

Sharob Care Homes Ltd

Caprera

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 25 January 2016. The last inspection took place on 2 May 2014. The service was meeting the legal requirements at that time.

Caprera is a care home which offers nursing care and support for up to 29 predominantly older people. At the time of the inspection there were 29 people living at the service. Some of these people were living with dementia. The service uses a detached house over three floors.

The service had a registered manager in post. 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. The registered manager was not present during this inspection.

We looked at how medicines were managed and administered. We found it was not always possible to establish if people had received their medicine as prescribed. Monthly medicine audits were failing to identify that hand written entries on the Medicine Administration Charts (MAR) had not been witnessed. Medicines were not managed safely.

We walked around the service which was comfortable. There were malodours on the ground floor throughout the day of the inspection. This was due to a burst sewage pipe beneath the cellar of the service. The service were in the process of repairing this issues. People's bedrooms were personalised to reflect their individual tastes. People were treated with kindness, compassion and respect.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. Staff and visitors told us they felt there were enough staff. People told us staff responded quickly when they called for assistance.

Staff were supported by a system of induction training and quarterly supervision. More specialised training specific to the needs of people using the service was being provided. For example, dementia training and care of people who were suffering from the effects of having had a stroke. Supervision included a performance appraisal. This enabled the service to address any issues promptly.

Staff meetings were held. These allowed staff to air any concerns or suggestions they had regarding the running of the service. Staff told us they felt the management listened to them and responded to their requests. For example, the management were planning to increase staff numbers in the mornings by one extra person. This was as a result of staff reporting that it was difficult to meet people's needs in the mornings with the current staffing levels.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

Activities were provided regularly. People told us they enjoyed some of the activities such as music, quizzes and exercises.

The registered manager was supported by an Area Manager who also supported other services in the group. The service had a stable staff group who told us they felt they worked well together as a team.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the service 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?

**Requires Improvement** 

The service was not entirely safe. The service did not manage people's medicines safely.

People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service

### Is the service effective?

**Good** 

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with regular supervision and training. Appraisals were not provided for all staff.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

### Is the service caring?

**Good** 

The service was caring. People who used the service and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

**Good** 

The service was responsive. People received individualised care and support which was responsive to their changing needs.

People were able to make choices and had control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

**Is the service well-led?**

**Good** ●

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Staff, people and their relatives and friends found the management of the service approachable, listened and acted upon any concerns they raised.

People were asked for their views on the service. Staff were supported by the management team.

# Caprera

## 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.

The inspection took place on 25 January 2016. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the area manager, the clinical lead, the office manager, three people who lived at the service, six staff and three visitors. Not everyone we met who was living at Caprera was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

Following the inspection we spoke with two families of people who lived at the service and one member of the night care staff team.

We looked at care documentation for three people living at Caprera, medicines records for 29 people, five staff files, training records and other records relating to the management of the service.

## Is the service safe?

### Our findings

We checked the way the service managed people's medicines. Caprera was using a system which was set up to encourage people's independence with their medicines. Each bedroom had a locked box on the wall containing their medicines and the administration records of these medicines. However, duplicate medicine administration records (MAR) for people's medicines were also held in the medicine trolley for when the nursing staff administered lunch and teatime medicines. The nursing staff responsible for administering lunch and tea time medication failed to cross out the morning and evening medication on these MARs sheets in accordance with proper procedures which meant it was not easy to check if people always received their prescribed medicines correctly. Staff and management told us the system was "difficult" due to this.

We checked the MAR and it was not clear that people received their medicines as prescribed. There were gaps in the MAR where nursing staff had not signed to show people had been given their prescribed medicines. We saw nursing staff had transcribed medicines for seven people on to the MAR following advice from medical staff. However, these handwritten entries were not signed and had not been witnessed by a second member of staff. We found medicines that required stricter controls had been transcribed by staff on to the MAR with no clear dose or time indicating when it should be administered. This meant that there was a risk of potential errors and did not ensure people always received their medicines safely. Some people had been prescribed creams and these had not always been dated upon opening. This meant staff were not aware of when the cream expired and would no longer be safe to use. The service were not following their own medicines policy which clearly stated two staff should always sign handwritten entries to help ensure the risk of errors is reduced.

We checked the stock of medicines that required stricter controls, held at the service, against the records kept. Such records are required by law. We found the records were not accurate. The service was holding items which were not recorded. Medicines for people that were no longer required had not been returned and recorded appropriately. There were unnamed vials of medicines held which were not recorded against a named person. An error had been identified prior to this inspection, records had been amended inappropriately. The management had been made aware of these concerns on the 20th January and instructed the Clinical Lead to check the stock immediately. We were told the stock tallied with the records at this time. There had been subsequent errors made since that time.

The service was storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored daily. However, the newly delivered medicine refrigerator was showing a maximum temperature of 16 degrees centigrade. Medicines that require cold storage should be stored between 2 and 8 degrees centigrade consistently. This meant the safe cold storage of medicines at the service could not always be ensured.

An external pharmacy audit had been carried out in July 2015 and we were told by the area manager that no concerns had been raised. Internal medicine audits were regularly carried out. A medicine audit had been carried out the day before an error had been reported. However, the concerns found at this inspection had

not been identified. This meant the audit process had not been completely effective.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People and their families told us they felt it was safe at Caprera. Comments included; "I feel safe here" and "We moved (the person) to Caprera from another home and this one is much better, we feel (the person) is quite safe there."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on safeguarding adults. However, not all staff were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. The service held policies regarding safeguarding adults processes and whistleblowing which were available to staff if needed.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, one person's care plan stated they were mobile but had regular falls that should be monitored and guided staff to; "Ensure surrounding area is free from clutter, continue to encourage independence as long as is able."

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the home including details of their mobility needs. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service was recruiting new staff at the time of this inspection. The new staff were required to cover the extra staff position created to support people's needs in the mornings. The service was also recruiting a person to work in the laundry, night care staff and nurses. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. People, visitors and staff told us they felt there were enough staff most of the time. We saw from the staff rota there were usually four or five care staff supported by a nurse on shift. The rota showed very few amendments which were sometimes needed when staff reported absence at short notice due to sickness. Staff confirmed there was not a great deal of short notice absence within the staff group. We were told by the area manager that staffing was due to be increased in the near future due to staff reporting feeling under pressure when trying to meet people's needs in the mornings. Staff told us they felt they were a good team and worked well together. □



# Is the service effective?

## Our findings

People told us; "The carers are good" and "(The person's) room is nice and we can bring in what we like." Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service.

Comments from families of people who lived at the service included; "We have no problems at all with the service" and "It is better than the first home we tried with (the person) we had to move (the person) as they could not meet their needs."

The service operated closed circuit television records throughout the service corridors, entrances and car park area. Three family members we spoke with were not aware of such recordings being done. There was a small sign high up upon the front door which had become rolled up which did indicate CCTV recording was in place. The area manager agreed this signage needed replacing and perhaps could be more obvious.

Throughout the inspection there was a malodour throughout the ground floor entrance, lounge and dining room. Staff told us this was due to drain problems. We were told this had been an issue for a few days prior to the inspection and external contractors had visited and tried to clear the problem. The malodour remained.

The décor of the service was in good condition throughout. Carpets had been recently replaced and rooms and communal areas regularly redecorated as needed. Bathrooms and toilets were clearly marked with pictures and bedroom doors had nameplates with people's names and pictures on. People were encouraged to bring in any items that gave their rooms a familiar feel.

The accommodation was over three floors including annexes being reached by stairs, ramps and a lift. Staircases were made easier for people with mobility problems with addition of chairlifts.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented; "We get loads of training." Training records showed staff were provided with regular updates of all subjects such as safeguarding adults, mental capacity act and first aid. Health and safety training had not been provided for all staff annually as advised by Skills for Care. However we were told an update had been arranged for February 2016. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia and care of people who have had a stroke.

