

RESTFUL HOMES (LONGFORD) LTD

Cannock Specialist Care Centre

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

About the service

Cannock Specialist Care Centre is a nursing and residential care home providing personal and nursing care to up to 89 people. The home is a specialist adapted building which supports people over three floors with a roof terrace and communal area. The home provides support to older people with dementia and people requiring support with their mental health. At the time of our inspection there were 49 people using the service across 4 units.

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

People were supported by trained staff who safeguarded them from harm. People were supported in a timely way by staff who knew them well. People received their medicines safely. People were supported by staff who were following infection control guidance. Where things had gone wrong the registered manager reviewed concerns and took action to ensure improvements were made.

People had care plans and risk assessments in place which explored their needs and risks and gave staff clear guidance to meet these. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who knew them well. People's dignity and privacy was respected. People were supported by staff who maintained their independence.

People and those important to them were involved in the care planning and review process. People were supported to eat and drink in line with their needs. People received care in line with their needs and preferences. People had timely access to health and social care professionals.

People had access to a wide range of activities in line with their preferences. People felt about to complain. People could access information in a form which supported their understanding. People had end of life care plans in place which explored their preferences.

The quality of people's care and support was regularly reviewed to ensure where any improvements were required these were made. People, relatives and staff were encouraged to feedback about the care and support and action was taken to address any feedback where required.

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

Rating at last inspection and update

This service was registered with us on 15 July 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing and management of risk. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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 COVID-19 and other infection outbreaks effectively.

Recommendations

We have made a recommendation around agency staff's understanding of safeguarding.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cannock Specialist Care Centre

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 Health and Social Care Act 2008.

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 completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cannock Specialist Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cannock Specialist Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had about the home. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people who lived at home and 6 of their relatives and friends. We spoke with 17 members of staff including the provider, registered manager, quality assurance manager, head chef, laundress, unit managers, assistant deputy manager, clinical manager nursing and care staff and agency staff members. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 9 people's care records and multiple medicines records. We also reviewed records relating to training, recruitment, quality assurance and complaints.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Regular staff were knowledgeable about the different types of abuse and how to report concerns should these arise. However, some agency staff we spoke with were not clear on the different types of abuse.

We recommend the provider ensure all staff have a comprehensive understanding of safeguarding and how to report concerns.

- People felt safe. One person told us, "I do feel safe here, there are people around me and I've got to know them really well." One relative told us, "[Relative's name] is definitely safe here as they have got a one to one staff member which seems to be working brilliantly."
- Where potential safeguarding concerns arose, the registered manager investigated these and reported to the Local Authority for their review.

Assessing risk, safety monitoring and management;

- People had comprehensive risk assessments in place which explored their known risks and gave staff clear guidance to reduce these risks. For example, people at risk of falls has falls risk assessments in place with actions taken to reduce future falls.
- The registered manager took action where things had gone wrong. For example, where a person had experienced difficulty whilst eating staff had referred them to their GP and speech and language therapists.
- Where people experienced episodes of emotional distress, there was guidance in place for staff to enable them to safely support the person and mitigate any risks or further distress. For example, people's care plans detailed they had been referred to community mental health teams for specialist support.
- The home had built in specialist technology to reduce people at risk of falling or disorientation. For example, where people required these, they had access to door and acoustic sensors to alert staff when people were out of their bed or leaving their bedroom.

Staffing and recruitment

- There were enough staff to ensure people's needs in a timely way. One person told us, "Staff are very good. There are always staff about and the staff are excellent, there is no other word to described them. Staff are about 24 hours a day. When I use my buzzer, staff come."
- The registered manager reviewed staffing levels and responded to feedback from people, relatives and staff and risk. For example, following a person at high risk of falling having a fall, they spoke with the Local Authority and ensured this person had 1 to 1 staff support.
- Where people required support, staff were available to support them quickly and in a meaningful way. For example, where people experienced periods of anxiety, staff were available to support them to reduce their

distress. One relative told us, "When we've come there are always staff about to help, they say nice things about [relatives name]."

