Cardell Care Limited

Rebe

Inspection report

41 Holbeach Drive
Kingsway
Gloucestershire
GL2 2BF

Tel: 01452722125
Website: www.cardellcare.co.uk

Date of inspection visit:
19 July 2016

Date of publication:
18 October 2016

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

The inspection took place on 19 July 2016. This was an unannounced inspection. The service was last inspected in January 2014. There were no breaches of regulations at that time.

Rebe provides accommodation for up to three men or women over the age of 18. People may have a learning disability and/or a mental health diagnosis. There were three people living at Rebe at the time of the inspection.

There was a registered manager at the service at the time of our inspection. 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 service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS).

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained peoples dignity.

The service was responsive. Care plans were detailed; person centred and provided sufficient detail to provide safe, high quality care to people. Care plans were reviewed regularly and people were involved in the planning of their care. Staff had made considerable effort to get to know people and support them to engage in the activities they liked. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about management.

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 were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage was safe.

Staffing levels were sufficient.

Is the service effective?

Good

The service was effective

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People and relevant professionals were involved in planning their nutritional needs.

People had sufficient levels of food and drink and this had been recorded.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

People were listened to and supported to take part in a choice of activities.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

The service had a robust complaints procedure.

Is the service well-led?

Good

The service was well-led

Regular audits of the service were being undertaken.

The registered manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

Rebe

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 inspection which was completed on 19 July 2016. The inspection was completed by an adult social care inspector. The previous inspection was completed in January 2014. There were no breaches of regulation.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with three members of staff and the manager of the service. We spent time observing people and spoke with two people living at Rebe. We spoke with two relatives to obtain their views about the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Rebe. People used comments such as, "I feel safe here", "The staff are very good" and "I am good here". Relatives told us they felt their relative was safe and comfortable at Rebe and had good relationships with the staff. We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency rechecked annually to ensure they were aware of their responsibilities and understood their role. Each member of staff had a direct observation of their practice. The registered manager informed us how this was done discreetly in order to provide an accurate gauge of staff competency. Clear records of medicines entering and leaving the home were maintained. The deputy manager completed a monthly audit of medication followed up by an annual audit from an external pharmacy.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. For example, one person indicated a preference to ride their bike in the community. There were clear guidelines for staff to assess the risk to this person as they were at risk of becoming over stimulated which could result in falls. Another person was at risk of malnutrition and their risk assessment contained clear guidelines for staff to check the bin after every meal to ensure food was eaten rather than thrown away and to also support this person with multi vitamins. Another person would become anxious when visiting new places so there were clear guidelines for staff to only visit 1-2 new places a week to manage the anxiety levels.

There were sufficient numbers of staff supporting people living at Rebe. This was confirmed in conversations with staff and the rotas. Relatives commented on how they felt the home was sufficiently staffed. One relative commented "There are always enough staff on duty". The registered manager informed us an 'on call system' was operated. The registered manager and deputy manager were available to support out of hours in the case of an emergency. Staff informed us they felt there was a quick response to any call for support and found the registered manager and senior staff always willing to support.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The registered manager informed us how each member of staff had a recruitment checklist in their file to ensure all of the relevant documents had been seen prior to the person

commencing their role.

The service had a staff disciplinary procedure in place. This showed the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report safeguarding concerns to the registered manager or team leaders. Procedures were available for staff to follow and contact information for the local authority safeguarding teams. All staff had received appropriate training. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

Staff told us there was a quick response to maintenance and repairs. Records were kept of all issues requiring work. When looking at the reports there was evidence of prompt responses to maintenance requests.

The premises were clean and tidy and free from odour, cleaning was the responsibility of all staff during their shifts. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us the home was clean.

Good

Is the service effective?

Our findings

Staff had completed an induction when they first started working in the home. This included spending a day with the registered manager who would talk the staff member through all of the policies and procedures at the home as well as going through the care files of each person living at the home. The registered manager informed us this was important as it ensured each member of staff had a good knowledge of the policies and detailed knowledge of people's needs. Staff were also required to complete two shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff informed us they had found the shadow shifts a 'very good learning experience'. Staff also said they were encouraged to request further shadow shifts if they felt they needed them.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. The manager informed us staff had access to e-learning.

