

Corvell Health Care Limited

Cavell Lodge

Inspection report

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Essex
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Tel: 01702480660

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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

Cavell Lodge is a residential care home providing personal care without nursing for up to 34 people some of whom maybe living with dementia. At the time of inspection 31 people were using the service. The service is set over three floors in a residential area.

People's experience of using this service and what we found

One person said, "The staff are very helpful and kind."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicine was managed safely.

People were cared for and supported by staff who had received the appropriate training.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. People had access to other health care professionals such as GPs and district nurses.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff worked to promote people's independence through encouraging and supporting people to make informed choices.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported at the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: The last rating for this service was Good. (last report published 15 August 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cavell Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Cavell Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information, we held on the service. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all this information to plan our inspection.

During the inspection

We spoke with twelve people and three relatives, we also observed interactions with staff. We spoke with the head of care, care coordinator, activities coordinator, housekeeping, cook and two care workers. We

reviewed a range of records. This included four care files, three staff files, audits and medication records and information held in relation to the running of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe here, it is like home now." A relative told us, "I knew everything was going to be okay here when my relative told me they felt safe."
- Staff knew how to keep people safe and protect them from safeguarding concerns. The registered manager had policies in place for staff to follow on 'whistle blowing' and staff received regular training on how to safeguard people. We saw guidance on display for staff to follow should they need to raise a safeguarding concern. One member of staff told us, "We have 'whistle blowing policies and I have done my safeguarding training. I know how to raise any concerns."
- Where any concerns had been raised the registered manager worked with the local authority to investigate these to ensure people were protected from harm.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. Assessments were aimed at supporting people's independence they covered such areas as, nutrition, mobility, falls prevention, access to the community and pressure area care.
- Staff were trained in first aid and knew what action to take in an emergency or if somebody became unwell. We saw there was also guidance for staff to follow should a person have a fall.
- People had fire risk assessments and personal evacuations plans for staff to follow. There were regular fire drills and checking of fire prevention equipment. The head of care told us they had recently invested in fire evacuation chairs to assist with the evacuation of people from the upper floors. On the day of inspection, we saw maintenance was being completed of fire equipment.
- People were cared for in a safe environment. The registered manager completed regular checks of the environment, safety certificates were held to demonstrate equipment was safe to use.

Staffing and recruitment

- The head of care told us they had recently recruited more staff and if they needed to use agency they used the same regular agency staff. This meant people were cared for by a consistent staff team.
- We saw there were enough staff on duty to meet people's needs. One person told us, "The staff are very caring and attentive." One member of staff told us, "We have enough staff and we all work well as a team."
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for.

Using medicines safely

- People were supported to take their medication by trained and competent staff. Medication records we

reviewed were in good order.

- Staff told us they were observed to ensure they adhered to best practice when supporting people with medication.
- The service used a computerised medication system, staff were very positive about this system and felt it was a safe way to dispense and monitor medication.
- Staff completed audits daily of medication to ensure they had been dispensed correctly.

Preventing and controlling infection

- People were protected from the spread of infections. Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- Staff we spoke with were able to tell us what precautions they would take should there be an outbreak of an infectious disease such as norovirus.
- The house keeping team completed regular deep cleaning of people's rooms and we saw this in progress during the inspection.

Learning lessons when things go wrong

- The head of care told us they had systems in place to share information and learn lessons, this included in meetings and written communication to staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 consistently assessed and reviewed to ensure the care they received met their choices, needs and achieved effective outcomes. Care was managed and delivered within lawful guidance and standards.

Staff support: induction, training, skills and experience

- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. A new member of staff told us, "It is one of the best inductions I have had, they are very professional here. Everyone has been really supportive and answered all my questions."
- Staff were supported with a mixture of on-line and face to face training. The head of care told us staff were also supported to complete national recognised qualifications such as the care certificate.
- Staff received supervision and had yearly appraisals with the registered manager.

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

- People we spoke with were very complimentary of the food and dining experience. One person said, "I love all the food, I clear my plate every time." Another person said, "The food is lovely we get plenty of choice."
- Lunch was a sociable occasion with people socialising together and enjoying a glass of wine if they wished. We saw people were given choice and meals were served to meet their individual needs.
- Staff had the information they needed to support any special diets. People's weight was monitored for signs of changes and where necessary, referrals were made for medical assessment.

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

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

- People were supported to access healthcare services promptly. The head of care told us they had a GP who visited the service weekly to review people. A relative told us, "As soon as I mention something I know the staff will arrange a health review." One person told us, "They get a doctor if needed."
- The head of care told us they worked closely with district nurses, palliative care and had support from the community dementia nurse specialist when needed.
- People were supported with their oral health care and dental reviews were arranged when required. The head of care told us staff had received training on how to support people with good oral hygiene.

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

- The service was well maintained. The head of care told us that there had been on-going maintenance and

refurbishment including new flooring, furniture and curtains. They had also converted a bathroom into a wet room.

