

Ms Rita Antoinette Lewis

# Cara Linn Care Home

## Inspection report

71 Peterborough Avenue  
Upminster,  
Essex.  
RM14 3LL

Tel: 01708 225196  
Website:

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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 

### Overall summary

This announced inspection took place on 29 July 2015.

Cara Linn is a three bed service providing support and accommodation to people with a learning disability. At the time of the inspection three people were living there. It is a large house in a residential area close to public transport and other services. The house does not have any special adaptations. People live in a clean and safe environment that is suitable for their needs.

The provider was also the registered manager for the service. 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 and associated Regulations about how the service is run.

Relatives were very positive about the service provided. One relative said, "It's fantastic, five star."

# Summary of findings

People were safe at the service. They were supported by kind, caring staff who treated them with respect. Systems were in place to support people to remain safe but also to be as independent as possible.

Staff were attentive and supportive. They spent time with people talking to them about what they were doing and what they would like to do.

People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service.

People were supported to make choices about what they did and what happened to them. They had a very busy social life and took part in a variety of activities of their choice in the community and in the service.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed. People's healthcare needs were robustly monitored and any concerns checked as soon as possible.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty. When people did not have the capacity to make a decision about an aspect of the care this was discussed at a 'best interests' meeting and a collective decision reached on the action to be taken.

People were supported to eat and drink enough to meet their needs. They chose what they wanted to eat and said that they liked the food.

The provider monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

People who used the service and their relatives were asked for their feedback about the service and about what they wanted. They felt involved and listened to.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Systems were in place to support people to receive their medicines appropriately.

People were cared for in a safe environment.

Good



### Is the service effective?

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

People were supported to receive the healthcare that they needed.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

Good



### Is the service caring?

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from a small consistent staff team who knew about their needs, likes and preferences.

Staff spent time with people, talking to them and showing an interest in what they were doing.

People were encouraged and supported to be as independent as possible.

Good



### Is the service responsive?

The service provided was responsive. People were encouraged to make choices and to have as much control as possible about what they did.

Staff actively supported people to maintain relationships with their friends and family.

Good



### Is the service well-led?

The service provided was well-led. People were happy with the way the service was managed and with the quality of service.

The provider provided clear guidance to staff to ensure that they were aware of what was expected of them.

The provider monitored the quality of the service provided to ensure that people's needs were met and that they received the support that they needed and wanted.

Good



# Cara Linn Care Home

## Detailed findings

### Background to this inspection

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

This announced inspection took place on 29 July 2015. The provider was given 48 hours' notice because this is a small care home for younger adults who are often out during the day. We needed to be sure that someone would be in. The inspection was carried out by one inspector.

At the last inspection on 1 October 2013 the service met the regulations we inspected.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time with people who used the service and observed the care and support provided by the staff. We spoke with all three people who used the service, one member of staff and the registered manager. We looked at three people's care records and other records relating to the management of the home. This included three sets of recruitment records, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records.

After the inspection we received feedback from two relatives.

# Is the service safe?

## Our findings

People who used the service were safe. They and their relatives told us that this was a safe place. One relative said, "It's a very safe place". Another said, "[My relative] is a very complex person and I could not think of a better place for them to be." We saw that people were treated with dignity and respect and that staff were attentive to their needs.

We looked at how medicines were stored and administered. Medicines were stored in appropriate metal cabinets and were securely and safely stored. Medicines were usually administered by the registered manager as she provided most of the care and support. Staff received in house medicines training which was updated each year and administered medicines in the registered manager's absence. We looked at the medicines administration records (MAR) for all three people. We saw that they included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering it. The MAR had been appropriately completed and were up to date. Records included information on any allergies that people had. People received their prescribed medicines safely and appropriately.

The service had procedures in place to make sure any concerns about people's safety were appropriately reported. Staff had received in-house safeguarding adults training and were clear about their responsibility to ensure that people were safe. They felt that any concerns would be listened to and dealt with quickly by the registered manager. A member of staff told us, "The residents are safe. The priority is for their health and safety." We saw that money held on behalf of people was stored securely. Bank statements were kept, as were records of money entering the home and money that was spent. A relative told us, "Receipts are kept of what [my relative] has bought. It's all above board." People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out

before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who use services. People were protected by the recruitment process which ensured that staff were suitable to work with people who use services.

People who used the service were protected from risks. Their care plans covered areas where a potential risk might occur and how to manage it. Risk assessments were relevant to each person's individual needs. The registered manager told us of some of the ways that they supported people to remain safe but also to be as independent as possible. For example, one person who went out independently had pre-programmed numbers in their mobile so that they could get assistance if needed. We saw that this person rang when they got to their destination to let the registered manager know that they had arrived safely. We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible.