- People were supported by safely recruited staff. For example, the provider had ensured new staff had Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed by trained staff. We saw staff completed documentation to confirm people's medicine had been administered.
- People had access to 'as required' medicines as they were prescribed and when they needed them. People prescribed medicines to reduce their distress only received these as a last resort following staff trying non-medical interventions.
- Medicines were securely stored at temperatures within the manufacturer's guidelines

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People had access to visitors in line with their preferences. One relative told us, "Staff are always really welcoming and there are no restrictions on visiting go where we want." Another relative told us the registered manager had supported them to arrange a 60th birthday party for the relative which had been enjoyed by all.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager to ensure future risks could be reduced. For example, following a person falling from their bed, specialist acoustic monitoring and motion sensor equipment was put in place to reduce further falls.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them receiving care and support at the home. This meant staff had clear guidance in place to enable them to meet people's needs.
- People and their relatives were involved in the planning and delivery of their care. One relative told us, "[Person's name] had an assessment prior to their admission and staff took [person's name's] past history and we were given an information pack."
- People's care plans included their health and social care needs and staff ensured people received care in line with these. For example, information about people's health conditions were included in their care plans to support staff to understand any needs people had associated with these.

Staff support: induction, training, skills and experience

- Staff received an induction and training prior to starting their role. One staff member told us, "I had a week's training in house and 2 shadow shifts. I asked for more shadowing and the management team sorted this for me."
- People told us staff were well trained. One person told us, "Staff know what they are doing."
- Staff received a mixture of online and in-house training which they described as 'good'. One staff member told us, "The training was really good. It covered a lot of stuff and I found it helpful."

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

- People were supported to eat in line with their needs and preferences. For example, one person declined all options available to them to eat. However, staff worked with the person to offer further options to encourage them to eat and the chef cooked this person a new meal at their request.
- People who required alternative diets received these to enable them to eat safely. For example, we saw people eating a variety of diets including soft and pureed diets with staff support available should they have needed this.
- People and relatives spoke positively about the food. One person told us, "The food is really good here. Today we had beef stew, thick gravy and chunks of beef like my aunt used to make. I've never had a bad meal."
- People's weights were monitored, and action was taken where there were concerns. For example, people were referred to speech and language therapists and dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health professionals where they needed them. One person told us, "If I

feel ill trust me you can get appointment."

- A representative from the GP spoke with the service weekly to ensure changes in people's healthcare needs were addressed in a timely way. We saw advice from health professionals clearly recorded within people's records.
- The registered manager used regular agency staff to support staffing within the home. These agency staff were consistent and worked alongside regular staff to understand people's changing needs.

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

- The home was spacious with multiple communal areas to suit people's needs. For example, people had access to multiple cinema rooms and quiet spaces.
- People had access to a secure garden area and rooftop terrace. There was a private dining area people could use for family occasions and a large café in the reception of the home.
- People were able to personalise their rooms to make them feel homely in line with their preferences.
- The provider had pictorial signage to support people to orientate themselves around the home.

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 MCA 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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had decision specific capacity assessments and best interests decisions completed where these were required. These assessments involved the people and those close to them where appropriate.
- People were supported by trained staff who understood and followed the principles of the MCA. For example, people were asked for their consent prior to staff supporting them.
- Where people lacked capacity to consent to their care, the registered manager had applied for DoLS from the local authority.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were supported by kind and caring staff who knew them well. One person told us, "Staff are marvellous, they are all nice people."
- People's protected characteristics were recorded within the care plans and staff were aware of these. For example, people's religious, sexuality and gender needs were explored within their care plans.
- Relatives gave positive feedback about staff and their approach. One relative told us, "Staff are very pleasant." We saw staff did not rush people and supported people in a respectful way.

