people and put in place actions to reduce the level of risks to people.

The service kept an accident and incident log book. We saw that the information held here correlated with information held on the person's care record. The action taken was recorded on the care record but not in the log book. There was no overall analysis of the accidents and incidents recorded which would have identified any trends and any actions that could be taken to reduce the risk of them happening again.

We saw the home was clean and freshly decorated. People we spoke with told us their home was kept clean, with cleaners coming in every day. People also told us the laundry service was excellent. The service had a thorough infection control audit system in place. We saw records of regular room and environment checks. Rooms were cleaned daily with a more intense 'deep clean' at least every three months. Any actions required were recorded and then signed off alongside the date they were completed.

Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires certain information and documents to be obtained to demonstrate a thorough recruitment process has been followed to ensure fit and proper persons are employed. This includes evidence of a disclosure and barring (DBS) check taking place and satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care or children or vulnerable adults. Where a person has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable is required as to the reason why that person's employment ended. The four staff files we looked at contained all the information required to evidence that the service followed safe recruitment practices.

The service employed several long standing members of staff, with over 10 years of continuous employment. These staff had the equivalent of a DBS check when they started work but it wasn't the policy of the service to redo these at any time. The registered manager told us this issue had been discussed at a

recent governance meeting with the registered provider. The decision was made that it was the member of staff's responsibility to update their manager if they received any criminal convictions after starting their employment.

The registered manager was responsible for managing small amounts of money for some of the people living at Cairn Home. Some people chose to manage their own money and they had locked drawers in their rooms to store any cash and financial records safely. The registered manager kept an individual financial record for each person who could access funds from a petty cash float. We checked the financial records and receipts for two people and found they detailed each transaction, the money deposited and the money withdrawn by the person. The records were signed and up to date. The manager told us the financial records were audited every month. This showed that procedures were followed to help protect people from financial abuse.

Is the service effective?

Our findings

People told us they enjoyed the food served at Cairn Home. Comments included, "Meals are very good, plenty of choice," and "the food really is very good."

We observed lunch being served to people. The dining room was light and airy. Tables were laid with clean, cloth tablecloths and serviettes. There were condiments on every table. We saw that people were offered a variety of different drinks and there were jugs of water on the tables. Not everyone ate in the dining room, some people chose to eat in their own rooms and the service was able to accommodate these preferences.

We saw staff encouraging people to eat where appropriate. Some people needed guidance as to where their drink or cutlery was placed and we saw care staff gently guide people to what they needed on the table, and describing what was on their plate.

During the afternoon care staff took the menu to people and they were asked what they wanted to eat for each meal the following day. We saw there was a three week cycle of menus with options to choose from at every meal. People could have a cooked breakfast every morning if they wanted to. The main meal of the day was served at lunchtime and there were two options. We were told fresh fruit was often included as an option for dessert. We saw there were always 'lighter bites' to eat on offer, for example a salad or omelette. This meant people could eat something else if they changed their mind about what they had selected the day before.

Staff provided drinks from a trolley three times a day offering a variety of drinks and snacks; we were told sherry was a popular choice during the afternoon. People could also request a drink or something to eat at any time.

We were told that staff met with people specifically to go through menus approximately every six months. In addition we saw written records that food was discussed at resident's meetings. Kitchen staff told us there were no specific restrictions on what they could or couldn't order and were able to give examples of when new foods were tried at the request of people living at Cairn Home, for example asparagus.

We saw comments from staff questionnaires had been considered by the registered manager. Some staff had commented that the dining room could be disorganised with care staff trying to assist people to tables and serve food. As a result of this the registered manager was currently trying a new system where the same member of care staff was responsible for managing the dining room during busy mealtimes as part of their shift. Staff told us this was working well and we saw that lunch was a relaxed and social occasion.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 did not observe any restrictions in place at Cairn Home. There was a keypad code required to enter the building but no codes or keys were required to leave. This meant that no-one living at Cairn Home was deprived of their liberty.

The registered manager had applied for DoLS authorisations for two people living at Cairn Home. These people had not yet had a best interest assessment so the outcome and therefore any conditions of any authorisation were unknown at the time of our inspection.

Most of the people living at Cairn Home did have capacity to consent to their care and treatment. We saw this was recorded in their care records. People had signed their consent to various decisions, for example consent for the service to hold photo ID. We saw a relative had signed consent on behalf of their family member but there was no record of any best interest discussions to support this. We discussed this with the registered manager who confirmed the person concerned did have capacity and their care record would be updated to reflect this.