Environmental risk assessments were also in place and the provider had appropriate systems in the event of an emergency. There was an emergency plan in place. This included a floor plan of the building indicating where extinguishers were located and also where electricity, gas and water could be turned off if needed. Staff knew what to do in the event of an emergency and had received fire safety training. A fire drill had recently been held. Systems were in place to keep people safe in the event of an emergency.

There were sufficient staff available to support people in line with their care plans. Staffing levels were adjusted when people's needs changed or when they needed support with appointments. Relatives and staff felt that the staffing levels were sufficient to meet people's needs and to enable them to do activities of their choice and to have "a busy social life."

People were cared for in a safe, clean and comfortable environment. None of the people who used the service required any special equipment. Records showed that other equipment such as fire safety equipment was available, was serviced and checked in line with the

## Is the service safe?

manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use.

# Is the service effective?

## Our findings

Care provided was effective. Relatives told us that they thought people's needs were effectively met. One relative said, "Excellent. [My relative] has grown in confidence and loves it there." Another had written, "We have the highest praise for this care home."

People were supported by a staff team who knew them well and were able to tell us about individual needs and preferences. Staff told us that they received the training they needed to support people. One member of staff said, "We learn from the in-house training and from things that happen. We learn from the residents." We saw that staff had received a variety of training including safeguarding people who use services, fire safety and food hygiene. To enable them to more effectively support one person's specific needs staff had also received training on epilepsy and asthma. All of the staff team had obtained a qualification in health and social care. People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service.

Staff told us that they received good support from the registered manager. One member of staff told us, "The manager is always around and can help. We discuss things. They are approachable." This was a very small staff team and supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) was not formally arranged. However, staff confirmed that informal discussions took place and that they had the opportunity to discuss any issues with the registered manager. Systems were in place to share information with staff. One member of staff told us that when they started their shift the registered manager gave them verbal feedback and that they always read the reports. They added that one of the people who used the service always told them what had been happening. Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

Staff were aware of people's rights to make decisions about their lives and that on occasions decisions needed to be made in their best interest. The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew how to obtain a best interests decision or when to make a referral

to the supervisory body to obtain a DoLS. At the time of the visit none of the people who used the service were subject to a DoLS. One person had needed to have tests and surgery. Decisions with regard to the person's treatment had been made at a meeting involving relevant healthcare professionals, relatives and the registered manager to ensure that they were in their best interest. Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People were supported to access healthcare services. They saw professionals such as GPs, dentists, district nurses and specialists as and when needed. We saw that in feedback about the service a healthcare professional had written, "[The manager] discusses any clinical concerns and keeps us updated with changes."

Each person had a 'hospital passport' which contained very detailed information to assist hospital staff to appropriately support them if they were treated at the hospital. One person had been due to be admitted to hospital during the week of the inspection and we saw that the registered manager had prepared a 'pack' containing the hospital passport and other relevant information. It had all been reviewed to ensure that it was up to date.

Some people had health issues that needed regular monitoring and on going treatment. In addition to care at home they needed tests and treatment in hospital. There was guidance for staff about the checks that were required and the action that needed to be taken. For example, when oxygen levels needed to be increased and when the person needed to be taken to hospital. We saw that people were always supported to attend appointments and during their hospital stays. One relative told us, "[The manager] monitors everything to do with health." Another said, "[The manager] goes to the hospital as well as us. She sorts things out, deals with queries and gets explanations." People's healthcare needs were robustly monitored and actively addressed to ensure that they remained as healthy as possible.

Care plans included information about people's physical and emotional needs. As far as possible people were involved in developing their care plan and some had signed these documents. A relative told us that they were "involved in everything". In response to a request for feedback about the service one relative wrote, "Decisions regarding health are discussed with us and our wishes are taken into account."

## Is the service effective?

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat each day and also helped with the shopping. A relative told us, “[My relative] has a choice of food. They look in the fridge and tell the manager what is needed. They choose what they want when out shopping. The menu is guided by what they want and includes plenty of vegetables.” One person told us that the food was nice and also that they made themselves a drink when they wanted to. We saw that people were asked individually what they wanted for lunch and also when they wanted to eat. People made different choices and these were respected. People were not hurried and each had lunch when they chose to.

Staff told us and records confirmed that people had differing nutritional needs. This was taken into account during shopping and meal preparation. For example, one person was diabetic. We saw that people were offered drinks and snacks during the course of the day. People were supported to be able to eat and drink sufficient amounts to meet their needs.

The service was provided in a large house in a residential area. Each person had a single bedroom and these had been decorated and personalised in line with people’s likes and interests. People lived in an appropriately maintained and decorated house that was suitable for their needs.



# Is the service caring?

## Our findings

The service was very caring. Relatives told us that staff were caring and treated people with respect. One relative said, "Staff all have a caring attitude and care and respect are given to everybody." Throughout the inspection we saw staff speaking to people in a polite and professional manner. There were positive interactions between the staff and people who used the service. We saw that staff were patient and considerate. They took time to explain things so that people knew what was happening. In a quality assurance response healthcare professional had written, "People are cared for to an exceptional standard."

People received support from staff who knew and understood them. There was a very small consistent staff team and they were aware of people's individual needs, likes, dislikes and interests. They knew people's individual patterns and routines.

None of the people who used the service had any needs specific to their religion or culture. They did like to go to church and were supported to do this.

Relatives said that the registered manager went out of her way to help. One relative told us that when they had been unable to drive for a while a member of staff had picked

them up so that they could visit. Another said that when their relative was in hospital prior to surgery a member of staff had stayed with them all night to support and reassure them.

People were encouraged to be as independent as possible. A member of staff told us about personal care, "They can all do something for themselves. One person puts their socks on but another is more independent and does their own personal care."

People participated in the day to day running of the service. They were asked what they wanted, what they did and what happened at the service. One person had an independent advocate who advocated on their behalf about issues and decisions relating to their care and welfare. People were encouraged and supported to express their views.

There had not been a need for anyone to be supported for end of life care but staff had supported a person who was very ill in hospital before they passed away. Staff visited the person daily and another person who used the service visited as well. Prior to this the person had developed dementia and staff continued to support them until their physical health issues meant that they had to be admitted to hospital.

# Is the service responsive?

## Our findings

The service provided was responsive. People received individualised care and support from a small and consistent staff team. Their care plans were personalised, comprehensive and contained assessments of their needs and risks. The care plans covered all aspects of emotional and physical health and described the individual support people required to meet their needs. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes.

People and their relatives were involved in developing and reviewing their care plans in as far as they were able. We saw that they or their relatives had signed the care plans. We found that care plans were reviewed and updated when needed. One person showed us their care plan folder and said that they "talked about it". Systems were in place to identify people's individual needs and wishes and action taken to meet these.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. We saw that they chose what, when and where to eat and what they did. One person told us, "I choose my own things. I am happy, I like it." A relative said, "[My relative] chooses what to buy. The manager says that it's their choice and what they want."

People chose what they wanted to do each day and also planned for things they wished to do in the future. People were encouraged and supported to do a wide range of activities and trips that they liked. One person told us what

they did and where they had been. They said they liked walking, going to the market, pottery and going to a club. They had been to shows at the local theatre and also on holiday. They were also encouraged to be part of their local community. For example, going to church. Relatives told us that people were always out. One said, "They have a good social life."

Staff actively supported people to maintain relationships with their friends and family. Some people phoned their relatives every day. A person who used the service told us that their girlfriend had come to their birthday party. Relatives said that they were always made to feel welcome and had been told that they there was no need to phone before they visited. One person told us that they picked their relative up each week to visit them at home. When they had not been able to drive for a while a member of staff used to bring their relative home and pick them up later. Another told us that their relative had a lovely birthday party at the service and that it had been a "proper family party".

We saw that the service's complaints procedure was displayed in a communal area. The registered manager provided a lot of care and support to people and therefore spent a lot of time with them. We saw that they were comfortable talking to her. One person told us, "If I had a problem I would tell [the manager]." A relative told us, "You can go and ask her anything or why something is being done. She always listens and explains." People knew how to complain and who to complain to but told us that they had never had any need to complain as there had been "no problems".

# Is the service well-led?

## Our findings

The service was well led. The provider was also the registered manager of the service. They had responsibility for the day-to-day running of the home. We saw that people were relaxed in her company and spent time talking to her. People had confidence in the registered manager and all spoke about her commitment to ensure that people were listened to and received a good quality service that met their needs. One relative said, "It's fantastic, five star." They also told us that the registered manager looked for ways of improving the care that people received. One relative told us that the registered manager researched things on the internet and then explained and discussed it with them.

Staff were clear about their roles and responsibilities and told us that the registered manager was accessible and approachable. A member of staff said, "The manager is very good with residents and relatives. She has time for them and listens to them." People were listened to and their views were taken into account when changes to the service were being considered.

The registered manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was by direct and indirect observation and discussions with people who used the service, staff and relatives. People were provided with a service that was monitored by the registered manager to ensure that it was safe and met their needs.

The provider sought formal feedback from people who used the service and stakeholders (relatives and other professionals) by quality assurance surveys. We saw that the last survey had been carried out in October 2014 and that relatives and a healthcare professional had responded. People who used the service had been supported to complete 'easy read' surveys. Responses from these were all very positive and reflected people's satisfaction with the service provided. One person had written, "[My relative] is happy and content. Their need for stability and care are met." People were provided with a service that was monitored by the provider to ensure that it was safe and met their needs.