

Premiere Health Limited

Cann House Care Home

Inspection report

Cann House
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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cann House is a residential care home providing personal and nursing care, in one adapted building. The service is registered to support a maximum of 62 people. There were 56 people living at the service at the time of the inspection.

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

The ongoing risks associated with people's individual care needs were not always managed safely, and the systems in place to monitor the quality of service were not always effective.

People's rights to make own decisions were respected. 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 and their relatives were very positive about the service and the care provided. People received their medicines regularly. Enough staff were available to meet people's needs and staff responded promptly to people requiring support.

The service continued to be effective. People's needs were assessed, and care was planned and delivered by staff who were well trained and knowledgeable about people's care and support needs.

People were encouraged to maintain good diet and access health services when required. People had access to a wide range of activities and were supported to avoid social isolation.

Incidents and accidents were investigated, and actions were taken to prevent recurrence. The premises were clean, and staff followed infection control and prevention procedures. People's dignity, confidentiality and privacy were respected, and their independence was promoted.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and setting in the service maximised people's choice, control and independence. The care delivered is person-centred and promotes people's dignity, privacy and human rights. The Ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service lead confident, inclusive and empowered lives

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

Rating at last inspection

The last rating for this service was Good (published 12 August 2020).

Why we inspected

The inspection was prompted in part due to concerns received about pressure care and staffing. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to risk management and the quality monitoring systems within the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

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 effective.

Details are in our effective findings below.

Good 

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 

Cann House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection Team

This inspection was conducted by one inspector, a specialist advisor whose specialism was nursing care 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.

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

The service had a manager registered with the Care Quality Commission. 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and 10 relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, care manager, activity coordinator, senior care workers, care workers and the chef.

We reviewed a range of records. This included 14 people's care records and multiple medication records. We looked at recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



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 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

- Risks associated with people's on-going health needs, were not always managed appropriately.
- Two people were at risk of having seizures. One of these people were prescribed anti-seizure medication. These people did not have risk assessments or care plans in place to guide staff in the event of a seizure taking place. Staff told us they would alert a nurse in the event of a person having a seizure. However, we could not be satisfied that all necessary steps to reduce the harm associated with these people's care had been taken.
- Four people required the use of Catheters. These people did not have specific care plans in place to guide staff in supporting these people appropriately. We noted that one person's catheter was incorrectly placed causing it to not work properly.
- Care plans and risk assessments were in place for people who had been assessed as at risk of pressure sores. However, the system designed to ensure people were repositioned regularly and appropriately was not being consistently used by staff. This increased the risk of people developing a pressure sore.

We found no evidence that people had been harmed however, the registered manager and staff did not ensure the risks associated with people's care needs were reduced. These concerns were a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Using medicines safely

- People with occasional use medicines, such as 'when required' (PRN) medicines, had protocols in place to support staff to refer to the GP when necessary. However, these records had not always been completed accurately to guide staff in supporting people appropriately. We raised this with the registered manager who addressed this with staff during the inspection.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe. One relative said, "(Persons) care is very good, (they) are a very loved person there. It's a professional home and caring' Absolutely safe there.
- Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Staffing and recruitment

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. One relative said, "Certainly enough staff".
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.
- The registered manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis.

Preventing and controlling infection

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

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 remained the same. 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

- With the exception of the concerns we found in relation to risk management other areas of people's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. People's needs were assessed before they came to live at Cann House.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process. One relative we spoke with told us 'I have been involved with his care plan. I have been given email access to it'.

Staff support: induction, training, skills and experience

- Relatives we spoke with told us they felt staff had the necessary training. One relative said, "The staff are very good no problems with them".
- New staff completed an induction, and did not work unsupervised until they and their manager were confident they could do so. The induction included the provider's mandatory training as well as shadowing an experienced member of staff.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development.

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

- Staff supported and met people's nutritional and hydration needs. Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
- People told us they enjoyed the food. One person said, "I'm very well fed".
- Some people chose to have meals in their rooms and staff respected that. Alternative menus were available, if and when people changed their minds or requested an alternative meal. We observed one person changing their mind and staff responding to this request appropriately.
- The service worked hard to protect people, especially those with complex needs, from the risk of poor nutrition and other medical conditions that affected their health.

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

- Cann House had systems and processes for referring people to external services. These were applied consistently and there was a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.

- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.
- People were supported to live healthier lives through regular access to health care professionals such as their GP.'s. One person told us "I saw the optician two to three months ago and I also see the district nurse".

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

- The provider had ensured the service met people's needs in respect of design, decoration and adaptation.
- The home signage was dementia friendly and assisted people to orientate themselves around the home and maintain independence.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

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).

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 had the appropriate legal authority and were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interests by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained evidence that consent to care documents had been sought from people or their legal representatives.

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. 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

- We observed staff were kind and compassionate and showed they had formed a strong relationship with people and knew them well. A relative said "They are always very caring and respectful to her. They couldn't be better".
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- The diverse needs of people using the service were met. We saw one example of how staff had responded to one person's needs and supported them effectively in relation to their faith.

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

- People told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- Some people we spoke with told us they felt involved in the care. We saw examples of relatives being informed about changes in people's care. One relative told us "They always tell me if anything changes".
- Staff told us they had taken time to get to know the people by speaking with people and reading people's care records.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity maintained. Relatives we spoke with were positive about how well their family members were treated. One relative said, "The staff always appear very caring. It's consistent across the staff".
- People were treated with respect. We observed staff talking with them in a respectful way and showing genuine warmth toward people. People were encouraged to be as independent as possible. A person said, "They encourage me to do what I can still do".
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

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 Requires Improvement. At this inspection this key question has now improved to 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 received personalised care and support specific to their needs, preferences and routines.
- The provider had introduced an electronic recording system. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- The registered manager ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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 provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to speak slowly and allow time for the person to respond.
- Information was accessible to people in different formats. One member of staff explained how they supported a person's communication need to help them choose the activities that the person wanted to be involved in.

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 were supported to live as full a life as possible during the pandemic and were enabled to participate in activities which followed social distancing guidelines and interested them.
- People had opportunities to join in with activities that were flexible and tailored to what people wanted on the day.
- People were supported to maintain important relationships during the pandemic, through the use of technology and adaptations to the building. A relative told us "During the whole Covid period the activities lady, she rings me every week to do Face Time calls, she's amazing".

Improving care quality in response to complaints or concerns

- The registered manager took complaints seriously, investigated and provided a timely response. All complaints were dealt with in line with the providers complaints procedures
- Relatives told us they knew how to make a complaint. One relative told us, "No reason to complain. (person) seems very happy. If I did have a complaint, I would raise it with (registered manager) she is brilliant".
- Complaints were responded to in accessible formats which matched the complainant's communication needs. For example, the registered manager had responded to one complaint in large format to suit the needs of the reader.

End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care.
- At the time of our inspection no one was receiving end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC. Staff told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.
- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The systems in place to monitor the quality of service were not always effective. For example, the concerns that we found in relation to condition specific care planning, PRN medicines and repositioning for those people at risk of pressures sores been not identified through the providers quality monitoring systems.
- There was a quality monitoring system in place to capture the time it took for staff to respond to a call bell. However, there was no evidence that the information captured was analysed by the registered manager to improve the quality of the care provided and prevent reoccurrence of late response times. We were satisfied that this concern related to the quality monitoring system within the service and not a staffing concern.

We saw no evidence people had been harmed. When we raised these concerns with the registered manager, they took immediate action to rectify the problems. However, these concerns had not been identified by the services quality monitoring systems. This was a breach of Regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and relatives told us the home was well led. One person told us, "(Registered manager) does a good job." Another person commented, "I can go to (registered manager) at any time. I think she does well". One relative said, "I can speak to (registered manager). She keeps me in the loop and is a good point of contact. (Registered manager) is very good, very helpful. Got a question she will answer it".
- Staff were complimentary of the support they received from the registered manager and provider. Staff said, "Really good manager, she's so approachable" and "I have been here seven years, it's a lovely place to work. (Registered manager) is very approachable personally and professionally".
- There was a clear, person-centred vision that included involvement, compassion, dignity, respect and safety. The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

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

- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service.
- People and their relatives had opportunities to raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "(Registered manager listens to suggestions and if its reasonable will act and put them in place".

Working in partnership with others

- The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The registered manager was transparent and honest, and this was evidenced throughout our inspection.

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 Risks associated with people's on-going health needs, were not always managed appropriately
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the quality of service were not always effective