- We saw another bathroom was being changed into a larger hairdressing salon and pamper room for people to use.
- The environment was very clean, and people commented how clean and tidy they found the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. 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, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. One person told us, "We are always given a choice."
- Where relatives had lasting powers of attorney over people's health or welfare the service retained copies of these for their records.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at the service. One person told us, "I am very happy here." Another person said, "I love it here, I find it very nice, the staff are lovely, and nothing is too much trouble."
- Throughout the service we saw lots of laughter and talking between people and staff. One person said, "All the staff are wonderful." Relatives told us how happy they were to see their relatives being well cared for, one relative said, "I have seen an improvement in their whole wellbeing since being here, they are very sociable, and I think this has helped them."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met. The head of care told us people had access to religious support as they wished, and one person regularly went out to church.

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

- People and relatives were involved in planning their support needs. Care plans were person centred and provided staff with all the information they needed to support people.
- Care plans were regularly reviewed with people and their relatives. One relative said, "Communication is very good with the staff and they act very quickly on any requests or information you give them." A person told us, "The staff always discuss with me what I want and review this with me."
- Each person had a named member of staff who supported their everyday care needs and liaised with relatives to keep them well informed and up to date. One relative said, "All the staff seem very well informed, it does not matter who you ask they can all update me."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. People we spoke with were very proud and wanted to remain as independent as possible. One person said, "I do not need much help, but the staff always check I am okay."
- People were encouraged to maintain their mobility and several residents used walking aids. People showed us how they had individualised their walking aids with their names and decorations and were very proud to display these.
- People told us that staff respected their privacy and treated them with dignity and respect.
- Relatives told us they were welcomed at the service and visited at all different times. One relative said, "Where possible the staff try and get us involved with activities which is really nice."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people came to live at the service a full assessment was completed to ensure their needs could be met. A relative told us, "Originally [person's name] came here for a period of respite, but surprisingly really liked being here and decided to stay."
- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed with people and their relatives to ensure staff had the most up to date and relevant information to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and staff knew how to support people.
- People were supported to have eye tests and wear their glasses, and to wear hearing aids if needed.
- Information was shared with people in a format they could understand such as large print if needed.
- The activities coordinator told us some people used assisted technology such as talking clocks and they had a hand-held tablet people could use if they wished.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had enough activities to keep them occupied and everyone we spoke with was very complimentary of the input they received from the activities coordinator.
- One person said, "I have had my nails done today and a proper pampering." Another person told us, "We go out on the minibus to the seaside and have a really good time."
- People's individual needs were considered, and one person said, "I really like gardening and when the weather improves I have been promised a piece of the garden."
- Relatives frequently visited the service and people told us they often went out with their relatives. One person said, "My family take me out to the pub for a nice meal."
- The care coordinator shared with us they planned many varied activities as well as spending time individually with people. They demonstrated a good knowledge of how people liked to be supported with activities. We saw activities had been planned throughout the year and they were currently each month

focussing on different countries around the globe celebrating different cultures with people.

Improving care quality in response to complaints or concerns

- People we spoke with told us they generally did not have any complaints and enjoyed living at the service. There was a complaints system in place and information was available to people on how to raise a complaint.
- We saw the service received many compliments one read, 'It is an exceedingly well-run care home and I am reassured that my dear mother is in the best of hands.'

End of life care and support

- Staff had received training in end of life care and staff worked closely with GPs and the palliative care team.
- People's preferences for the end of their life had been explored with them and was recorded in care plans, for example, if they wished to remain at the service rather than be admitted elsewhere. Where appropriate some people had taken decisions about if they wished to be resuscitated and this was recorded.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were very complimentary of the service they received and everyone we spoke with told us they were happy living at the service. One person said, "I have always found everyone very pleasant here."
- Staff promoted a positive culture, the head of care told us, "We want people to have as fulfilling a life as possible."
- Staff shared this vision, one member of staff said, "I want to make people as happy as possible, to be safe and well looked after."
- The head of care and registered manager understood their responsibility under duty of candour to be open and honest if things go wrong.

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

- Staff felt supported by the management team and were clear about their roles. One member of staff said, "The manager is very approachable and is supportive, we have a good team here and all work well together."
- People benefited from a staff team that worked together and understood their roles and responsibilities. We saw everything within the service was very well organised, with staff understanding their roles and working to provide positive outcomes for people.
- There was good oversight of the service and staff worked within regulatory requirements.

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

- People were actively involved in improving the service they received. There were regular resident and relative meetings and the care coordinator kept everyone informed with a monthly newsletter. This was emailed to relatives when appropriate to keep them informed and up to date with any activities or changes at the service.
- Care documentation and care plans were regularly reviewed with people and their relatives to get their feedback and to keep care relevant to them.
- The provider sent out questionnaires to people, relatives, staff and other health professionals to gain their feedback. We saw these were analysed and a response made available of any actions undertaken.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurance processes in place. Regular audits were completed on all aspects of the service and actions were taken where necessary. The registered manager also had an independent audit completed of the service each year, which showed they were transparent and willing to accept any guidance for continual improvement.
- Staff were supported to continuously learn and develop their skills. The registered manager worked in partnership with other healthcare professionals to provide training for staff on such things as end of life care, sepsis awareness and good mouthcare techniques.
- Health care professionals such as a GP and district nurses worked closely with staff at the service to monitor people's healthcare needs to provide prompt support when needed.
- The service had made links with the local community and during the summer months school children attend the service to take part in activities with people.