

Mellandene Limited

Cassandra House

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

Cassandra House provides care and accommodation for up to 43 older people some of whom have a dementia related condition. Accommodation is split over two levels with lift access to the first floor. There are four communal lounges, a dining room and a conservatory for people to use. There is an enclosed courtyard garden that enables people to safely access outdoor space whenever they wish. There were 38 people living at the service at the time of the inspection.

We last inspected the service in July 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good'.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no on-going organisational safeguarding matters regarding the service.

The premises were clean. Maintenance and servicing had been completed to ensure that the premises and equipment were safe. Medicines were managed safely.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through a supervision system.

People's nutritional needs were met and they were supported to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed positive interactions between staff, people who lived at the service and their relatives. Staff promoted people's privacy and dignity.

Care plans were in place which detailed the individual care and support to be provided for people. Arrangements for social activities met people's individual needs.

There was a complaints procedure in place. Nine complaints had been received since our last inspection which had all been responded to in line with the service policy and procedures.

Audits were carried out to monitor all aspects of the service. Action plans had not always been developed but the manager highlighted to us any areas which required improvement and told us about their plans for improvement, which we could see were already underway. Staff were very positive about working for the provider who was also the registered manager and the deputy manager. They said they felt valued and enjoyed working at the service. We observed that they applied this positivity in their roles when supporting

people.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well led.

Cassandra 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 checked 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.

The comprehensive inspection took place on 6 September 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience with experience of older people and those living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of events that occur within the service, which when submitted enable the Commission to monitor any areas of concern.

The registered manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We used this information to inform our planning for the inspection.

On the day of our inspection, we spoke with twelve people who used the service and six relatives.

We spoke with the registered manager, the deputy manager, two senior care workers, two care workers and the chef. We examined four people's care plans along with risk assessments and medicine records. We also checked records relating to staff and the management of the service.

Following the inspection we contacted the local authority safeguarding team and quality monitoring team to seek feedback. We were contacted by a relative who wished to share positive feedback about the service.

Is the service safe?

Our findings

People told us they felt safe. This was confirmed by relatives. Comments from people included, "Yes I feel safe. Everyone is really nice here" and, "I feel very safe." One relative told us, "If I didn't think [relative] was safe I would have moved them out a long time ago." A second relative said, "We visit daily and can see they are safe."

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service.

Risk assessments had been completed for a range of areas such as moving and handling, falls, malnutrition and medicines. They identified particular areas of concern and identified how they could be addressed. This meant that risks were minimised and action was taken to help keep people safe. Accidents and incidents were monitored and analysed. Action was taken if concerns were identified.

The building was in need of redecoration but was well maintained by a maintenance person employed at the service. The provider told us and we could see that a programme of refurbishment was underway. This had been carefully planned to cause as little disruption to people as possible. Three lounges had been refurbished and a fourth was due to be completed. Checks and servicing had been carried out on the electrical installations and the gas, water and fire alarm systems, to ensure the building was safe. These had been completed in timescales recommended by the Health and Safety executive.

There was a safe system in place for the management of medicines including controlled drugs [those medicines liable to misuse]. We observed medicines being administered safely and in line with the provider's medicines procedures. Medicines administration records were completed accurately. There were robust audits of medicines carried out.

We checked staffing levels at the service and saw that there was a low turnover of staff which provided continuity for people. We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support. One person told us, "Yes I'm sure there is enough. There is always someone around" and a relative said, "Always someone about and willing to help."

We examined staff recruitment procedures. These were thorough and showed that checks were carried out to confirm applicants were suitable to work with vulnerable people.

We observed staff using appropriate protective equipment as they carried out tasks that required good hygiene practices. They used gloves and aprons when dealing with food or providing personal care.

Is the service effective?

Our findings

People and relatives told us that staff effectively met people's needs. Every person we spoke with gave positive feedback regarding the skills and abilities of the care workers. Comments included, "Never had a problem", "The food is good and the staff are good"; "As soon as [Relative] was not well they contacted the GP and told me."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the manager and deputy manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The manager and deputy had completed DoLS applications in line with legal requirements.

Staff were following the principles of the MCA. Mental capacity assessments had been completed for specific decisions such as how best to support someone to move. Best interest decisions had been made following consultation with healthcare professionals in relation to 'Do Not Attempt Cardiopulmonary Resuscitation' [DNACPR]. Staff sought people's consent before carrying out any care or support.

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. All staff had completed an induction when they started working for the service. They had also completed training in topics related to the needs of people who lived at the service. Senior staff had completed a National Vocational Qualification at level three and one senior care worker told us they had started to complete a level five qualification. The deputy manager and a second senior care worker also held qualifications at level five. Care workers told us they had completed training in nutrition, medicines safeguarding adults, health and safety. All staff received support to understand their roles and responsibilities through supervision and observation of practice.

People were supported to receive a healthy and nutritious diet. People were very complimentary about the meals. One person told us, "The food is lovely. All home-made" Staff assisted people when necessary showing respect, understanding and maintaining people's dignity. The meal was well presented with good portion sizes. When we spoke with the chef they told us, "Food is always available. We use fresh produce every day and bake every day. We do graze plates with high calorie foods as alternative to meals. People get supper with hot milky drinks, cereals, biscuits cakes and bread and jam."