Care staff we spoke with understood the principles of the MCA and what it meant in practice. Staff told us they had received training in this area and training records we saw confirmed this.

We saw new care staff had a thorough four week induction to their job and this was signed off as completed and understood after four weeks. Staff were issued with an employee handbook containing essential information, and key policies and procedures. New care staff were also supported to complete the 'Care Certificate' where appropriate. The 'Care Certificate' is a standardised approach to training for new staff working in health and social care. Where care staff had previous experience of care work we saw that they had been assessed as knowledgeable and competent in each area the certificate covers.

Staff we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. This included: food hygiene, safeguarding and safe manual handling techniques. All staff received training on supporting people with visual impairments. Training records confirmed this.

Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We were told by the registered manager that supervision should take place every two months for care staff and every six months for ancillary staff. Staff we spoke with told us they had regular supervisions and yearly appraisals. The staff files we looked at held written records of supervisions and appraisals taking place as often as they should.

This meant staff members were aware of their roles and responsibilities and had the relevant skills, knowledge and experience to support people living at Cairn Home.

We saw the design and adaption of the premises was suitable for people with visual impairments and/or difficulties mobilising. There was a lift installed. Taps and other facilities in bathrooms were clearly defined in bold colours. Rails along the corridors were coloured red to distinguish them from the pale coloured

walls, and appropriately patterned carpets were in place to define corridors. There were several lounges accessible to everyone living at Cairn Home, some had TVs, others were quiet rooms or had radios available.

Care records showed that people had access to a wide range of health and social care professionals. For example, we saw that GPs, dentists and community nurses visited people regularly. We spoke with two visiting health professionals during our inspection and they were very complimentary about the care provided at Cairn Home.

Is the service caring?

Our findings

People living at Cairn Home told us the staff were caring. Comments included, "Staff are very good, caring and competent. We have a laugh. I don't know how they managed to find them," "You can talk to them in the middle of the night, staff are so patient" and "I prefer a bath. I can have a bath whenever I want, I feel safe [with staff]."

We saw the responses to a recent relative questionnaire which included the comments, "The ethos at Cairn is excellent. Residents are shown respect and genuine care" and "Staff are excellent, nothing too much trouble, well trained and go the extra mile." 17 relatives returned a completed questionnaire. In every case they rated resident's care as 'very good.' This was the highest rating they could choose. All but one relative rated the staff as 'very good,' with the other relative rating staff as, 'good.'

The relatives and friends we spoke with during our inspection were also complimentary about the care people received at Cairn Home. One person's friend told us, "A1. Wouldn't find better anywhere, all lovely girls, not come across one with a cross word."

Comments from visiting health professionals included, "Staff are great, really helpful. Very attentive to patients" and "One of the best care homes I have visited over 20 years of community nursing."

Staff we spoke with understood what it meant to treat people with dignity and respect, They were able to give us examples of how they would do this, including knocking on doors before entering and discreetly supporting people who needed assistance to get to the toilet. We saw staff clearly knew people living at Cairn Home well. They were able to describe people's preferences and what they liked to do. One person told us, "They respect you as people, you can come and go as you please, just let them know."

On people's care records we saw they had signed a written record of a discussion regarding their preferred way to be addressed. This included whether they were happy with staff using terms of endearment to address them, for example, 'love' or 'darling.' One person told us, "I think it's nice to be called by your name. They've took notice of that. I don't like [being called] darling."

During our inspection we saw people's bedrooms were personalised, and contained their personal effects such as photos and pieces of furniture. One person said, "You can bring your own bits and bobs here, even your own bed [if you want to]." We saw staff laughing and chatting with people, this created a warm and homely atmosphere throughout the home. Visitors were welcomed by staff at all times during the day and offered refreshments.

People told us the service also arranged for members of local religious communities to visit Cairn Home. This meant people could continue to practice their faith if they wanted to.

Every member of staff and relative we spoke with told us they would recommend Cairn Home to anyone needing the type of care it provided. One member of staff told us, "[I am] proud to work at a place like this."

Is the service responsive?

Our findings

There was an activities timetable on display in reception, although the writing was quite small making it difficult for someone with visual impairments to read. The registered manager explained the timetable was primarily for visitors to Cairn Home so they could encourage their friend or relative to participate in any activities they may enjoy. We were told this was updated every week.