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

- People were supported to make decisions around their care. For example, staff asked people how they would like to spend their time during the day. We saw people being offered to use the cinema room to watch a film or to go for a walk in the garden.
- People were offered choices around their meals, drinks and what they wanted to wear. For example, we saw people being offered multiple meal choices and hot and cold drink options.
- People's preferences for their care were recorded within their care records. For example, how people would like to be approached by staff when they were feeling upset.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. For example, people were supported with personal care in a timely way and staff covered people with blankets when they were sleeping.
- Staff closed people's doors and curtains when supporting them with personal care.
- People's independence was promoted by staff and we saw prompts for staff to maximise people's independence recorded within their care plans. For example, one person's care plan directed staff to encourage them to use the toilet regularly to support with their continence care. One staff member told us, "We have a lady who likes to make their own bed and place their teddy on it. After I have supported them to shower, I always encourage her to tidy her own bed. She seems to really like this."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People had personalised care plans which reflected their preferences. For example, a person's care plan described how they would prefer a smaller meal to encourage them to eat.
- People's preferences were respected, and people received their care in line with these. One person told us, "I can have a bath or shower seven times a day if I want one."
- The management team encouraged people and their relatives to complete an information pack when people were admitted to the home. This helped staff understand people's life histories, choices and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place which explored their needs and gave clear guidance to staff on how to meet these. For example, whether people used glasses and hearing aids and how people preferred staff to speak with them.
- People had access to a range of information in formats which they understood. For example, people could access information in large print and braille.

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

- People had access to a large range of both group and 1 to 1 activities in line with their preferences. For example, people engaged in jigsaws, bingo, singing, watching films and themed days. One person told us, "There are lots of different activities and they aren't stupid things. I like listening to country and western music and sitting and tapping my feet."
- Staff had organised larger events for people to enjoy. For example, people enjoyed a wold cup day, elf day and a jubilee event. One relative told us, "[Person's name] enjoys the activities on offer. They like music and especially enjoyed when the singer and scouts came in, Staff also got [person's name] their own dustpan and brush as they like helping."
- Staff organised parties for people's birthdays and special occasions. For example, on the day of our inspection people enjoyed a birthday party with cake and dancing.
- People were supported to maintain relationships with those important to them. For example, families

were encouraged to use a private dining room for special events such as birthdays. One relative told us how being able to use this space within the home reduced the potential distress and confusion leaving the home may have caused to their relative.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to complain and knew the process of doing this. One relative told us if they had any concerns they would, "Speak to the registered manager or the deputy manager."
- The registered manager took prompt action where concerns were raised. All concerns were investigated in full, with those complaining receiving a response to those concerns.

End of life care and support

- People had end of life care plans in place which explored their preferences for the end of their lives. For example, people had shared if they would prefer not to go to hospital in the event of them becoming unwell.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives and staff spoke positively about the management team. One staff member told us, "The company is good compared to other companies, they care about their staff, the owners are very welcoming and friendly, and they are caring about people and their staff."
- People and their relatives knew who the registered manager was and they were present and approachable throughout the home. They were well supported by the provider and wider management team. One relative told us, "I know where to find the manager if I need them."

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

- The registered manager had informed professionals, people and their relatives when concerns about people's care had been identified. This was in accordance with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team completed comprehensive audits across the home to identify where improvements were required and ensure action was taken to make these improvements.
- Audits were completed on people's care and medicine records updated these to ensure they remained accurate.
- The provider had informed us about significant events which occurred at the home within required timescales as they are legally required to do so.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's website in accordance with the law.

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

- People and their relatives felt able to feedback about their care and support. One relative told us, "I could speak to staff if I had any concerns." Another relative shared they had given feedback about a person's personal care to the registered manager who had ensured improvements were made immediately.
- The registered manager was in the process of organising a resident's and relative's meeting. The provider had a dementia specialist in place to speak with staff people's dementia care needs as part of the relative's meeting.

- Staff told us they felt able to give their feedback to the management team. One staff member told us, "[The clinical manager] is lovely and is really, really helpful. They are someone I can go and speak to in private and I know they will help me."
- Staff had supervisions and appraisals planned. As the home had newly opened these had not happened yet. We will check these at our next inspection.

Working in partnership with others

- Staff worked closely with external health and social care professionals to ensure people received the support they required, and the home continued to improve. Feedback from professionals was positive. One professional told us, "[The management team] are very helpful, we have weekly meetings and they feedback any concerns. They are very good. There is nothing bad to say. If you email the registered manager, they always get back to you really quickly."
- People's health and social care professionals fed back how people's quality of life had been improved since moving to the home. One professional told us, "The change in [person's name] has been unbelievable. I worked with the home, they found out what [person's name] liked. They bought them some of fidget activities, bought some transport photos for their room. They have been good about communicating with me. I just think they have done a fantastic job with [person's name]."