Malhotra Care Homes Limited

Cestria House Residential Home

Inspection report

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Date of inspection visit:
13 January 2017

Date of publication:
07 April 2017

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

This unannounced comprehensive inspection took place on 13 January 2017. We last carried out an inspection of this service in February 2016 and identified that the service required improvement.

Cestria House provides accommodation and personal care for up to 24 older people. Care is provided to older people, some of whom are living with dementia or dementia related conditions. At the time of our inspection there were 21 people living at the home.

The service had a registered manager. 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.

Care plans were subject to regular review to ensure they met people's changing needs. They were easy to read and based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people' safety and welfare.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what staff should do if they had concerns about the practice of a colleague.

There was sufficient staff to meet people's needs. They were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed good relationships with people and communicated in a warm and friendly manner. They demonstrated good communication skills in relation to supporting people who lived with dementia. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had. The registered manager understood the importance of acknowledging and improving areas of

poor practice identified in complaints.

There was a wide range of activities available both within and outside of the home. People were able to access their local communities and enjoy the amenities.

The home was well led by a registered manager who had a vision for the future of the service. A quality assurance system was in place that was utilised to improve the service.

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.

Medicines were managed appropriately.

Appropriate checks were carried out during the recruitment of staff.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good

The service was caring.

People told us they felt they were well cared for.

Staff treated people in a dignified manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good

The service was responsive to people's needs.

People made choices about their lives and were included in decisions about their care. They were included in planning the care they received.

Support plans were written in a clear and concise way so that they could be easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good

The service was well-led.

The service had a quality assurance system in place.

The registered manager had a vision for the future of the service that was based on providing good person centred care.

People were asked for their views about the service.

Cestria House Residential 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 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.

This inspection took place on the 13 January 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a 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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we spoke with representatives from adult social care and the clinical commissioning group (CCG). We planned the inspection using this information.

We spoke with five of the people who used the service. We also spoke with a visiting healthcare professional and six members of staff including the registered manager, the activity coordinator and care staff.

We read four written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction and examined quality monitoring documents.

Good

Is the service safe?

Our findings

We spoke with people who used the service. They told us they felt safe at Cestria House Residential Home. When asked directly if they felt safe in the home one person replied, "Oh yes!"

At our last inspection we recommended the registered manager considered the National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes. This was because we identified some issues with the way medicines were administered.

During this inspection we saw medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. Medicines were not left unattended during the medicines 'round' we observed. There were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

We spoke with people who used the service and asked if there were sufficient staff to support them. All the people we spoke with told us there was enough staff. One person told us, "On the whole, yes." During our inspection we noted that people did not have to wait an inappropriate amount of time when they required assistance. When we spoke with staff they confirmed that there were sufficient staff in the home.

We spoke with the registered manager. She explained that the provider had used a dependency tool to set staffing levels. A dependency tool measures the people's needs and helps to calculate how many staff are required to meet those needs. The duty rota we looked at indicated that the registered manager was ensuring that staffing levels were maintained. When there was short notice absences, such as sickness, the registered manager had systems in place to ensure shifts were covered. This included offering staff additional hours or the registered manager undertaking a 'care' shift.

We look at the recruitment records for staff. All staff had obtained a Disclosure and Barring Service check which demonstrated they were not barred from working with vulnerable people. The provider had obtained evidence of their good character and conduct in previous employment by seeking references from previous employers.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw both the staff and the registered manager had taken appropriate action.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some people needed additional support with mobilising. Where this was the case care plans and risk assessments outlined how to keep these people as safe as possible, such as making sure they had access to specialist equipment including walking frames.

There were contingency plans in place to deal with emergency situations such as fire or power cuts. People had personal evacuation plans which outlined how they would be kept safe in a fire. The registered manager or members of the provider's senior management team were available to talk to out of hours via telephone and would attend the home if necessary.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures. We noted that the service was clean and odour free.

Good

Is the service effective?

Our findings

We spoke with people who used the service and their relatives. We asked them if they felt staff were able to provide appropriate support. One person told us, "Of course they do!" Another confirmed this stating, "Yes, they know what they are doing."

At our last inspection we identified some issues with the environment, this included the need for some redecoration and the replacement of some water damaged carpets. Work had commenced in these areas during the second day of our previous inspection. On this inspection we saw that work had been completed to a satisfactory standard.

All of the staff we spoke with told us that they had received induction training before working in the home. They said they had worked with experienced staff to gain knowledge about how to support people before working on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example the care of people's skin.

The registered manager had good systems in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory, additional training was available, for example vocational qualifications. Staff we spoke with confirmed that they undertook training on a regular basis. One member of staff told us, "There is training every week." Another added, "She [the registered manager] is really hot on training, she is always looking for something for us to do."

The registered manager was ensuring that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. When we spoke with staff they told us the registered manager was very supportive. One member of staff said, "You do not have to wait for supervision if you have a problem [you wish to discuss]."

