

Kevindale Residential Care Home

# Caradoc House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Caradoc House Residential Care Home is a care home providing support with personal care needs to ten people at the time of this inspection. The home can accommodate a maximum of 11 older people. Accommodation is provided in an adapted building.

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

Systems to assess, monitor and mitigate risks to people's safety and well-being had improved. Further time is needed to ensure improvements are embedded and can be sustained over time. People were protected by the provider's staff recruitment procedures. Staff received the support and training they needed to meet people's needs. People received their medicines when they needed them from staff who were trained and competent to carry out the task. People were protected from the risk of abuse. Infection, prevention, control procedures had improved and helped to protect people from the risk of infection.

Improvements had been made to ensure the service was effectively managed. Systems had been introduced to monitor the quality and safety of the service provided. The provider worked in partnership with others to achieve good outcomes for people. These included health and social care professionals and stakeholders.

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

Rating at last inspection (and update). The last rating for this service was inadequate (published 09 April 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, staffing, person-centred care and good governance.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions; safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caradoc House Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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 was not always safe  
Full details are in the safe section below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led  
Full details are in the well led section below

**Requires Improvement** ●

# Caradoc House Residential Care 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Caradoc House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The registered manager was also the provider. This means that they 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with 4 members of staff which included the provider, who is also the registered manager, the deputy manager, operations manager and a carer.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures and quality monitoring were reviewed.



# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However more time is needed to ensure improvements are embedded and can be sustained over time.

- At our last two inspections the provider had failed to protect people against the risks associated with equipment servicing, fire safety, scalding and legionella. At this inspection we found improvements had been made and the provider was now carrying out regular environmental audits to ensure risks to people were minimised.
- Monthly checks on bath hot water outlets were now being carried out to ensure temperatures remained within safe limits. Warning signs had been put up to warn people of hot water outlets.
- There were now records to confirm people were protected against the risks associated with legionella. Appropriate risk assessments had been completed by a contractor and routine testing records were seen.
- Everyone living at the home now had a Personal Emergency Evacuation Plan (PEEP). This meant staff and the emergency services have access to important information to enable them to evacuate people safely in the event of an emergency. Staff had received additional training on the safe evacuation of the home and this training had been followed up with regular fire drills.
- Risk assessments associated with people's health, well-being and personal care needs had now been introduced. Care plans had been reviewed and developed to manage known risks. This meant people received safe and appropriate care.

At our last inspection the provider had failed to maintain a safe environment. This was a breach of Regulation 15 (equipment and premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People could be reassured that the provider was now maintaining equipment used in the care home. We saw evidence that the fire alarm, extinguishers, hoists and stair lifts had been serviced since the last inspection.
- Since the last inspection the provider had work carried out on the hot water and heating system at the home. At this inspection all outlets now had hot water and portable heaters were no longer in use.

## Preventing and controlling infection

At our last inspection the provider had failed to assess and manage risks associated with the control and spread of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

## Staffing and recruitment

At our last inspection the provider had failed to ensure people were protected by staff recruitment procedures. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff recruitment files showed that references had been obtained before the staff member commenced employment. Checks had also been obtained from the Disclosure and Barring Service (DBS) to check the applicant was suitable to work with the people who lived at the home.
- Application forms only requested details of the past five years employment. A full employment history would help to explore any gaps in employment and the suitability of the applicant. We discussed this with the provider during the inspection and they agreed to address this. Progress will be followed up at the next inspection.

At our last inspection the provider failed to ensure people were supported by staff who were skilled and competent in their role. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they now received regular supervisions where they were able to discuss their role and any training needs. A member of staff said, "Things have really improved, and I feel very supported."
- Assessments had been introduced to monitor staff skills and to check they were competent in the tasks they performed.



## Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to protect people from the risk of abuse. This constituted a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection we found incidents which the provider had failed to notify to the local safeguarding authority. At this inspection we found the provider had improved the training provided to staff and the governance systems to ensure that all relevant incident would be notified in the future.
- Staff knew how to recognise and report any signs of abuse and they told us they would not hesitate in reporting concerns to ensure people were safe.

## Learning lessons when things go wrong

- Records of any accidents or incidents were maintained.
- At the last inspection we found that the provider was not taking any action to reduce the risk of accidents happening again. At this inspection improvements were found, and the provider was able to demonstrate learning from incidents and had implemented systems to reduce the risk of the incident happening again.

## Using Medicines Safely

- People received their medicines as prescribed. Protocols had been drawn up considering people's preference as to how and where they would like to have them administered.
- Staff administering medicines received training and had competency assessments carried out to ensure that the learning had been embedded.
- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
- Accurate records of medicines administered in the home were maintained.
- Medicines were stored securely and at the right temperature and we saw evidence temperatures were checked regularly.



# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last two inspections the provider was unable to demonstrate safety, or the quality of the service provided was effectively managed. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However more time is needed to ensure improvements are embedded and can be sustained over time.

### Continuous learning and improving care

- At our previous inspections the provider had failed to assess and monitor the quality and safety of the service and failed to make improvements to the service provided. At this inspection improvements had been made however more time is needed to ensure that improvements and systems have embedded and can be sustained over time.
- Since the last inspection the provider had introduced audits which included staff and people's records, the environment, equipment and accidents. This meant there were systems to identify and mitigate any risks or shortfalls.
- Policies and procedures had been updated to reflect changes in legislation. For example, the Infection Prevention Control policy (IPC) had been updated to reflect the COVID-19 Government guidelines.

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

- The provider was also the registered manager. Since our previous inspections the provider had appointed a deputy manager and an operations manager to ensure the home was effectively managed when they were not at the home.
- Staff were provided with opportunities to discuss their role or performance through regular supervision sessions.
- The provider had taken action to ensure staff were appropriately trained and skilled in their role.
- The provider had informed us of significant events in the home in accordance with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People were now involved in planning and reviewing the care they received.
- People and their relatives were provided with opportunities to express their views on the service they received through satisfaction surveys. The results of a recent catering survey had been positive.

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

- Systems were now in place to investigate, feedback and learn when things went wrong. Records showed that people's relatives had been informed of any accidents or concerns about people's well-being.

Working in partnership with others

- Staff told us they had good support from visiting professionals such as doctors and district nurses.
- Care plans showed that people saw other healthcare professionals to meet their specific needs. These included speech and language therapists and mental health professionals.
- Feedback from the local authority and commissioners confirmed the provider worked in partnership with them to improve the standards and quality of care provided.