

# 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

About the service:

Cairn Home provides residential care services to older people with a range of support needs, including dementia and sensory impairment. It can accommodate up to 30 people.

People's experience of using this service:

People we spoke with were overwhelmingly positive about their experience of receiving care at Cairn Home. More than one person told us it compared very positively with their experience of other services, and often people described the culture within the home as "one big happy family."

The service had an open and supportive culture. Staff had a good understanding of people's needs. They treated people with respect and upheld their dignity when carrying out care and support tasks.

People's needs were thoroughly assessed before they began to use the service. The registered manager described recent assessment processes and it was clear they developed a good picture of people's needs before devising their care packages. This was undertaken with as much input from the person as possible.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and annual appraisals were planned. There was minimal turnover of staff, with many staff having worked at the home for a number of years.

Staff had awareness of safeguarding; they knew how to raise concerns and had received appropriate training. Steps were taken to minimise risk, and this was managed in a dynamic way so that when people's needs changed risk assessments were amended to ensure they continued to keep people safe.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

Managers were highly visible within the service and accessible to people using the service. People told us they knew the management team well and could speak with them whenever they wanted to. We saw that managers conducted a daily, documented, walk round of the home, and the rota had been designed to maximise the amount of time there was management presence within the home. The registered manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home.

The service continued to meet the characteristics of Good in all areas.

Rating at last inspection:

The service was last inspected in August 2016, where it was rated good.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

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

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained good

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained good

Details are in our Effective findings below

### Is the service caring?

Good ●

The service remained good

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained good

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service remained good

Details are in our Well Led findings below.

# Cairn Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

#### Inspection team:

The service was inspected by one adult social care inspector.

#### Service and service type:

Cairn Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced, meaning the staff and management did not know that the inspection was going to be taking place.

#### What we did:

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people using the service and one person's relative to gather their views and experiences. We spent time observing staff interacting with people and observed staff carrying out support tasks,

including assisting people to move around the premises using specialist equipment.

We spoke with five members of staff and the registered manager. We looked at documentation relating to five people who were using the service, three staff files and information relating to the management of the service. Following the inspection the registered manager provided CQC with further information we had requested.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place which contributed to minimising the risk of abuse
- Staff had a good understanding of safeguarding processes, and had received appropriate training in this field
- People told us they felt safe at the home. One person's relative told us they had previously lived in an environment where they didn't believe they were safe, whereas at Cairn Home they said "[my relative] is safe as can be here, I have nothing to worry about." One person said: "The staff keep me safe, the home is safe, everything is just right."

Assessing risk, safety monitoring and management

- Each person using the service had a risk assessment setting out risks that they may present, or to which they could be vulnerable. They were completed to a level of detail which meant staff understood what was required to ensure people were safe.
- Risk was discussed during team meetings so staff and managers were fully aware of how to manage risks within the service.
- Health and safety within the premises was appropriately managed, with up to date testing and checking of the fire system and electrical equipment.

Staffing and recruitment

- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Staff were deployed in sufficient numbers so that people received care when they required it. Staff told us there were normally enough staff on duty, and people using the service shared this view. One person said: "Whenever I want help they [the staff] are always there. Sometimes you might have to wait a little while but not often."

Using medicines safely

- There were secure storage systems in place to support people in managing their medicines.
- Medicines, and records of medicines, were audited frequently so the management team had a good oversight of how medicines were managed at the home.
- Staff competency in relation to medicines was regularly checked.
- We carried out observations of staff undertaking medicines administration. We found it was administered well, and a system was in place which meant other staff understood that when staff were administering

medicines they were not to be disturbed, meaning that medicines were administered accurately.

#### Preventing and controlling infection

- A regular infection control audit was undertaken, and any actions identified were completed quickly. The home had a named infection prevention and control lead, and appropriate policies were in place to support good practice.
- Staff had received training in infection control, and we observed the premises was clean throughout. Staff we observed use personal protective equipment (PPE) appropriately, and it was in plentiful supply.

#### Learning lessons when things go wrong

- Team meetings and staff supervision meetings were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.
- Accidents and incidents were recorded and monitored by the registered manager so they could identify patterns and trends. Appropriate action was taken in response to any incidents, such as referral to relevant healthcare professionals or changes to risk management systems.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the provider when they began using the service. This was regularly updated to ensure it continued to reflect people's needs.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the provider and told us they received training which helped them understand their roles. One staff member said: "Yes the training is pretty good, and always useful." Another said: "We get plenty of training."
- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service. Staff received regular supervision and appraisal which they told us was useful
- People using the service told us they felt staff were skilled in their roles. One said: "There's always staff around and they know what help I need."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed. Screening tools were used and people were referred to external healthcare professionals where required.
- We observed a mealtime taking place in the home. Staff worked hard to ensure the atmosphere was relaxed and enjoyable. People were offered choices and staff ensured their choices were upheld. Where people required support with their meals, it was provided in an unhurried and respectful manner.
- People told us they enjoyed the food at the home. One person told us they had a specific dietary requirement and said: "They provide what I need, the food is ever so good." We observed this person at lunchtime and were able to confirm their dietary requirements were met. Staff we spoke with demonstrated a good understanding of this person's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services, such as hospitals.

Adapting service, design, decoration to meet people's needs

- The premises had been adapted to meet the needs of people with dementia and visual impairment, with

ongoing improvements planned at the time of the inspection.