Staff supported people to access healthcare services. People told us they could access their GP or other healthcare professionals whenever they needed to with one person saying, "I can see a GP whenever I need one." We saw records of visits from a dietician, GP's, district nurses and other healthcare professionals in

people's care records.

Is the service caring?

Our findings

People who used the service told us, "The staff are lovely. They treat you as if they really care" and, "Staff are very nice here, they don't rush me and they listen to me." One person said, "I would rather be at home but this is a close second."

Relatives told us that staff were caring. Comments included, "The staff are lovely and caring. We are treated as part of the family" and, "As a family we visit my [relative] every day and in the short time she has been at Cassandra House we have all been struck by the attitude of all of the staff to the residents and to relatives. The care shown to the residents is genuine, they are treated with kindness and respect and there are all sorts of little extra things that the staff do that makes Cassandra House more of a home."

Staff told us, "It is like having loads of nanas and granddads (grandparents). They say you have to have that barrier but you can't because they (people who used the service) are so lovely" and, "I like to spend time with people. It is so amazing finding out about them." One staff said, "It is like a bunch of family."

Staff displayed warmth when interacting with people. They were very professional but showed care and affection for people at the same time. We noticed positive interactions, not only between care workers and people, but also other members of the staff team. A relative told us, "It's wonderful and care here is great. Staff are always positive."

Staff treated people with dignity and respect. They spoke with people in a respectful manner. People who required assistance with their meals were supported in a smaller lounge area to protect their dignity. Staff knocked on people's doors before entering showing respect for people's privacy.

People and relatives told us that they were involved in decisions about people's care. People had signed their care records, where able to do so, to indicate that they agreed with their plan of care. One relative told us they had attended a meeting and discussed their relative's care plan and also taken part in a best interest meeting.

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. One relative said, "They keep me informed of all hospital appointments and if I'm at work and can't take him then they will find someone who can and they bring him back. They are always so helpful. Nothing is too much trouble."

Care plans were detailed and person-centred. This is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan for every aspect of their lives including their personal care, social needs and physical health. These gave staff specific information about how people's needs were to be met. One person had their meals in the lounge because they became distressed in the dining room. Another person refused to have thickened fluids. They were assessed as having capacity and so it was agreed with them that staff would ask each time if they would accept thickener in their drinks. This demonstrated that staff were aware of people's needs and took account of how they wished their care to be provided. People or their relatives were involved in planning their care and consulted about changes.

Care was reviewed regularly. This meant there was a system in place to review people's care to ensure that care and treatment continued to meet people's needs.

People and relatives told us that people's social needs were met. There was a rock 'n' roll day planned and people attended tea dances in Hull. A ladies choir visited the service and people were taken to a cinema in nearby Beverley where the needs of people living with dementia were met. The recent summer fair at the service had raised £500 which was to be used to fund trips out for people. On the day we inspected some people were baking. They were rolling out pastry and using pastry cutters to make jam and lemon tarts. Although the group was small they all enjoyed themselves. One relative had supported the service during the summer by taking care of the courtyard garden which looked very inviting with covered seating and a beautiful flower display.

There was a complaints procedure in place. Nine complaints had been received since our last inspection and all of them had been resolved following the service policy and procedure. None of the people or relatives with whom we spoke raised any concerns about the service and they told us they were aware of who to talk to should they have any concerns or wanted to make a complaint. They said they felt confident that they would be listened to and that their concerns would be responded to appropriately.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection who was also the registered provider. She had been registered with the Care Quality Commission (CQC) since 2011 and with previous regulatory bodies since 1991 so was very well established. We were told by staff that the manager was, "Amazing" and, "[Name of manager] is a diamond. I am doing my qualification to be like them. They are so supportive. The management team has been amazing."

When we spoke with staff, people and their relatives they were positive about the service. One relative said, "I am so grateful that there was a room available for my [relative] and it means such a lot to know that she is being looked after in such a caring environment." A member of staff said, "It's an excellent home." A second relative said, "I would give the service ten out of ten."

Audits and checks had been completed to ensure that people received good quality care which was provided by competent staff. Action plans were not always in place but the manager was able to give us information about the detailed actions to be completed and timescales involved. We had seen that the environment required some updating to improve the décor. From our observations, the documents we looked at and our conversations with the manager it was clear those areas had been identified and plans were in progress demonstrating that the service was constantly improving. Staff and relatives were aware of all plans as they had been shared and discussed with them. Our observations and findings on the day of our inspection confirmed that there was an effective quality monitoring system in place.

Feedback was sought and acted upon from people and their relative's. Regular 'residents and relatives' meetings' were carried out to ensure that people and their representatives were involved in the running of the service. We were told that families were encouraged to get involved within the service and when we spoke to families they confirmed this.

Communication systems at the home were effective. Staff meetings were held and staff informed us that they could raise any issues and their views would be taken into account. One member of staff said, "The managers are very approachable." Handover meetings were also carried out at the beginning of each staff changeover to ensure consistent and safe care was provided. The manager told us, "If anyone wants to see me I make sure I am free. If I am away then I make sure my deputy is available." Managers regularly met with the two local authorities for whom they provided services.

Staff told us that they enjoyed working at the service and morale was good. One staff member said, "I love working here." We observed that this positivity was reflected in the care and support which staff provided throughout the day.