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 so that they can 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 whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored. We observed people choosing what they wanted to

do and when. For example over a one hour period we observed seven people leaving the home. Some were accompanied by staff some were not. People we spoke with told us that it was up to them when they went out. If they required the accompaniment by staff, due to being subject to a DoLS or being at risk, this was arranged. We spoke with staff and asked them about this arrangement. One staff told us, "It's very straightforward, [name] wanted to go to the shop for sweets, so we went to the shop."

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had lasting powers of attorney and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

People we spoke with told us that they were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without first asking for permission. Care plans in the home contained references to consent throughout.

People we spoke with about the nutrition and hydration support in the home told us that they enjoyed the food provided. One person said, "The food is excellent."

Each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dieticians and speech and language therapists had also been obtained. The kitchen staff were aware that some people required specialist diets and others required fortified food. People's weight was monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure people were not at risk of malnutrition.

Individuals' care records included guidance for staff about in what circumstances they should contact relevant health care services if an individual was unwell. We found evidence to show people who used the service could be confident they would be supported to access appropriate health care services, for example a visit from a GP.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were caring and treated them well. One person commented, "I get good care here, it's the best care in Newcastle."

Throughout our inspection we observed staff speaking with people in a warm and friendly manner. It was clear that staff had developed good relationships with people and knew how to support them in a kind and professional manner.

We looked at people's written records of care and saw that care plans were devised with the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care treatment and support.

People we spoke with told us that staff always spoke with them in a respectful manner. One person said, "The carers are kind and treat me with respect." We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against. We observed staff knocking on people's doors before entering and ensuring that people had a dignified and enjoyable meal experience.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager knew how to ensure that individuals wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. People's life histories were being recorded in peoples written records of care. This provided staff with information to help build good relationships with the people they supported.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us staff had undertaken specific training for this. Staff were able to talk with us about how this would be delivered and the things that were important during this time in somebody's life. This included offering support to people's families as well as to the person themselves. The service worked alongside other providers to ensure that this care was carried out correctly.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example some people's care plans identified they required support

when mobilising. The care plans clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff described how they ensured that people were given choices to enable them to retain some control, for example what activities they liked to participate in.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and asked if the service supported them in taking part in activities. Some people were quite independent and explained that they could come and go from Cestria House as they pleased. Other people told us about activities that were made available to them, One person said, "We go to the dog track every month, we go to Whitley Bay, we go to 'Bills Plaice' for fish and chips and a couple of pints."

We spoke with staff, including the activities co-ordinator. They told us that there was a residents meeting every eight weeks to discuss activities at the home and share ideas. People from the home had been supported to use public transport to access local museums, shops and art galleries. People were able to attend a local tea dance once a week, recently people had been to carol services and went to view Fenwick's Christmas Window. In addition activities such as dancing, dominoes, chess and reminiscence were available to people who wished to remain indoors. We observed a music group taking place which people clearly enjoyed. The activity coordinator told us, "I would hate to be sitting around doing nothing, you treat people with respect the way you would want to be treated. I like to see people enjoying themselves and I always encourage people to join in." Records we saw confirmed that activities were taking place frequently and were diverse and varied.

We spoke with a visiting healthcare professional and asked if the home responded to people's needs. They told us, "They are fabulous, they listen to our instructions to the letter."

When people were first referred to the service an assessment of needs was carried out. This included assessing their mobility, mental capacity and their physical well-being. The information was then used to write a care plan. This was then developed and reviewed on a regular basis, including when people's needs changed. Written records outlined the support that people required in all aspects of their life.

The service was formulating clear and concise care plans that were easy to understand. Reviews of care plans were carried out with the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

We saw evidence that confirmed that where possible people had been consulted with about their care plans. People had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

Wherever possible, we could see evidence within the care plans that people had exercised their choice. One person had served in the Royal Air Force and had expressed this as an interest. They were supported to attend an air-show with staff. This was a good example of person centred care.

People were aware of how to contact the provider if they had a comment, compliment or complaint about the support they received. People we spoke with indicated that they would tell staff or a relative if they had

any concerns.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. There were no recent complaints. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

Good

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. One person told us, "[The registered manager] is the best manager in England." Another described the registered manager as, "Quite competent."

We spoke with staff who told us, "[The registered manager] is really good." and, "We are happy to work for her."

People were asked for their views about the support they received. The registered provider had sent out quality monitoring questionnaires so people and their relatives could share their experiences with them. We looked at the returned questionnaires and saw that the provider used them to monitor the performance of the service from a 'customer' perspective.

We spoke with the registered manager and asked her about her vision for Cestria House. She told us, "I see Cestria House continuing to give high quality care to individual residents, focusing on a homely, home from home atmosphere. Continuing with an excellent and varied social calendar taking into consideration all requests from individuals. We are broadening our social calendar to include more use of the facilities available in the local community and beyond! This is already in place but we are always looking for new ideas and events to attend." She added that training continued to be developed in order to, "Enable staff to be more knowledgeable of individuals specific care needs."

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the registered provider who visited the home regularly to monitor quality. A quality manager was present at the time of our inspection. Both the quality manager and the registered manager were discussing ways to improve storage facilities in the home.

During the inspection the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues. There were regular staff meetings held so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards.