

Kevindale Residential Care Home

Caradoc House Residential Care Home

Inspection report

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Date of inspection visit:
06 August 2019

Date of publication:
25 September 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caradoc House is a residential home providing personal care and support for up to eleven people over 65. At the time of inspection there were ten people living in the home, three rooms had en-suite facilities. Some extension work was being carried out with the intention of increasing the number of people in the home. The home was a converted house, there was a stair lift for people to access the upper two floors.

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

People had not been protected from the risks associated with fire as some exits had been blocked and the fire evacuation plan had not been updated to reflect this. Some routine health and safety checks had not been carried out as regularly as required. Hazardous chemicals had been left in a bathroom which was used by people who might not recognise the risk. Not all bathrooms had hand washing materials available. People we spoke with said they felt safe in the home and had enough support when they needed it.

People's needs had been assessed and plans of care developed to ensure their needs were met. People's capacity to make decisions had not been assessed; there was a risk that people may have been deprived of their liberty without appropriate authorisation. Staff training was inconsistent. Two of the three staff spoken with said training was limited, but they understood how to support people and people confirmed this. People said staff were kind and caring. Staff understood the importance of supporting people in ways that upheld their dignity. People were supported to maintain their independence. We saw a lot of positive interactions between people in the home and the staff.

People received person-centred care which reflected their needs and preferences. Activities were available including trips to museums and local beauty spots. Some people attended a day centre to keep in touch with people and engage in activities.

Staff were committed to providing high-quality person-centred care. People said they were happy with the quality of care they received. Some auditing and governance of the service had not been completed as required. There was a lack of oversight of some health and safety concerns which could have placed people at risk.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was good, (published January 2017). At this inspection the overall rating for this service has deteriorated to requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance. We have made recommendations in relation to staff support and supervision and mental capacity assessments. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Please see the action we have told the provider to take at the end of this report.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings 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 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.

The inspection team

This inspection was carried out by one inspector.

Service and service type

Caradoc House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission and in this case also owned the home. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We

used all of this information to plan our inspection.

During the inspection

We reviewed the care records of three people, spoke to; two people living in the home, three members of staff, the registered manager, the cook and a visiting health care professional. We looked at medicines records, recruitment and staffing records and a variety of records related to health and safety and management checks.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- People had not been protected from some risks associated with health and safety. Two of the four exits on the ground floor had been blocked, one due to building work and the other with hoists and wheelchairs. The fire risk assessment had not been updated to reflect this change and there were no signs to indicate which doors could be used as fire exits. Two fire doors had been propped open. Some Routine fire safety procedures had not been completed for over two years.
- Hazardous chemicals had been left in a bathroom used by people who might not recognise the risks.
- Not all bathrooms and toilets had hand washing soap.
- We discussed our findings with the registered manager and raised our concerns. The registered manager responded immediately to unblock one of the exits and to arrange for fire exit signage to be put in place. One of the exits which had been blocked was too hazardous to exit through due to building works outside.
- We contacted the fire safety officer for the service and raised our concerns with them.

These demonstrated a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy. Staff we spoke with understood what might be a safeguarding concern and how to raise this. We reviewed the safeguarding records. There had not been any alerts or concerns raised in the previous 12 months. People we spoke with felt safe. One person told us, "I feel safe here, it is better than when I was at home. I am looked after."

Staffing and recruitment

- The service had safe recruitment procedures, all necessary checks had been completed prior to staff starting work. There were some vacancies which the registered manager had started recruiting for and was awaiting final checks before new staff could start.
- Some staff lived in staff accommodation on site. The registered manager advised they could be relied on in an emergency to support people in a timely way.

Using medicines safely

- Staff continued to manage medicines safely. The service had robust policies and procedures in place. Managers checked the competency of staff to ensure these were followed.
- We saw where any errors had been identified in relation to records these had been raised and lessons

learned.

- Staff who were responsible for supporting people with medicines felt confident they had the skills and knowledge. Staff could also rely on each other for support and advice.

Preventing and controlling infection

- The service had an infection control policy. Some communal bathrooms and toilets did not have any soap or hand cleaning materials. This was provided during the inspection.
- Staff wore aprons and used gloves when providing personal care.
- Cleaning routines were maintained by the care staff until the manager could appoint domestic staff.

Learning lessons when things go wrong

- The management team had a system in place to learn from incidents. Routine checks and audits, including; monthly fire marshal checks and quarterly health and safety checks, had not always been completed by the registered manager or provider and some learning opportunities may have been missed.

Is the service effective?

Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good, at this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training had not been consistent. Staff we spoke with gave mixed views about the quality of training provided. One staff told us they felt training was non-existent, another told us they had received training and had shadowing experience. Both staff felt they had the right skills and knowledge to support people.
- The service had a training plan which included key aspects of care, however there had been no training in mental capacity and best interest decision making.
- Staff supervision had been provided. Supervision is a one to one meeting with a senior member of staff to discuss any development needs and look at what is working well. Staff had mixed views about how effective this was.

We recommend the home reviews the effectiveness of training and supervision to ensure staff feel consistently supported.

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

- A visiting health professional told us the service was very good at referring people to them in a timely way and they followed their advice.
- People's records included information from other agencies, including, dieticians, chiropodists, district nurses and opticians. We saw staff had followed the advice provided in relation to supporting a person to manage their diabetes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs prior to them moving into the home to ensure they were able to meet their needs. People's assessments contained enough information for staff to be able to support them. Care plans followed good practice guidance and included people's own input.

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

- People told us they enjoyed the food. There was a choice of tempting meals and snacks available. The food provided was freshly made and high quality.
- Staff were aware of any special dietary needs including modified diets and ensured people received these.

