

## Kevindale Residential Care Home

# Caradoc House Residential Care Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 18 and 25 January 2017 and was unannounced.

Caradoc House Residential Care Home is registered to provide accommodation and personal care for up to 11 people. At this inspection 11 people were living there.

A registered manager in post who was present during day one of the inspection. 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risks of harm and staff followed safe practice when assisting people. Any incidents or accidents were monitored by the registered manager and deputy manager to minimise reoccurrence.

There were enough staff to support people and to meet their needs. The provider had systems in place to adapt to the changing needs of people and to make provision for additional staffing when required. The provider undertook checks on staff to ensure they were safe to work with people before they started their employment.

People received support with their medicines from staff who were assessed as competent and followed safe practice with medicines. The provider undertook checks to ensure staff followed safe procedures when administering medicines. The registered manager had systems in place to learn from incidents resulting from any errors and to take action to prevent reoccurrence.

People were supported by staff members who had the skills and knowledge to meet their needs. Staff members attended training that was relevant to the people they supported. Staff received support from the registered manager and deputy manager who promoted an open and transparent culture.

People were involved in decisions about their day to day care. When people were not able to make decisions for themselves they were supported by staff and advocates who understood and took steps to ensure their rights were upheld.

People received care and support which was personalised to them and reflected their personal preferences. People's care and support was adapted with people's changing preferences and needs. People took part in activities they liked and found interesting and fun.

People were supported by staff who knew them well and had good relationships with them. People were

involved in their own care and information was given to them in a way they could understand.

People had their privacy and dignity respected by staff who also encouraged them to do as much as they could to maintain independence. Staff understood how to keep information confidential and shared information only when needed and with the individuals permission.

People had a choice of food to eat and were prompted to maintain a healthy balanced diet. People's routine health needs were looked after and people had access to healthcare when they needed it.

People and staff felt able to express their views and felt their opinions mattered. People were involved in the day to day running of their home and were involved in any changes.

## 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.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. People were supported by enough staff to meet their needs. People were assisted with their medicines by staff who followed safe practice. Checks were made before staff could start work to ensure they were safe to work with people.

### Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had the skills to meet their needs. People had access to healthcare when they needed it. People were supported to maintain a healthy and balanced diet, which adapted to their needs and preferences. People were supported to make decisions and had their rights protected by a staff team who followed current guidance.

### Is the service caring?

Good ●

The service was caring.

People were supported by a kind and compassionate staff team. Staff spoke about those they supported with warmth and respect. People were supported at times of upset and distress. People were involved in making decisions about their own care and support.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. When people's individual needs changed their care and support plans accounted for any changes. People's individual preferences were known by the staff supporting them. People, and their relatives, were encouraged to raise any concerns or

comments.

**Is the service well-led?**

**Good** ●

The service was well led.

People felt involved with their home and their suggestions were valued by the provider. The provider and staff team had shared values in supporting people in a way they wanted. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

# Caradoc House Residential 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 inspection took place on 18 and 25 January 2017 and was unannounced.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information from statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had, which would aid our inspection. We used this information as part of our planning.

We spoke with six people, the registered manager, the deputy manager, three care staff members, the chef and two visitors. We looked at care and support plans for two people including individual assessments of risk and medicine administration records. We looked at records of incident and accidents, compliments and complaints and the recruitment records of two staff members.

# Is the service safe?

## Our findings

We looked at how people were kept safe from harm and abuse. One person told us, "Since being here I have felt safe and secure. I know everyone here will look after us." Staff we spoke with understood how to recognise signs of abuse and ill-treatment and knew what to do if they suspected anything. One staff member told us, "I know I can report anything to [registered manager's name] and they will sort it." Another staff member said, "We have the contact details for social services and for the care quality commission if we ever needed to raise any concerns." At this inspection we saw information was available for people, visitors and staff on how to raise concerns with the provider or with the local authority. The registered manager told us they had not needed to raise any concerns since Caradoc House opened. However, they were able to inform us about the process they would need to follow if they did. People were kept safe from harm and abuse by a staff team who knew what to do if they suspected if anything was wrong.

People were kept safe when using services from the provider. People had individual assessments of risk including mobility, personal care and self-neglect. People told us they felt safe whilst being assisted by staff members. One person told us, "I do like to keep active and take regular walks. They (staff) always make sure I have my walker with me just so I don't fall." We saw staff spending time with people when they were walking and advising them on how to keep safe. One person was overreaching when using their mobility aid. The staff member recognised the risks with this and gave appropriate advice to the person on how to keep safe. We later saw this person acting on the advice given. Staff members we spoke with knew the individual risks to people and what to do in order to minimise the risk of harm. One staff member told us, "You can never prevent all the risks to people, but we do try and minimise the harm that could occur. By supporting people when they want and give advice on how to do things safely." People had personal evacuation plans in place in case of emergency. These plans were personalised to their own strengths and needs. Staff members understood these plans and could tell us what to do in an emergency.

Staff members we spoke with knew how to report incidents, accidents or issues relating to people's care. Incidents and accidents were monitored by the registered manager and any patterns or trends identified were responded to in order to keep people safe. For example, one person had several falls, which had not resulted in any injury. Staff members we spoke with told us a review was completed by the GP to ensure this was not as a result of any changes in their medical condition. No changes were recommended apart from staff to continue to support and promote the use of mobility aids.

Checks were made on the physical environment at Caradoc House to ensure repairs and maintenance was completed in a timely way to keep people safe. We saw the registered manager identify one potential issue with a fire door, which was immediately passed to the maintenance team to rectify. We saw regular checks were completed on equipment that people used to ensure they remained in safe working order.

At this inspection we saw there was enough staff to assist people safely and to meet their needs. One person told us, "You never need to wait for anything. There is always someone here day or night." The provider had systems in place to respond to any changing need and to allocate additional staff members if required. One staff member told us, "If for any reason it is particularly busy or we need extra support we can contact

[registered manager's name]. They will arrange additional support for us and this has never been a problem."

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members, which included disciplinary action if required.

People received their medicines when they needed it. One person told us, "I have always taken responsibility for my own medicines and when I came here I carried on. They (staff) made sure I was safe to do so and check to make sure I never make a mistake. I keep my medicines nice and safe in my own room." We saw staff members following safe practices when supporting people to take their medicines, which included the safe storage of medicines. Staff members told us after they had received training in the safe administration of medicines they were observed and assessed as competent. One staff member told us, "When I first started working here I completed my medicine training and was assessed as competent to support people. I am now revisiting my qualifications in medication administration as a refresher so that I keep up to date." We saw records of regular medicine competency checks on staff members. Staff members knew what to do if they identified a mistake with medicines. One staff member told us, "I haven't identified any errors with any medicines, but we always check the stocks to make sure people have received what they need and check these against the records. If there was ever a discrepancy or someone didn't receive their medicine then I could contact the GP straight away for advice."

## Is the service effective?

### Our findings

People told us they were supported by a staff team that were skilled and knowledgeable to meet their needs. One person told us, "All those here (staff) seem to know how to support us and appear to be well trained. If I ever ask them something they don't know they always go away and find out the right bit of information for me." Staff members we spoke with told us they had received training relevant to the role they were doing and to the people they were supporting. One staff member said, "Since being here I have started to revisit all of my training and have commenced a level two qualification. I have done a lot of the training in other places of work, but it is good to refresh yourself and to keep up to date with changes. We are fully supported by [registered manager's name] to undertake this training as it helps us to support people."

At this inspection Caradoc House had not yet been open 12 months. All staff members we spoke with were new to working with the provider. One staff member told us, "We completed our training along with staff from (providers other care establishment). This helps us understand what is expected of us and to interact with staff from another location. This allows us to share experiences and discuss our role and how to support people." Staff members felt they had a supportive and structured introduction to the role they were undertaking. Staff we spoke with told us they were supported to develop their skills by the registered manager and could suggest additional training they felt would benefit people. For example one staff member told us they felt they needed training in supporting people living with dementia. They spoke to their line manager and this training was agreed and the staff member told us they were now looking forward to commencing the training.

People received care from a staff team who were supported in their role. Staff members told us they received regular one-on-one sessions with a senior staff member. During these sessions they could discuss what has gone well and what could be improved in their performance. One staff member told us during one of these sessions they discussed their role and made some suggestions, which they felt would aid their contributions within the home such as how to best allocate some of the work. These were acted on and the staff member told us they felt valued and supported.

Staff shared information appropriately with the people they supported and other professionals involved in their care. We saw elements of one person's care had been discussed with a supporting health professional. These discussions were recorded and all staff we spoke with were knowledgeable about the changes. This ensured the person received consistent support from staff members who shared information appropriately between themselves.