In some care files we saw there was specific guidance provided for staff. For example, one person required to be fed using a machine and a tube. There was clear guidance for staff using this equipment. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

Staff received regular supervision. Quarterly supervision included performance appraisal. This enabled the

service to address any issues promptly such as training and attendance before they escalated. They told us they felt well supported by the management team and nurses and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

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 saw the service were clear on this legislation and their legal responsibilities. For example, we saw records where people had had their capacity considered. Where people had nominated a lasting power of attorney, this had been recorded clearly and contact details of the person were available if required. People had been asked for their signed consent to have care provided. Where people were unable to provide this consent due to their lack of capacity, relatives were asked to sign to agree to care being provided.

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). 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. The service had made applications for potentially restrictive care plan to be authorised. The service had a locked front door. There were people living at the service who had capacity and were able to maintain their own safety when outside in the community. However, the code for the front door was not displayed for people to enable them to leave the service whenever they chose. The area manager told us this would be reviewed so as not to be restricting people who had capacity.

Staff had been provided with training on the MCA and DoLS and were clear on how to ensure people's legal rights were protected. People were supported to make decisions for themselves and such decisions were respected. However, the DoLS policy held by the service had not been updated to take account of the supreme court judgement of 2015 which changed the circumstances in which a person may require a DoLS application to be considered.

We observed the lunch time period in the dining room. The menu was displayed each day at the entrance of the dining room. Most people living at the service chose to eat their meal in the dining room. People chatted with each other and staff who were available to provide any support people may require. Staff were heard asking people if they would like any help with their meals and telling them what was available for the meal.

The food looked appetising and people were provided with a choice of food. People told us they could ask for an alternative if they did not like what was provided.

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting people who lived at the service in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. People had been asked for their views of the menu choices and suggestions had been made. For example, people had requested that a vegetarian option was offered each day and we saw this had been provided on the menu

planner.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. Staff monitored people weights regularly. We checked the food and fluid monitoring records kept by staff. It was not clear how much intake would be sufficient for each person. This meant staff were not advised when to report a concern. Night staff monitored these charts and we were told they totalled each person's intake each 24 hours. We found not all charts were totalled. This meant it was not always clear if staff would recognise when a person had a decreased intake and action that may be required may not have always been taken.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. Specialist nurses were providing support to the nurses at the service where appropriate.

# Is the service caring?

## Our findings

People told us; "The staff are all lovey" and "They (staff) are kind." Visitors told us; "We have no concerns, the staff are very friendly."

During the day of the inspection we saw many positive staff interactions with people who lived at the service. We spent time in the communal area of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

People's privacy and dignity was respected. For example staff spoke quietly and discretely with people when asking if they should need assistance to the bathroom and knocked on bedroom doors and waited for a response before entering.

Care plans contained some life histories of people. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives.

Bedrooms were decorated and furnished to reflect people's personal tastes. One person who was cared for in bed had photographs of their family placed around them along with other items bought in for them by family. This helped to give their room a familiar feel.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Staff were kind and respectful when supporting people.

People and their families were involved in decisions about the running of the home as well as their care. Families told us they knew about their relatives care plans and the nurses would invite them to attend any care plan review meeting if they wished.

The service had sought the views and experiences of people who lived at the service, families and staff through surveys. Any issues that had been raised through such surveys were audited and action had been taken to address the matter. For example, people had requested more vegetarian food and we saw this had been added to the menu choices.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in gentle and understanding way. Staff were clear about people's individual preferences regarding how they wished their care to be provided.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

## Is the service responsive?

### Our findings

People living at the service who were able to tell us of their experiences were positive about the care and support they received from the staff at Caprera.