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

- The service supported people to access health care services in a timely way. People had regular health screening checks, from the optician, dentists, chiropodist and specialist health staff in relation to specific

long-term health conditions, including diabetes and dementia.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People's capacity to consent to care had not always been assessed. This meant there was a risk that peoples' liberty may have been restricted without the proper authorisation. We discussed this with the registered manager who agreed they would review people's capacity and contact the local authority if required.
- At the time of inspection no one was identified as being unhappy and expressing a wish to leave.

We recommend the home ensures people's capacity to consent to care is assessed and recorded and, if necessary, any applications are made to the local authority DoLS team.

- Staff understood the importance of gaining consent from people before supporting them with personal care. Staff described how they asked people and respected their decision if they declined. When necessary staff would re-approach people who had declined support to see if they had changed their mind.

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

- The home was being refurbished in some areas at the time of inspection. This had resulted in some disruption and the use of a corner of the lounge to store walking equipment. We discussed this with the registered manager who advised they had expected the builders to return that week.
- People's bedrooms reflected their taste and preferences, some people had pictures on their door to help them identify their room.
- The carpet in the lounge was not properly fitted and had some waves in it which could present a trip hazard. The registered manager agreed to address this in a timely way.

Is the service caring?

Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us they felt happy in the home. We observed a lot of chatting and positive interactions between staff and people in the home.
- People's background and equality needs had been recorded in their care records. Staff were committed to supporting people to maintain their identity.

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

- The service had completed communication guides which showed how best staff might interact and involve people in decisions about their care. For example, on person's guide described how to sit close to the person when speaking and to give them time to understand and reply.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to supporting people in ways which upheld their dignity and privacy. We saw kind and friendly interactions between staff and people living in the home. One member of staff said, "I love working with the people, they are more like family."
- Staff ensured people's independence was upheld. People's assessments included information about what people were able to do and they were encouraged to maintain their skills. For example, one person preferred to get themselves up and dressed each day but may need support on occasions. They told us staff kept a check on how they were coping and offered help when they felt it necessary.

Is the service responsive?

Our findings

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

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

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

- Staff provided personalised care that was responsive to people's needs and preferences. Care plans provided insight in to people's life experiences and achievements.
- People could choose where they ate, some people had breakfast in bed. We saw one person having breakfast on a table in their room.
- People could choose when they got up, staff were seen to be flexible and responsive to people, arranging to return later to support them when they were ready.
- There had been concern there had been insufficient staff to support people at times, for example with bathing or very occasionally repositioning when they were at risk of skin damage. We discussed this with the registered manager who was aware and actively recruiting staff. In the meantime, the home relied on live-in staff to provide additional help.
- Reviews of people's needs had been regularly undertaken to identify any changes. The records were very brief. We discussed this with the registered manager who agreed to address this. However, there was no evidence people's needs had not been responded to.

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

- Care records included information about the activities and interests people had. There were a variety of activities available, some of which reflected people's previous interests. There had been trips out to the RAF museum and a canal trip. Some people attended a day centre.
- Important relationships were also recorded and how to support people to maintain their relationships. Visitors were welcome at all times.

Meeting people's communication needs

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

- The service had met this standard, information was available in a variety of formats. Staff understood how to interact with the people who needed support to understand. This included, large print and easy read.

Improving care quality in response to complaints and concerns

- People told us they were able to raise their concerns with the staff and management team.
- The service had a complaints policy which they followed when people had expressed a concern. We saw

that people's concerns had been responded to, records of any complaints had been kept with the persons care record. We saw the manager had followed the providers procedure.

End of life care and support

- People had been supported to remain at the home at the end of their life. The manager and staff worked together with community-based health staff to maintain people's comfort.
- Some people had considered their needs and wishes in relation to end of life care. This had been included in their care records.

Is the service well-led?

Our findings

Well-led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- Regular audits and safety checks had not been completed in line with the providers policy. Quarterly health and safety checks had not been recorded for almost two years. Monthly fire marshal checks had not been recorded for over two years. We spoke to the local fire safety officer and made them aware of our concerns.
- Water temperature checks and recommended procedures to avoid the risk associated with legionella had not been completed.
- There was no regular system or oversight of auditing and this had led to some of the issues seen in the 'safe' section of this report. The registered manager could not explain these omissions but said they would address them in a timely way.

This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of the need to respond to incidents and report them to the appropriate organisation. Including notifying CQC of incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were committed to providing high-quality care which reflected the preferences of people living in the home.

Continuous learning and improving care

- There were systems in place to learn from people's experiences and improve care. For example, audits of care plans, quality audits and people's feedback.
- Some learning opportunities may have been missed due to the lack of oversight and governance.
- The registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements providers must follow when things go wrong with care and treatment.

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

characteristics

- Resident meetings had identified concerns which the registered manager had addressed. An example had been people were unhappy about water not being hot enough. A new boiler had been installed.
- Staff meetings were held regularly. Staff told us they were able to contribute. Meeting minutes were available for staff if they were unable to attend. We reviewed the minutes of the previous two meetings, they covered practice issues, updates and included positive feedback for staff.

Working in partnership with others

- The registered manager had engaged with the local community resources and services. People had benefitted from access to these.
- The registered manager had worked with Shropshire partners in care previously and planned to resume closer working with this organisation in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to complete fire risk assessment in relation to fire exits being blocked Failure to complete regular fire marshal and health and safety checks Hazardous chemicals in service user bathrooms Lack of soap or hand washing facilities in service user bathrooms
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Lack of auditing - regular checks not completed as per providers policy. Registered manager had not identified gaps in governance records