We saw people were supported to make their own decisions and were given choices. One person said, "It is not a case of being told what to do and what you need here. I can say what I want and they (staff) are so lovely they always respond to me to ensure I get what I need." We saw people were provided with opportunities to make decisions for themselves throughout this inspection. These included what they wanted to do, what they wanted to eat and what support they wanted. People were given the time and support to make decisions for themselves. For example, we saw one person was asked what they would like

to eat. This person was undecided and the staff member agreed to come back a few minutes later. It was during this time that the person was able to consider what they wanted. We later saw the staff member return and ascertain the person's wishes.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision, which had been made for someone. This was regarding the individual's response to medical procedures. The decision included the person, their relatives and the multi-disciplinary team involved in the person's care. The decision was made for the person in the least restrictive way possible to meet their needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made applications to ensure people's rights were maintained whilst living at Caradoc House. The decisions relating to these applications were yet to be made. However, we saw that the provider was supporting people in the least restrictive way possible. The provider had systems in place to monitor the timescales for reviews and to make repeat application if necessary.

We saw people were supported to eat and drink sufficient amounts to maintain good health. One person told us, "The food here is lovely. I would class it as good, wholesome clean food." Another person told us, "I have to watch my diet here and there is always an alternative. I do choose fruit, but sometimes I do have a treat and go with a pudding." One staff member said, "People have a choice, but we try and encourage healthy eating when needed. If someone decides to have something contra to medical advice we try and present the information they need to make an informed decisions. Ultimately it is there decision but we try to educate where food and nutrition is concerned." We saw people had their weights monitored when this was needed. Staff were aware of the process to follow if they needed to seek additional support from the GP or dietician if weight loss or gain became problematic for people.

People had access to healthcare services when needed to maintain well-being. We saw staff members had requested a medical review following changes in one person's personal circumstances. The person was consulted on their medical care and changes were agreed and recorded. All staff members we spoke with were aware of these changes. One person told us, "I see the district nurse and the GP whenever I need. There never seems to be a delay and they (staff) make sure I see a chiropodist regularly as well just to see that I am OK."

## Is the service caring?

### Our findings

People we spoke with described the staff who supported them as lovely, kind and patient. One person said, "They (staff) are all so lovely. When I first came here I was very upset as it was such a big step leaving my home. They all supported me to make the emotional decision to accepting care." We saw people being supported by staff in a way that was respectful and caring. Staff members we spoke with talked about those they supported with compassion and regard for them as individuals. Throughout this inspection we saw spontaneous interactions between people and staff. We saw staff members sitting and chatting in small groups and with individuals.

Staff members told us about people's personal histories and the things that mattered to them. These included families, where people used to live, what people liked and also what they didn't like. People were supported by staff who knew them well and took an interest in them. One person told us, "I have a running joke with [staff member's name]. They know what part of the country I come from and that we make the best scones. They mistakenly believed that they make the best scones. When people get to know each other you can have these kinds of jokes."

People told us they were supported at times of upset and distress. One person said, "Sometimes I just like to spend time on my own, which I can do whenever I like. I like time with my own thoughts and sometimes it can upset me when I think about things. They (staff) always make sure I am alright and will sit and chat with me when they know I am down. It's nice that they recognise this."

People were involved in making decisions about their own care and support. One person said, "I have a full choice of what help I need. I can also turn down anything I don't want. It is never a problem if I change my mind about what or when I need a bit of help. I can rely on them (staff) to be responsive to me." We saw staff supporting people after first asking what assistance people needed. One person declined support, but asked if the staff member could ask again later. We later saw this person being assisted as they had requested. One staff member told us, "Everyone is encouraged to be involved in their care as they want. They are the ones we are here to help so we have to listen to them and support as they wish."

We saw people were encouraged to remain as independent as they could. One person told us, "When I first came here they (staff) were very clear with me about my care and that they were here to support me and not just do everything for me. I still do the majority of things for myself, but sometimes I just need a bit of an arm to lean on." One staff member told us, "People can still do so much for themselves. We assist when needed, but something as simple as making sure everything is to hand when washing helps someone to do it themselves. Just because people are here does not mean they stop doing things for themselves."

We saw people had their privacy and dignity maintained and respected by staff providing support. Staff members knocked before entering people's rooms and announced themselves when entry was permitted. One person told us, "I am a very private person. Accepting help was difficult for me. Just having my own space and privacy means a lot to me. Also just having time to myself is good. I have never for one moment thought my privacy or dignity was not respected here."

Staff members had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so.

## Is the service responsive?

### Our findings

People told us they were involved in the development of their plans of care, which they felt were individual to them. These plans of care contained the information staff members needed in order to effectively support people. One person told us, "[Registered manager's name] came out to see me where I used to live. We spoke about how I was managing and what they could do to help me. When I first arrived they gave me time and space to settle. We met again and went through everything to make sure it was what I wanted." Another person told us, "I first visited [provider's other home] and spent some time there just getting a feel of how things were. A space became available here and I met the staff who assisted me in identifying what help I wanted."