Relatives told us; "They (staff at the service) always call us if (The person) is unwell," "We have no concerns about the care here at all, very good" and "(the person) needs a lot of support and we are quite happy that they get what they need."

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The management team were knowledgeable about people's needs.

People were supported to maintain relationships with family and friends. We saw visitors coming and going throughout the inspection. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

The service was in the process of updating their care plan record keeping processes. At the time of this inspection the service held computerised records regarding people's care and support as well as a paper copy. We were shown both sets of records. Care plans were detailed and informative with guidance for staff on how to support people well. However, some guidance used the words 'regularly' and 'monitor' without clear details of how often the person should be monitored or supported. The area manager and the clinical lead agreed this could be unclear and it would be amended immediately. The care files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. People living at the service were given the opportunity to sign in agreement with the content of care plans. Family members had also signed in agreement with the content of care plans if their family member was not able to sign for themselves.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. A verbal handover was also held for each new shift when they arrived for work.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us about the care and support needs for each person. Some people required to be re-positioned in bed regularly to help ensure they did not sustain pressure damage to their skin. We checked such records and found people were regularly re-positioned.

There was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time. For example, one person was very mobile but becoming confused and was seen by the inspector and staff throughout the inspection walking throughout the service in corridors and

communal areas. This person was a risk of falls and staff had been advised to closely monitor them. Each time staff met the person they gently asked if they required any help with finding the place they wanted to go to. Staff then made suggestions as to where the person may like to go and supported them to go where they chose. Staff knew this person had very specific routines which were important to them and knew they became anxious if the routines were upset. The care plan stated 'don't disrupt their routine.'

People had access to a range of activities within the service. There was an organised programme of events including quizzes, exercises, music and visits from entertainers. People told us they enjoyed the activities. One person's care plan stated they were supported by a support worker to go out of the service to a craft session. Other people were taken out regularly by family.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the service. People told us they had not had any reason to complain. The service had received many thank you letters and compliments from families of people who had received care at Caprera.

## Is the service well-led?

### Our findings

Relatives and staff told us the management team was approachable and friendly. All the people we spoke with told us they felt they could approach a member of the management team with any issues and they would be listened to and were confident action would be taken.

There were clear lines of accountability and responsibility both within the service and at provider level. Staff told us the registered manager was not always present at the service, however, they were able to get any support they needed from the nurses, senior care staff and other management staff. The registered manager was supported by an area manager, clinical lead and trained nurses.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented; "You cannot fault them (management) from the point of view of training and support" and "We get all the support we need."

There were systems in place to monitor the quality of the service provided. Regular Monthly audits were carried out over a range of areas, for example care plans, medicines, and accidents and incidents. However, the medicines audit had not identified some of the concerns found at this inspection. The service had been made aware of the issues with the management and recording of medicines that required stricter controls and had appointed the new Clinical Lead to take over the management of medication from February.

The environment was clean. However, there was no attempt to mask or vent the malodour that was experienced throughout the day of the inspection on the ground floor, lounge and dining areas. People's bedrooms and bathrooms were kept clean. The service carried out regular repairs and maintenance work to the premises. There was a programme of window replacement and redecoration of the service. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

There were systems in place to support all staff. Staff meetings took place. These were an opportunity to keep staff informed of any operational changes and working practices. For example, the new care plan system being introduced and the revalidation of nurses. The meetings also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Staff confirmed they were given an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

Daily staff handover provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the management team. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. The nurses used a communication book to pass information between nurse shifts. This helped ensure any outstanding actions needed were taken up by the next shift.

There was a maintenance person in post with responsibility for the maintenance and auditing of the



premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The service had been granted a bronze accreditation by Investors in People. Staff were offered incentives such as employee of the quarter awards where they were offered £50 vouchers as recognition of their work. Staff were valued and recognised for their commitment to the service.

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 did not take formal enforcement action at this stage. 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
Treatment of disease, disorder or injury	The service was not managing the recording, administration and management of medicines safely.