The service employed a part time activities coordinator and had a mini bus. Several members of staff were insured to drive the bus. During the afternoon of our inspection some people went for a trip out on the bus to an ice cream café in the Peak District. This wasn't pre-arranged and was suggested as it was a warm and sunny day. We were told this often happens as well as pre planned full day trips out. We were told there had been a recent trip to Cleethorpes and a trip to the theatre was planned for later in the year.

Care staff also engaged in activities with people. These included playing board games, quizzes and bingo. Staff also read aloud to people from newspapers. We saw staff had some time to sit and talk with people. The home had a well maintained garden that was accessible to all people and their friends and relatives. One person told us, "[We have] a lovely garden and had a lovely BBQ for the Queen's [90th] birthday."

A regular newsletter was produced by one of the assistant managers with some of the people living at Cairn Home. We saw it contained information about any upcoming changes to staffing so people would know which members of staff were going on leave or training. It also shared personal good news stories about staff and people living at Cairn Home. As well as suggesting new foods to try and ideas for future activities and trips out. Interesting news stories which might be of interest to people were also included in the newsletter.

Care records we looked at contained information about the person's social history and their likes and dislikes, as well as information about the person's current health and social care needs. They contained contact details of other professionals involved in the person's care and a record of any contact with these professionals. We cross referenced information on some people's care records with the information on their MAR chart and what was recorded in the daily communication logs. We found that this all correlated, for example we saw the medicines the person was prescribed on their MAR chart were the same as those referenced in their care record. Where a person had a fall this was recorded in their care record, the daily communication logs, and the accident and incident book. This meant care records were up to date and an accurate reflection of the person's current needs.

We were told and we saw that care records were reviewed monthly, alternate months involved the person themselves with the other month being more of a care plan audit undertaken by one the assistant managers. Some the reviews we looked at were recorded with only brief entries, for example 'reviewed,' with no further evidence of any discussions detailed in the care records. We spoke to the registered manager about this and they agreed they needed to consider recording more detail, including the person's views at future care record review meetings.

We saw there was a complaints policy on display in the reception area. This gave details of who to contact to make a complaint and who to contact if people were unhappy with the original response. In the previous 12 months CQC had not been notified of any complaints by the registered manager and he confirmed that he had not received any complaints at all in at least the last three years.

People told us and we saw that the registered manager was approachable and responsive to people. One person living at Cairn Home told us, "If I really wanted to complain, I'd ask to see someone from the office. It's run well."

Is the service well-led?

Our findings

People living at Cairn Home and staff working there told us the management team were approachable and supportive. One person told us, "It's very well run here."

Staff we spoke with told us that management were very supportive. One member of staff said, "[I] can't fault management and colleagues at all."

We saw there was a robust management structure in place led by the registered manager. There was also a senior assistant manager and two assistant managers. Each manager had clearly defined roles and responsibilities.

People who lived at Cairn Home were asked for their views. We saw there were resident's meetings held approximately every three months. We saw minutes from a recent meeting which recorded people's comments and menu suggestions. All the comments were positive.

The registered manager told us he was supported by the registered provider and he attended regular governance meetings with members of the registered provider's senior management team. The management team at Cairn Home met every month. The managers met with team leaders every three months and staff meetings with all staff were also held every three months. We saw minutes from all meetings held in 2016 to date. We saw that the minutes recorded discussions held and any actions to be taken as a result. Any outstanding actions were then followed up at the next meeting. Minutes were shared with staff who were unable to attend the meetings.

We were told staff were also asked for their views during their supervisions and we saw there was a yearly staff questionnaire. In addition, people's relatives and visiting professionals were also asked to complete a questionnaire each year. None of the responses to any of the questionnaires we looked at were negative.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us a member of the management team tried to undertake a daily walk around audit on health and safety and the environment. We saw records of the 'Manager's daily observations of the Home' which did take place almost daily, occasionally there was gap of two or three days. We saw any actions required were recorded and signed off when the action was completed.

We reviewed the service's policy and procedure file, which was available to staff in the main office downstairs. The file contained a wide range of policies and procedures covering all areas of service provision relating to both people living at Cairn Home and the staff that worked there. We saw the policies and procedures were up to date and regularly reviewed. This meant they reflected current legislation and good practice guidance.

We checked the maintenance records for the premises and equipment were satisfactory and up to date. Portable Appliance Testing (PAT), legionella testing, gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place monthly, and fire extinguisher checks were up to date.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.