We saw plans of people's care, which were personal to them and gave staff instruction and direction on how to support people as they wished. These included what to do if there were individual changes in need. For example, when someone identified that their blood sugar monitoring was either too high or too low there were specific instructions for staff to follow to ensure the person remained healthy.

The provider had system in place to review people's care needs and to respond to any changes. At this inspection the majority of people living at Caradoc House had only been in residence for under eight months. During this time little had changed with people's needs and formalised reviews had not been needed. People we spoke with told us they were confident that should their needs change they would be consulted and involved in any revision to their care plan.

At this inspection we saw people engaged in a number of activities. We saw people playing board games and taking part in a sing-a-long. Later in the day people took part in a quiz. One person told us, "Personally I just like to sit and watch some TV. If I want I can do something else or have a read. But it is also just nice to have a rest." Some of those we spoke with told us they also attended a local community centre where they maintained social relationships with friends. We saw staff members had the opportunity to sit and talk with people as well as engaging them in activities. One staff member told us, "We try to keep people active throughout the day by doing things like games and puzzles. It is fun for us as well."

People were encouraged to maintain relationships that mattered to them. Family and friends could visit at any time they wished. Although visiting during meal times was discouraged in order to promote healthy eating. At this inspection we saw friends and families visiting. One visitor told us, "We are always warmly welcomed and there is somewhere we can sit in private and have a chat. It's lovely and welcoming here."

People felt comfortable to raise any concerns or complaints with staff or the registered manager. One person said, "I have never had any complaints here at all. Small niggles, but that is what happens when people all lived together, but never a complaint as such." Another person told us, "I can always go to [registered manager's name] or anyone of the staff. I have full confidence in them to listen to and support me." The registered manager had systems in place to respond to and investigate any complaints they received.

## Is the service well-led?

### Our findings

People told us they were involved in the decisions about their home and in the care and support that they received. For example, those we spoke with told us about the provider's plans to expand the communal areas with the provision of a large conservatory. One person told us, "It should be lovely. [Registered manager's name] told us what was happening and asked us what we thought. Of course we all said we liked the idea as it should be a lovely area to sit." Another person told us they were encouraged to bring their personal possessions and furniture into Caradoc House when they first moved in. They said, "I had the opportunity to make my room my own. This made me feel at home straight away and eased the move into living here."

People knew who the management team were and felt they were approachable and that they could talk to them whenever they wanted. At this inspection we saw many interactions between the registered manager, people and families.

People and families were encouraged to give feedback on their experience at living at Caradoc House. As the home had not yet been open 12 months the yearly resident and family survey had not been completed. The provider had plans in place to complete these at a later date. However, we saw the registered manager openly engaging people in conversations about their experience and sought feedback on anything that they could do differently.

Staff we spoke with felt their opinions mattered to the provider and any contributions they made valued. One staff member told us, "We had a recent staff meeting. We spoke about workloads and how these could be better managed. I felt listened too and as a result some changes were made. These seem to be working well at the moment."

Staff members told us they felt they all worked together as part of a team with shared values and a common goal for people. We asked staff members about the values that they believe the provider demonstrated. One staff member told us, "When [Caradoc House] first opened we all worked at [provider's other home]. This was so we got used to the values that we would be expected to demonstrate here. This was to bring care back to basics. Help people to do what they can and what they want. Assist where needed, but to encourage independence." Throughout this inspection people told us their independence was encouraged, but help was always available to them if they wanted it.

Staff members were aware of appropriate policies, which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern. Staff members knew where to locate any information they might need to guide their actions. One staff member told us, "I know I can just go to [registered manager and talk openly to them and I have confidence they will act appropriately]."

Caradoc House had a registered manager in place who was supported day to day by a deputy manager. The registered manager understood the requirements of their registration with the Care Quality Commission.

The registered manager had understood the requirement to submit notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager kept their personal development up to date by attending training relevant to their role, but also with contribution towards manager's forums. The registered manager told us, "I can keep up to date with developments in adult social care by sharing experiences of other managers from across the county. For example, We have looked at the development of diet and nutrition in other areas and are looking at implementing similar systems here to further promote people's health."

The registered manager and provider had systems in place to monitor the quality of service provision. These included quality checks of medicines, health and safety and physical checks on the environment in which people lived. When needed the provider took action to rectify any issues identified as part of these checks. For example: during an environmental check it was identified that the lighting was too dull and could become a risk to people as their sight may be hindered. As a result light bulbs were replaced to ensure areas were safely illuminated.