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. 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. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Everyone living at Rebe had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The registered manager and staff in the home demonstrated a clear understanding of the DoLS procedures.

Staff had received regular supervision. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and felt they could discuss any issues with the registered manager who was always available. Staff told us they felt they did not have to wait for their supervision to discuss any issues with the registered manager or team leaders. There was evidence staff received annual appraisals.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed a staff member talking with one person about what they would like to do that afternoon. From our observations and discussions with staff it was evident they knew the needs and preferences of the people using the service. When speaking with staff regarding the people in the home,

we were given detailed accounts of peoples' daily routine as well as their likes and dislikes.

The registered manager informed us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with informed us they were consulted in relation to the care planning of people using the service.

The registered manager informed us they used evidence from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, one person displayed behaviours which were challenging to staff when they first moved to the home and was also very anxious about the restraint which had been used against them in their previous home. The registered manager liaised with professionals from the Community Learning Disability Team (CLDT) and it was determined this person had an undiagnosed condition which caused this behaviour. Following on from this, the person's care plan was developed to ensure staff were supporting this person to meet their needs more effectively and restraint is no longer used against this person.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. Menus were developed during weekly house meetings and records evidenced people's choices were listened to. For example, one person wanted cheesy pasta and this was incorporated into the menu. On a different occasion, another person wanted chicken and mushroom pie and this was added to the menu.

One person we spoke with stated, "The food is good". One relative told us, "The food is of good quality and there is always enough to eat". Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.

People had access to a GP, dentist and other health professionals. The outcomes from these appointments were recorded and were also reflected within the people's care files.

Each bedroom was decorated to individual preferences and the registered manager informed us people had choice as to how they wanted to decorate their room. People and their relatives confirmed they were able to choose how their rooms were decorated. For example, one person's room had been decorated with the colours of the football team they supported. One person's representative stated. "They have tried at all times to adapt her surroundings to suit her and everything has always been very much person-centred". There was sufficient secure garden space which people could access if they wanted to.

Good

Is the service caring?

Our findings

We observed positive staff interactions and people were engaged. We saw examples of this throughout the inspection, where staff were present in communal areas and engaging with people. For example, we observed one member of staff sitting with a person and planning their activities for the following day.

There was a genuine sense of fondness and respect between the staff and people. People appeared happy and relaxed in staff company. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. People told us they felt staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. One person's relative told us, "Staff are sensitive and caring and try their best to meet my daughter's needs at all times".

Health care professionals we spoke with told us, "Staff provide a very high level of care to residents. I only hear positive feedback from family members". Another professional stated, "I have had no concerns regarding the home" and "I always find the staff very helpful when I visit".

Staff treated people with understanding, kindness, respect and dignity. For example, staff were observed providing personal care behind closed bedroom or bathroom doors. When speaking to staff, they were clear in their understanding of privacy and informed us they always knocked and sought permission before entering a person's room. This demonstrated staff were conscious of maintaining people's privacy and dignity.

People looked well cared for and their preferences in relation to support with personal care was clearly recorded. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. Words such as 'brilliant, fantastic, caring and compassionate' were used by relatives to describe the staff.

We observed positive staff interactions and people were engaged. Examples of this were observed throughout the inspection where staff were present in communal areas and engaging with people. For example, one person wanted to go out to buy an ice cream in the afternoon and staff supported this person. Later in the afternoon, this person once again requested to be taken to the shop to buy a drink and staff supported them.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Visitors were welcome any time and people saw family and friends in the privacy of their own rooms. One relative told us, "I enjoy coming here; I am always made to feel welcome". Another person told us they were able to visit when they wanted to. One relative stated, "There have never been any restrictions on visiting". One person's representative stated, "I have always been made to feel welcome, everyone has always seemed caring the house is always clean and fresh".

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people.

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly. Relatives told us they were able to visit when they wanted to.