- The home was accessible to people with mobility difficulties and aids and adaptations were fitted where required to assist people to maintain their independence.
- People using the service gave us positive feedback about the premises. One said: "It's lovely here, I like this room [the lounge area] because it's bright and airy, and I like my room as well, it's big and I can get around it easily."
- People could choose to sit in different lounges or in their own rooms and there was easy access to the communal landscaped gardens.

Supporting people to live healthier lives, access healthcare services and support

- Records we checked showed that the provider worked in an integrated way with external healthcare providers to ensure people received optimum care.
- External healthcare providers' information and assessments had been incorporated into people's care plans

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked records to see whether people had consented to their care and treatment. In most of the records we checked there was evidence of this, although in one person's file a relative had signed to give "consent" despite not having the legal authority to do so. We raised this with the registered manager who assured us they would address this.
- The provider had submitted appropriate applications to the local authority where it considered it necessary to deprive people of their liberty in accordance with the law, and had systems in place to manage this.
- Staff had received training in relation to consent and capacity, and the registered manager demonstrated a good understanding of their responsibilities in this area.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care plans were initially devised.
- People we spoke with told us they felt staff treated them well and upheld their rights. One person said: "The staff and I get on so well, it's like a big happy family."
- Our observations showed staff were warm and genuine in their interactions with people using the service.
- The provider carried out surveys of visiting professionals to gain their feedback about the service. A visiting GP had recorded they found the staff to be "very warm, caring and respectful." They went on to say: "I would be very happy for my parents to be looked after at Cairn Home." A visiting relative told us: "The care here is second to none, absolutely spot on."

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions about care were incorporated when their care packages were devised.
- During the inspection we observed care taking place and interactions between staff and people using the service. It was clear that staff were respecting people's decisions about their care.
- We observed staff seeking people's views and opinions as they provided care, checking on their preferences and upholding them.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with said people's dignity was very important to them. In our observations of care taking place we saw staff took steps to uphold people's dignity and privacy, providing support as discreetly as possible.
- We observed staff knocking on people's doors and gaining permission to enter. Staff spoke to people with respect and in a kind manner. We observed staff putting people at ease when anxieties were escalating and saw they implemented strategies to reduce levels of anxiety.
- One person had expressed a preference that they wished to be addressed by a courtesy title as opposed to by their first name. This was consistently upheld by staff, and within the home's records.
- Care plans showed people's independence was promoted, and we saw staff encouraging people to be independent in their day to day activities.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's

records were stored securely in the office premises.

# Is the service responsive?

## Our findings

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration.
- Staff we observed undertaking care tasks demonstrated that they gave people choice and control in their day to day activities.
- Care records showed that staff checked with people about how care was being provided to ensure people had control over the care they received.
- People's communication needs were assessed, recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person. Where appropriate, staff from the speech and language therapy team (SaLT) had assessed people's communication abilities and provided guidance for staff.
- The home's activities coordinator had been away from work for some time at the time of the inspection, and insteads staff were devising activities. We observed some activities taking place during the inspection, and noted that they were provided flexibly to meet people's preferences. One person said: "There's lots going on, people come and sing and we did a quiz last night."

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received. We noted that the complaints policy did not contain the correct details about who complainants could contact to raise their complaints externally, but the registered manager amended this during the inspection.
- People we spoke with told us they would feel confident to complain. One said: "If there's anything I'm not happy about I can talk with the staff or with [the registered manager] but it would be unusual for there to be anything to complain about." Another said: "I wouldn't be worried to complain about anything, I know the staff would sort things out for me."
- The provider had not received any complaints since the last inspection.

End of life care and support

- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- People's end of life needs and preferences were taken into consideration when their care plans were devised, and people were encouraged to share their thoughts where appropriate.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection there was a registered manager in place. 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 was supported in their role by a deputy manager and two assistant managers.
- Staff we spoke with were positive about the registered manager and the wider management team. One staff member said: "You can get hold of them whenever you need them, they are always there for you and really supportive."
- Managers had created a culture which was open, collaborative and respectful.
- A wide range of audits were undertaken by the registered manager and management team; these were used by the service to measure health, safety, welfare and people's needs; records confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We spoke with the registered manager, the deputy manager and an assistant manager. They had a clear understanding of their roles and responsibilities and how their work contributed to the effective running of the service.
- There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. This meant there was a system of ongoing improvement as well as checks that regulatory requirements were being met.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display within the premises.
- It was clear from our observations that the registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance and instruction where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought, and incorporated into the way the service was run where appropriate. There was a system of surveys and we saw evidence of the registered manager taking action in response to survey findings, so that people's views influenced how the service was operated.
- Staff told us they felt listened to and supported by the management team. One staff member said: "I got all the support I needed when I moved into this role, I've got a good understanding of the role and managers helped with that."

#### Continuous learning and improving care

- Staff praised the learning opportunities available to them. Managers told us they encouraged staff development and training, and minutes of staff supervision evidenced this.
- There was a culture of learning from incidents, complaints and feedback, which all staff contributed to. Staff meetings were used for all staff to discuss and contribute to developments arising from learning opportunities.

#### Working in partnership with others

- The service worked in partnership with the local community, other services and organisations.
- The registered manager told us about how they worked in partnership with some other local care homes, sharing training events and knowledge.