One person would only communicate with staff through their doll when they first moved to the home and would regularly swear at staff and show aggression to them. However, over time, staff had built a trusting relationship with this person and they now communicated directly with staff and showed very little aggression. This demonstrated staff had taken the time to get to know the person and build a positive relationship which enabled open communication. Another person would initially only leave the home with their parents. However, staff persevered in building a trusting relationship with this person and they were now going out to activities with members of staff.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We observed the handover process on the day of the inspection. This was detailed and gave a good overview of what had happened in the previous shift. The daily notes contained information such as what activities people had engaged in and their nutritional intake so that the staff working the next shift were well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff also informed us they used monthly staff meeting to discuss the needs of people to ensure any changes to people's needs were known to the whole staff team.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke with indicated that they were happy living in the home and with the staff who supported them. People we spoke with stated they liked living at the home. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

The registered manager informed us weekly meetings took place to enable people to express their views and wishes regarding the service they received. One person informed us how they had requested a new cooker in one of the houses and this was promptly actioned.

The registered manager informed us people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to Rebe. The provider also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

People were supported on a regular basis to participate in meaningful activities. Each person had their own activities timetable detailing what they were doing during the week. Activities included swimming, going for walks, horse riding, attending social clubs and going out for a drive. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they were back at the home. One family member stated regarding their relative, "They have lots to do and they lead a very active life". Relatives said activities were suitable for people and there were sufficient activities taking place. Relatives felt people had a choice of activities and were able to do the things they enjoyed.

It was evident staff had made considerable effort to get to know people's interests and then support them to participate in these activities. For example, one person showed an interest in horse riding but they felt 'too afraid' to do this. This was recorded in their care file and a goal was set for this person to ride a horse. In order to achieve this, the person was taken by a member of staff who owned horses to their stables to observe the horses and spend time with them. Following on from this, the staff member supported this person to ride an electric replica horse at the equestrian club to enable them to build their confidence. Eventually the person was supported by the staff members to ride a horse. The registered manager informed us how this had taken patience and was achieved over a considerable length of time. When speaking with this person, their sense of achievement and success was clearly evident during the conversation. Staff also informed us how this had boosted the person's self-confidence in all areas of their life. We spoke with this person's representative who stated, "She is a very complex character and has made incredible progress. For example she now goes swimming and horse riding, activities I never thought she would be able to enjoy".

Another person wanted to ride a bike but they lacked confidence. Staff had spent time with this person to build their confidence and the person was now able to ride their bike independently. Staff informed us how this had given the person a heightened sense of independence and had also enhanced their emotional well-being. When speaking with this person, it was evident they were very proud of their achievement.

There was a complaints policy in place which detailed a robust procedure for managing complaints. Although no complaints had been made, the registered manager was able to detail how they would address any issues that were raised and this was in line with the complaints policy. Formal feedback was provided to the registered manager complimenting the care provided. People living at Rebe and their families were very complimentary of the care they received at the home. One person stated, "I have been very happy with the service provided to my daughter at Rebe".

Good

Is the service well-led?

Our findings

There was a registered manager working at the home. Staff spoke positively about them and felt the service was well-led. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager said they felt team meetings were important as they allowed the staff team to identify good practice as well as areas for improvement. The registered manager informed us they used staff meetings to discuss changes in the needs of the people living at Rebe and felt this was beneficial as it enabled them to respond promptly to people's changing needs as well as enabling staff to share their knowledge of how best to support people.

The staff described the registered manager as being 'very hands on'. We observed this during the inspection when the registered manager attended to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. One member of staff stated the registered manager would readily support people with personal care or any other aspect of their daily routine. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the service and were responsive to any requests made by relatives or representatives. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the management team.

Regular audits of the service were taking place. There was evidence that where issues had been identified they had been actioned. For example, one audit had recognised there was a gap in one person's daily notes. A clear action plan had been developed following the audit and there was evidence this had been completed by the time of the inspection. Another audit had recognised one person required a new curtain pole in their room. Following on from the audit, the work was completed promptly.

Annual surveys were sent out to people and their relatives. The feedback from these was positive. One relative stated, "The registered manager is always listening to any comments or suggestions I make". Another relative said, "Management is very good and responsive always involving me where appropriate and listening to any comments or suggestions I make acting promptly to remedy any issues". The registered manager informed us they had introduced an annual newsletter to update people's families and representatives of what had been happening at the home. The registered manager stated the feedback to this had been positive and as a result they intended to send out a newsletter every six months.

We discussed the value base of the service with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. Staff informed us Rebe was the home of the people living there and they should be at the centre of everything.

The manager had a clear contingency plan to manage the home in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

From looking at the accident and incident reports, we found the registered manager was reporting to us

appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.